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PRINTED: 12/11/2017  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 11/09/2017
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NAME OF PROVIDER OR SUPPLIER  BROOKDALE MACARTHUR PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 111 MACARTHUR DRIVE CARY, NC 27513
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(C 000)	Initial Comments  Report of a Biennial Follow Up Construction Survey by Billy S. Bryant and Suzanna Fay conducted on 11/09/2017.  There are deficiencies from the Biennial Construction Survey that remain to be corrected.	(C 000)		
(C 136)	Bathrooms-Must Be Mechanically Ventilated  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (11) Toilets and baths shall be well lighted and mechanically ventilated at two cubic feet per minute. The mechanical ventilation requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation;  This Rule is not met as evidenced by: 1. Based on observation the facility failed to provide exhaust ventilation. This could effect occupants of the facility if odors were to permeate the facility's occupied areas beyond these rooms.  Findings on 11/09/2017: The mechanical exhaust fans are working in the following locations: a. Housekeeping Closet/First Floor b. Spa/Second Floor c. Rest Room adjacent to Activity Room/Second Floor d. Unisex Bathroom/Second Floor	(C 136)	Fan motor was purchased and installed, however a wiring issue persists. Technician has been been requested / scheduled to correct wiring  ↓	Jan 5 <sup>th</sup> 2018
(C 189)	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT	(C 189)		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*J. J. Hall*

TITLE

Executive Director

(X8) DATE

12/23/17

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  BROOKDALE MACARTHUR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MACARTHUR DRIVE CARY, NC 27513		
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{C 189}	Continued From page 1  10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (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, in the event of an emergency requiring activation of the pull station the pull station is not easily accessible.  Finding on 11/09/2017: a. The emergency pull station at the front door is located in a corner behind furnishings which hinders access to the device.  2. Based on observation, this facility is not maintained in a safe and operating condition. Doors that do not latch to remain shut when closed may not prevent the spread of fire and/or smoke from the room of origin. This could affect all residents and staff located in the smoke compartment in the event of a fire.  Findings on 11/09/2017: The following doors are out of adjustment and do not latch: a. Private Dining Room Entry Door  b. The Unisex Bathrooms on the First and Second Floors are out of square in the door frames and do not provide a tight fit to resist the passage of smoke/fire.	{C 189}	<i>Regional Maintenance Director will relocate pull station to meet code.</i>  <i>Regional Maintenance Director will repair/reset door to meet safety code</i>	Jan 5th, 2017  Jan 5th, 2017