

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/24/2018
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NAME OF PROVIDER OR SUPPLIER BROOKDALE LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Dennis Harrell, conducted on January 24, 2018. Records indicate this facility was first licensed or submitted for licensure on 2-13-1997. The facility is currently licened for 76 residents, including a 24 bed Special Care Unit. Based on this information we are requiring the facility to meet the 1996 "Homes for the Aged and Disabled - Minimum Standards and Regulations", applicable portions of the 2005 Rules for Adult Care Homes for Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code; Section 409.1 Group I, Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000	The following is a summary of the Plan of Correction for Brookdale Lexington. This Plan of Correction is in regards to the Corrective Action Report dated March 1, 2018. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.	
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;	C 101	10A NCAC 13F .0301 Application of Physical Plant Requirements The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Dawn S. Curtis</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>3/12/18</i>
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STATE FORM 6899 Z3GE21 If continuation sheet 1 of 11

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C 101	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the Building does not meet code requirements for Delayed Egress Locking System, at the time of construction or alteration.</p> <p>Findings on January 24, 2018:</p> <p>a. Exit near Bedroom 403 - a force greater than 15 pounds applied to the delayed egress door's releasing device, for more than three seconds, did not initiate an irreversible process to release the door. The door did unlock on fire alarm system activation. Deficiency corrected before Construction Surveyors departed site.</p> <p>2. Based on observation, the Building did not meet the NC State Building Code at the time of construction or alteration, by not have the required systems protecting the openings through fire-resistance-rated construction. The Code requires doors in smoke barrier walls to have a minimum 20 minute fire resistance rating.</p> <p>Findings on January 24, 2018:</p> <p>a. SCU Cross-Corridor Door between Courtyard and Activity - this pair of doors are not a fire-resistance rated assembly.</p>	C 101	<p>time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;</p> <ul style="list-style-type: none"> • Identified Egress Door release was corrected at time of survey. • Identified doors will be replaced with Fire Resistant doors. 	
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by:</p>	C 111	<p>10A NCAC 13F .0302 Design and Construction (f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p>	

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C 111	Continued From page 2 1. Based on record review and interview with Executive Director, and Maintenance Technician the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on January 24, 2018: a. The last annual Fire Marshal Inspection Report was performed on December 19, 2016.	C 111	<ul style="list-style-type: none"> Will have available completed reports for the following; Annual Fire Inspection Reports. 	
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide tubs, accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on January 24, 2018: a. Spa near 310 - the tub did not have a hand grip (grab bar).	C 133	<p>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(e) The requirements for bathrooms and toilet rooms are:</p> <p>(6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;</p> <ul style="list-style-type: none"> Identified missing hand grip bar will be installed. 	
C 164	Housekeeping and Furnishings-Clean, Repaired 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;	C 164	<p>10A NCAC 13F .0306 Housekeeping and Furnishings</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p>	

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C 164	Continued From page 3 (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on January 24, 2018: a. Dining Room Closet- the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. b. Soiled Linen in Azalea Laundry - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. c. SCU Laundry Closet - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. 2. Based on Observation, the facility failed to keep plumbing devices clean and in good repair. Findings on January 24, 2018: a. Kitchen - the ice machine drain was piped directly on to the floor drain, resulting in the potential for the drain line to clog and contaminate the ice due to backflow.	C 164	(2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. <ul style="list-style-type: none">• Identified vent/radiation grills will be cleared of excess dust/lint.• Kitchen ice machine drain will be repaired. 10A NCAC 13F.0306 Housekeeping and Furnishings (a) Adult care homes shall: (5) be maintained in an uncluttered, clean, and orderly manner, free of all obstructions and hazards. (e) This Rule shall apply to new and existing facilities <ul style="list-style-type: none">• Identified trip hazard will be removed.	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.	C 166		

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C 166	Continued From page 4 This Rule is not met as evidenced by: 1. Based on observations, the facility has failed to be maintained orderly and free of all obstructions. Findings on January 24, 2018: a. Stoop near Bedroom 210 - a garden hose is draped across the stoop created a tripping hazard.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director and Maintenance Technician, fire drill rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on January 24, 2018: a. In the 1st quarter for the last 12 months, no rehearsal was performed during 3rd shift. b. In the 3rd quarter for the last 12 months, no rehearsal was performed during 3rd shift.	C 185	10A NCAC 13F .0309 Plan For Evacuation (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. • Going forward Fire plan rehearsals will include a description of what was involved in the rehearsal.	

