Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 HAL032016 B. WING 11/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2220 FARMINGTON DRIVE BROOKDALE CHAPEL HILL AL (NC) CHAPEL HILL, NC 27514 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY** C 000 Initial Comments COOO Report of a Construction Section Biennial Survey by Billy S. Bryant and Suzanna Fay conducted on 11/09/2017. This facility was first licensed on 01/10/1997. The facility is currently licensed for 70 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996) Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies were cited which will require a plan of correction. C 164 Housekeeping and Furnishings-Clean, Repaired C 164 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities (Act Catalyan Course Fig. 17) This Rule is not met as evidenced by: 1. Based on observation the facility has not kept the ceilings in good repair. Finding on 11/09/2015: a. 1st Floor "A" Hall Laundry - The fire resistant rated ceiling is damaged and deteriorated due to Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X8) DATE

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL032016 11/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2220 FARMINGTON DRIVE BROOKDALE CHAPEL HILL AL (NC) CHAPEL HILL, NC 27514 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY C 164 Continued From page 1 C 164 moisture damage. b. "A" Hall Resident Laundry - The ceiling is moldy due to moisture damage. 0166- House Legins C 166 Housekeeping-Maintained Free of Hazards C 166 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: A. Renoved conplete.

b. corrected complete. (5) be maintained in an uncluttered, clean and 13/15/17 orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility is not free from hazards. Based on observation the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on 11/09/2017: a. 2nd Floor Health & Weliness Director's Office -Oxygen bottles were stored sitting unrestrained & upright on the office floor. b. 2nd Floor Resident Room F-8 - Oxygen bottles were stored sitting unrestrained & upright on the office floor. 2. Based on observation the facility is not maintained free from hazards due to the code required clearance of 36" in front of electrical breaker panels is not maintained.

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fire can K
complete

b. will replace

fire sprinkler

heades cutcheor 1/26/18 (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on 11/09/2017: a. 1st Floor Storage Adjacent to Private Dining -There is an approximately 1"x3" hole in the fire resistant rated ceiling. b. 1st Floor Storage Closet in Main Living Room -The fire sprinkler head escutcheon is missing creating a hole in the fire resistant rated cling

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d. to replace 1/20/18

e. to replace 1/20/18

f. to replace 1/20/18

g. will repair 1/20/18

h. will repair 1/20/18

i. repair 1/20/18 C 189 Continued From page 3 C 189 where it is penetrated by the fire sprinkler pipe. c. 1st Floor - Exit Access to Stair Tower Exit -There is a gap in the fire resistant rated ceiling at the escutcheon for the fire sprinkler head. d. 1st Floor "A" Hall Spa - There is a approximately 4" diameter hole in the fire resistant rated ceiling above the lay-in ceiling tiles. e. 1st Floor "A" Hall Spa - Where a light fixture has been removed there is a gap in the fire resistant rated ceiling around the fixture electrical box. f. 1st Floor "A" Hall Resident Laundry - There is an approximately 4" hole in the fire resistant rated ceiling where a light fixture and its electrical box has been removed. g. 1st Floor - "C" Hall - Laundry - The fire resistant rated cling is damaged. h. 1st Floor - "C" Hall - Laundry Small Mech Room - Piping penetrations through the fire resistant rated ceiling have been sealed with expandable foam type material that is not fire resistant rated. i. 1st Floor - A pattern of gaps around the trim rings for the lights installed in the fire resistant rated ceiling was indicated by observing the first 6 common area/rooms surveyed had several lights each with gaps at the trim rings. 2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated walls could allow fire

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING: 01		(X3) DATE SURVEY COMPLETED				
	- Marie Language - Marie - Mar	HAL032016	B. WING_		11/09/2017				
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY	', STATE, ZIP GODE					
BROOKDALE CHAPEL HILL AL (NC) 2220 FARMINGTON DRIVE CHAPEL HILL, NC 27514									
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C 189	Continued From pa	ge 4	C 189						
	and smoke to sprea	d beyond the area of origin.			//				
	Finding on 11/09/2017: a. Mech Room inside 1st Floor Storage Closet -			A. sealed fire cont	1 13/15/17				
	Main Living Room -	There is a gap around the penetrates the fire resistant		File CANIX					
	3. Based on observa	ation there is a failure to		3. Will not we dooks	3/1/20/18				
	safe operating cond	s fire safety equipment in a ition. Occupants in the smoke		doors					
	doors do not comple limit the spread of s	be exposed to smoke or fire if stely close and latch to help moke or fire to the area of							
	origin.	247.		A. Kitchex	DARTRY 15/17				
	Findings on 11/09/20 a. Kitchen Pantry - T	ine pantry door is being held g tied to a shelf and the door		A. K. tcher					
	hardware lever hand	g ded to a sitem and the door lie.		1 will cork	uct 1/36/18				
	b. 2nd Floor "E" Hall not latch to remain s	Dining room - The door does hut when closed,		corrected b. will corr c. reviewed statt	w				
	c. 2nd Floor Dining F	Rooms - The doors that open sed from their magnetic hold		C. Latt	13/15/1				
	open devices when I	he fire alarm was activated form closing due to chairs			1 15/17				
	obstructing the path	of the door swing arc.		d. replaced.	40				
	d. 2nd Floor "D" Hall doors are missing th	, Room D-1 and D-6 - The eir hardware locksets.		compre					
		tion the facility did not nergency/safety lighting in		Il Now bar	Heries				
	safe operating condi- could be effected if the	ion. Occupants of the facility ne signs indicating exit paths		prailable.	Will /210/12				
Ì	could not be seen in evacuation.	the event of an emergency		of New bar available. correct.					

	<u>of Health Service Re</u>				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED
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NAME OF	PROVIDER OR SUPPLIER	STREET AC	DDRESS, CITY.	STATE, ZIP CODE	
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C 189	Continued From page 5		C 189		/
	Finding on 1/09/201 a. 1st and 2nd Floor exit signs checked, battery power, 20 di	-	THE PROPERTY AND ADDRESS OF THE PROPERTY A	A. New bathe AVAITABLE Will CORRECT	peies j. //20/
	not been maintained Occupants of the fa-	cility could be effected if the side the emergency exit door			
non-action and the second and the se		Area service Hall - The emergency exit is missing and		1. Oustalked Compler	Lod 13/15
	has not been mainta is a potential shock I	ation the electrical equipment lined in a safe manner. This nazard if receptacles near t function to provide shock			
	Finding on 11/09/20 ² a. 2nd Floor "F" Hall damaged and is not	- The GFCI in Room F-8 is		A. Will core	
C 199	Exhaust Ventilation		C 199	and franchis !	
	provided with exhaus two cubic feet per mi requirement does no	d in this Paragraph shall be st ventilation at the rate of nute per square foot. This t apply to facilities licensed with natural ventilation in		g. controlig s Svendor, to correct	1/26/18

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