STATEMENT OF D AND PLAN OF CC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>0</b>	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL092023	B. WING		10/	04/2018
AME OF PROVID	DER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE, ZIP CODE		1	
BROOKDALE	CARY	7870 CH/ CARY, N	APEL HILL RO C 27513	DAD		
	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
C 000 Initia	al Comments		C 000			
		uction Section Biennial Survey Inna Fay on October 4, 2018.				
a Ho Spe the f appl Lice State	ome for the Age cial Care Unit of facility must me icable portions nsing of Adult (	his facility was first licensed as ed serving 50 residents in a on August 10, 1997. Therefore eet the 1996 Rules, the of the 2005 Rules for the Care Homes and the 1996 NC e; Section 409.1 Group I - cupancy.				
C 153 Exit	Door Locks-Si	ngle Hand Motion	C 153			
10A ENV (h) exits (3) a sir	NCAC 13F .03 /IRONMENT The requireme are: All exit door loo	PHYSICAL PLANT 305 PHYSICAL nts for outside entrances and cks shall be easily operable, by on, from the inside at all times				
1. 0		et as evidenced by: evealed that all of the exit doors erable.	3			
a. C		er 4, 2018: door strikes the brick mold on ng it difficult to open.				
C 160 Outs	side Premises-	Clean, Safe	C 160			
10A	CTION .0300 - I NCAC 13F .03 /IRONMENT	PHYSICAL PLANT 805 PHYSICAL				

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		HAL092023	B. WING		10/0	4/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
BROOK	DALE CARY	7870 CHA CARY, NO	PEL HILL RO 27513	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 160	<ul> <li>(m) The requireme</li> <li>(1) The outside grading of the door is dama</li> <li>(1) The outside grading of the door is dama</li> <li>(1) The outside grading of the door is dama</li> <li>(1) The outside grading of the door is dama</li> </ul>	nts for outside premises are: bunds of new and existing aintained in a clean and safe et as evidenced by: vealed that the outside maintained in a clean and safe	C 160			
C 164	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of (3) have furniture of (6) This Rule shall facilities.	HOUSEKEEPING AND es shall: ings, and floors or floor n and in good repair; c unpleasant odors; elean and in good repair; apply to new and existing	C 164			
	ceiling around the g of mildew stains.	r 4, 2018: e supply vent grille and the rille had an excessive amount eeping Closet - the ceiling is				

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI F	CONSTRUCTION	(X3) DAT	E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: (			PLETED
		HAL092023	B. WING		10/	04/2018
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
BROOKE	DALE CARY		APEL HILL RC C 27513	DAD		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLET
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	DATE
C 164	Continued From pa	ge 2	C 164			
	supply and return v weight of moisture. the grilles and on the opening. d. Riser Room - the damaged around the sprinkler head 2. Observations read kept clean and in get Findings on October a. D Hall Spa - the the door to the spa unravel along the e b. D Hall Spa - the from the wall at the c. D Hall Spa - the falling out and milded d. D Hall Spa - the falling a tight sea other insects are get traps placed at the pests. f. E4 - the bathroor where moisture from under the vinyl. g. A Hall Exit vestift door is coming loos	ne ceiling tiles carrying the ents are sagging under the There are mildew stains on ne tiles around the vent e sheetrock ceiling is heavily ne riser pipe and around the vealed that the floors were not ood repair. er 4, 2018: re is not a transition strip at and the carpet is beginning to dge. floor base is coming loose shower. seal at the shower unit is ew is forming in the gap. sheet vinyl seam is separating aving a gap for dirt to collect. oping at the bottom of the four units is damaged or not al. Lizards, centipedes and etting into the facility. Bug doors are covered in dead m floor is heavily stained m a toilet leak has seeped bule - the base to the left of the	3			
	furnishings were no	ot kept in good repair.				
	Findings on Octobe a. Room D3 - the b	bathroom door hits the frame				

STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL092023	B. WING	- 	10/	04/2018
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE	10,	04/2010
BROOKE	DALE CARY		APEL HILL RC IC 27513	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 164	and does not close b. Room D5 - the k and does not close c. Bridge, E Hall E was a large cut into The repairs appear hole had not been p d. F Hall Spa - the completely off of its the wall. e. F Hall Exit Vesti exterior door is dan f. Maintenance Off across from the lad	bathroom door hits the frame ectrical/Storage Room - there the wall to conduct repairs. ed to be completed and the batched. left linen closet door is hinge and propped up agains bule - the wall to the left of the naged. ice - there is a large hole der in the roof chase. wall to the left of the shower is	t			
C 166	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards; (e) This Rule shall facilities. This Rule is not me 1. Based on obser maintained free fro were improperly sto any means of restra	<ul> <li>HOUSEKEEPING AND</li> <li>es shall:</li> <li>n an uncluttered, clean and</li> <li>e of all obstructions and</li> <li>apply to new and existing</li> <li>et as evidenced by:</li> <li>vation the facility was not</li> <li>m hazards. Oxygen bottles</li> <li>ored. Oxygen bottles without</li> <li>aint to prevent them from</li> <li>cked over may present a</li> <li>bants of the facility.</li> </ul>	C 166			

Division	of Health Service Re	equiation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (	E CONSTRUCTION D1	(X3) DATE COMF	SURVEY PLETED
		HAL092023	B. WING		10/0	4/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
BROOKI	DALE CARY	7870 CHA CARY, NO	PEL HILL RC 27513	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 4	C 166			
	a. E7 - there were behind the bed.	two unsecured oxygen bottles				
	maintained free of h	vealed that the floors were not nazards. Uneven floors are a buld cause a fall resulting in				
		oule - the vinyl floor seam has a small divot in the floor which				
	maintained free from	ation the facility is not n hazards. If the code of 36" in front of electrical				
		r 4, 2018: Room - activity room items r in front of the electrical				
C 185	Fire Safety-Rehears	sals on Each Shift	C 185			
	quarterly on each s requirement of the l Enforcement Officia (c) Records of rehe and copies furnishe social services ann include the date and shift, staff members description of what	09 PLAN FOR rehearsals of the fire plan hift in accordance with the ocal Fire Prevention Code				

Division	of Health Service Re	equiation				APPROVED
STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (	E CONSTRUCTION 01		E SURVEY PLETED
		HAL092023	B. WING		10/	04/2018
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
BROOK	DALE CARY		APEL HILL RC	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
C 185	Continued From pa	ge 5	C 185			
	facilities.					
		et as evidenced by: ds revealed that the fire t being conducted per the				
		er 4, 2018: one fire drill conducted during 2018 and that was on the first				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
		vealed that the mechanical maintained in a safe and				
	Findings on Octobe a. D Hall Spa - the of dust on the exha	re was a heavy accumulation				
	has not been maint is a potential hazar	vation the electrical equipmen ained in a safe manner. This d if receptacles near water or locations do not function to	t			

Division	of Health Service Re	egulation	-			APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>C</b>	CONSTRUCTION		E SURVEY PLETED
		HAL092023	B. WING		10/	04/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BROOK	DALE CARY		APEL HILL RO	AD		
		· · ·	C 27513			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETE DATE
C 189	Continued From pa	ige 6	C 189			
	provide shock prote	ection.				
	have power and on the receptacles.	e GFCI outlets (6 total) did no e had scorch marks around e GFCI outlets (6 total) did not	t			
	maintain the facility safe operating cond smoke compartmen not completely clos	vation there is a failure to 's fire safety equipment in a dition. The occupants in the nt could be effected if doors do e and latch to help limit the r fire to the area of origin.	)			
		ng Room - the left leaf of the ot completely close when				
	maintain the buildin safe condition. Hole through fire resistar	vation there is a failure to ng's fire safety systems in a es or gaps at penetrations nt rated ceilings could allow pread beyond the area of				
	is not secure in its of ceiling around the f b. Men's Den - the	n outside of E1 - the can light opening leaving a gap in the				
	<ul> <li>c. Men's Den Work falling out of the cei ceiling assembly.</li> </ul>	kshop - the supply grille is iling leaving an opening in the of the corridor can lights have ps in the ceiling.				