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C 185	Continued From page 5 c. In the 4th quarter for the last 12 months, no rehearsal was performed during 2nd shift. 2. Based on Record review and interview with Executive Director and Maintenance Technician the Facility failed to document all aspects of the fire plan rehearsals. Findings on January 24, 2018: a. The fire plan rehearsal records did not provide enough description of what the rehearsal involved b. The fire plan rehearsal records did not provide a list of staff participating. c. The fire plan rehearsal records only provide some of the locations where simulation are performed. Location were to general i.e. AL or SCU.	C 185	<ul style="list-style-type: none"> Going forward fire drills will be conducted assuring that each shift has a drill in each quarter. Going forward fire drills will have participants listed. Going forward fire drills will have specific locations indicated. 	
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 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 observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin. Findings on January 24, 2018: a. Magnolia Porch - the fire-resistance-rated	C 189	<p>10A NCAC 13F .0311 Other Requirements</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p>	

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C 189	<p>Continued From page 6</p> <p>ceiling assembly had been removed due to damage from a cold weather pipe break.</p> <p>b. Magnolia Laundry - the wall behind the washer had a large hole through the fire-resistance-rated wall assembly.</p> <p>c. Sprinkler Riser Room - an existing gypsum patch to the fire-resistance-rated ceiling is loose and my fall down.</p> <p>d. Sprinkler Riser Room - there is an open-ended sleeve with a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>e. Corridor Alcove near Executive Directors Office- there is a hole through the fire-resistance-rated ceiling assembly where an electrical device was altered.</p> <p>2. Based on observation, the components of the Building Sprinkler System was not maintained to keep the fire resistance rating of the ceiling in a safe and operating condition. This could affect all if smoke/fire is not contained in the Room or compartment of origin.</p> <p>Findings on January 24, 2018:</p> <p>a. Bedroom 307 corridor Closet - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>b. Lobby - the fire sprinkler escutcheon plate has moved away from the fire-resistance-rated wall exposing an opening that allows the spread of smoke and heat.</p> <p>c. Bathroom near Bedroom 410 - the fire sprinkler escutcheon plate has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. Deficiency corrected before Construction Surveyors departed site.</p>	C 189	<ul style="list-style-type: none"> • Identified ceiling holes will be repaired with appropriate fire resistant material. • Identified holes in fire resistant walls will be repaired. • Identified loose patch areas will be repaired/ replaced. • Identified cable bundle sleeves will have fire resistant rating ceiling assembly installed. • Identified missing escutcheon plates will be replaced/secured. Identified Exit signs will be repaired/replaced. • Identified doors will be repaired/replaced. • Identified strike plate was repaired. • Identified kick down device will be removed. • Identified walk in refrigerator/freezer will have a lock <u>override device installed.</u> • Identified kitchen hood fire suppression system will be inspected per guidelines. 	

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C 189	<p>Continued From page 7</p> <p>3. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on January 24, 2018:</p> <ul style="list-style-type: none"> a. Magnolia Porch - the exit sign did not have a test button to confirm backup power and there is no generator. b. Sprinkler Riser Room - the ceiling-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. c. Exit sign near Azalea Hall Rest Room - the exit sign has the right chevron directional indicator punch-out removed, indicating that you should turn right to exit, but the way out is straight. d. Exit Alcove near Bedroom 412 - the combination exit sign and exit light did not illuminate on backup power when the test button is pushed. <p>4. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on January 24, 2018:</p> <ul style="list-style-type: none"> a. Bedroom 307 - the corridor door is not smoke tight with a zero to ¼ inch gap between the top of the door and the doorframe. b. Azalea Hall Laundry - the corridor door is not smoke tight with a zero to ¼ inch gap between the top of the door and the doorframe and a gap on the strike jamb. c. Azalea Hall Laundry - the corridor door's replacement hardware did not cover the two through holes created for the pervious hardware installation. d. Community Center - the corridor door is not smoke tight with a zero to ¼ inch gap between the top of the door and the doorframe. e. Bedroom 107 - the corridor door did not latch 	C 189		