	of Health Service Re					
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: 0	CONSTRUCTION		E SURVEY PLETED
		HAL092023	B. WING		10/	04/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
BROOK	DALE CARY	7870 CH/ CARY, N	APEL HILL RO C 27513	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 7	C 189			
	damaged around the hole at the sprinkler not line up with the f. E/F Hall Laundry is a 3" hole in the co g. F Hall Furnace F one of the cable bu away from the ceilin There is a hole at the new head did not lin h. F Hall Exit vestite sprinkler head when with the old one. i. Main Electrical/M two holes in the 1 he panels. There are a holes at sprinkler pi and walls. j. Boiler Room - the penetrations for the are holes around the sprinkler pipe. k. Boiler Room - a boiler flu chase is fa into the Boiler room I. Serving Room fo has dropped leaving was corrected at the m. A Hall - there is the sprinkler head when with the old one. o. A6 - there is a he the door. p. Corridor outside holes at the sprinkle did not line up with	Housekeeping Closet - there eiling. Room - the fire caulk around ndles on the left has pulled ng leaving a hole at the ceiling. The sprinkler head where the ne up with the old one. The public - there is a hole at the re the new head did not line up lechanical Room - there are our wall over the electric approximately eight unsealed the penetrations in the ceiling ere are holes around the re new sprinkler lines and there e pipe penetrations at the old section of the sheetrock in the alling out and hanging down the r Clare - one of the can lights g a gap in the ceiling. This e time of survey. a small hole in the ceiling at putside of the Med Room. Room - there is a hole at the re the new head did not line up ole at the sprinkler head inside of A4 and A7 - there are large er heads where the new heads				

Division	of Health Service Re	egulation			FORMA	PROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE SU COMPLE	
7010100			A. BUILDING:	01		
		HAL092023	B. WING		10/04/	2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE CARY		PEL HILL R	OAD		
		CARY, NO				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ige 8	C 189			
	old one. r. Women's Den missing at the sprir leaving a hole in the 5. Based on obser	vation there is a failure to				
	a safe operating co device used to kee impediment to quic occupants in the fa cannot be closed a	ngs's fire safety components in ndition. Any unapproved p a door open is an kly closing the door. The cility could be effected if doors s required so as to limit the nd/or fire to the area of origin.				
	room was blocked	en - the active door to the open with a chair. At the time hair was occupied and the				
	maintain the facility safe operating cond compartment could doors do not compl	vation there is a failure to 's fire safety equipment in a dition. Occupants in the smoke be exposed to smoke or fire if etely close and latch to help smoke or fire to the area of				
	which is causing the making it difficult to b. Craft Room - the drags on the frame close.	in the latch plate are not flush e door to drag on the frame				
Division of H	difficult to open and d. B5 - the dead la					
	-		6899 g	RES121	If continuation	shoot 0 of

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (	E CONSTRUCTION 01		E SURVEY PLETED
		HAL092023	B. WING		10/	04/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE	-	
BROOKE	DALE CARY	7870 CH/ CARY, N	APEL HILL RC C 27513	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 189	Continued From pa	ige 9	C 189			
	open. e. C Hall Living Ro do not close and la	om - the french double doors tch.				
		vealed that the plumbing aintained in a safe and				
	missing on the toile yellow.	er 4, 2018: estroom - the tank cover is et and the toilet seat is stained leaking and causing a large				
	equipment is not m condition. Failure to equipment in opera being obstructed co	vation the facility's fire safety aintained in operating o maintain fire safety ting due to sprinkler heads ould effect occupants in the fire sprinkler head could not				
	sprinkler head in th b. Kitchen Pantry - of the sprinkler hea c. Storage Rooms	stored within 18" of the e closet. items were stored within 18"				
		vealed that the building is not e and operating condition.				
	of one the ceiling ti Interview with staff suffered a roof leak	er 4, 2018: s a 1" plastic tube sticking out les over the icemaker. revealed that the facility had c. A plastic trap was installed r and the tube is to drain the				

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>(</b>	CONSTRUCTION		E SURVEY PLETED
		HAL092023	B. WING		10/04	
NAME OF I	PROVIDER OR SUPPLIER	L	DDRESS, CITY, S	TATE, ZIP CODE		04/2010
BROOKI	DALE CARY		APEL HILL RC	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 189	Continued From pa	ge 10	C 189			
	getting into the food	llects to keep water from d. A request has been made ice to repair the leak.				
C 199	Exhaust Ventilation		C 199			
	provided with exhau two cubic feet per n requirement does n before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex- which shall not app This Rule is not me 1. Observations re provide exhaust ver Findings on October	11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This tot apply to facilities licensed with natural ventilation in ces: rage; toilet rooms; closets; and apply to new and existing teeption of Paragraph (e) ly to existing facilities. et as evidenced by: vealed that facility did not ntilation in required areas.				