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C 189	<p>Continued From page 8</p> <p>into its frame because of a reef hanger on the door interfered with the door closing. Deficiency corrected before Construction Surveyors departed site.</p> <p>f. Bedroom 108 - the corridor door did not latch into it frame unless you pulled the door up.</p> <p>g. Bedroom 401 - the corridor door has a 1/2 inch to 5/8 inch gap between the top of the door and the bottom of the doorframe.</p> <p>h. Bedroom 406 - the corridor door hit its doorframe and will not close and latch.</p> <p>i. Activity Room near Bedroom 406 - the pair of door leafs have an excessive gap between their meeting edges.</p> <p>j. Bedroom 407 - C</p> <p>k. Bedroom 408 - the corridor door has a 1/2 inch to 5/8 inch gap between the top of the door and the bottom of the doorframe and a gap on the strike jamb.</p> <p>l. Bedroom 408 - the corridor door did not latch into it frame.</p> <p>m. Bedroom 411 - the corridor door has a 1/2 inch to 5/8 inch gap between the top of the door and the bottom of the doorframe and a gap on the strike jamb.</p> <p>n. Bedroom 412 - the corridor door did not latch into it frame.</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors do not resist the passage of smoke. Corridor door must positively/automatically latch into their frame under normal closing force. This could affect all residents, staff, and visitors if the doors did not latch to contain smoke/fire in the room of origin. Findings on January 24, 2018:</p> <p>a. Kitchen Service Hall - Dining Room door had a loose strike plate. Deficiency corrected before Construction Surveyors departed site</p>	C 189		

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C 189	<p>Continued From page 9</p> <p>b. Kitchen Service Hall - Exterior door is missing its strike plate.</p> <p>6. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on January 24, 2018: a. Kitchen Pantry - the corridor door has a kick down device holding the ¾ hour fire rated door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch.</p> <p>7. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on January 24, 2018: a. Kitchen - the walk-in refrigerator/freezer is equipped with hasp hardware with a padlock on the door and the unit does not have an override device for this lock.</p> <p>8. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on January 24, 2018: a. Kitchen - per the semi-annual maintenance tag, the commercial kitchen hood's fire suppression system was last maintained in May of 2017.</p>	C 189	<p>10A NCAC 13F .0311 Other Requirements (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms;</p>	

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C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <p>(1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to provide ventilation in areas where odors are generated or required. This could affect all residents, staff and visitors by subjecting them to odors.</p> <p>Findings on January 24, 2018:</p> <p>a. Storage near Bedroom 107 - there was no exhaust ventilation system in this room, housekeeping chemicals are being storage, and odor is present.</p> <p>b. Storage near Bedroom 108 - there was no exhaust ventilation system in this room, a carpet-cleaning machine with an odor is parked in this room.</p>	C 199	<p>(4) housekeeping closets; and</p> <p>(5) laundry area.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <ul style="list-style-type: none"> Identified missing exhaust ventilation systems will be repaired/installed. <p>I request waiver for 37 days for item C 101 2A until 4/16/18</p> <p>The Executive Director/ Maintenance Technician will review items noted for necessary completion and/or repair, on or before 3/10/18.</p> <p>The Executive Director/ Maintenance Technician will do bimonthly building surveillances observing for any items that need attention/repair, assuring they are maintained in a safe operating condition for the next 3 months, and then randomly thereafter.</p>	
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