

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/29/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE WILMINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 CONVERSE DRIVE WILMINGTON, NC 28403		
(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 Construction Section Biennial Survey conducted by Suzanna Fay on November 29, 2018. Records indicate this facility was first licensed on August 22, 1997 as a Home for the Aged. The facility is currently licensed as a 38 Bed Special Care Unit. 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 (1997 Revision) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.	C 000		
C 111	Must Have Current San. & Fire Safety Reports 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. This Rule is not met as evidenced by: 1. Review of records revealed that the current sanitation and fire and building safety inspection reports were not available for review. Findings on November 29, 2018: a. The facility had to evacuate during the recent storms. They are in the process of completing repairs and organizing files. The documents were in boxes and not readily available. Documents that were not available include: 1) Annual Sanitation inspection report for the	C 111		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/29/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE WILMINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 CONVERSE DRIVE WILMINGTON, NC 28403		
(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 111	Continued From page 1 building. 2) Annual Sanitation inspection report for the kitchen. 3) Annual inspection report from the local fire official. 4) Annual Fire Alarm System inspection report. 5) Annual Fire Sprinkler System inspection report.	C 111		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Observations revealed that the corridors were not maintained free of all equipment and obstructions. Findings on November 29, 2018: a. D Hall Exit Corridor - there were a couple dozen paint cans and buckets stored in the corridor partially blocking the path of egress.	C 150		
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; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair;	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/29/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE WILMINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 CONVERSE DRIVE WILMINGTON, NC 28403		
(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 164	Continued From page 2 (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the walls and furnishings were not kept in good repair. Findings on November 29, 2018: a. A8 - the window was broken during the storm. Repairs are scheduled for Monday, December 3 Note: The room is currently not occupied. b. Laundry Room - the door hardware is loose. c. The handrail section outside of B Hall Dining is not secure to the wall. d. Break Room - the door kickplate is damaged and bent along the bottom edge. e. B Hall Spa, Toilet Room - there is a hole in the wall under the sink where the pipe penetrates the wall.	C 164		
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. This Rule is not met as evidenced by: 1. Observations revealed that the facility was not maintained free of hazards. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/29/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE WILMINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 CONVERSE DRIVE WILMINGTON, NC 28403		
(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 166	Continued From page 3 danger to the occupants of the facility. Findings on November 29, 2018: a. Nurse Office Storage B Hall - One oxygen bottle was stored unsecured on a wire shelf.	C 166		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Observations revealed that electrical outlets at all wet locations did not have ground fault interrupters. Findings on November 29, 2018: a. Activity Room Nook - the outlets along the countertop are not GFCI outlets.	C 188		
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:	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/29/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE WILMINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 CONVERSE DRIVE WILMINGTON, NC 28403		
(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 189	Continued From page 4 1. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure of delayed egress exit doors to release upon 15 seconds could deter or prohibit the residents and staff to exit during a fire or other emergency. Findings on November 29, 2018: a. Kitchen Exit - the door did not release on the 15 second delay. 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 ceilings could allow fire and smoke to spread beyond the area of origin. Findings on November 29, 2018: a. A Hall Spa - there is a hole around the sprinkler head in the toilet room. b. Activity Room Storage - the HVAC grille is missing a screw and is no longer secure to the ceiling. c. Kitchen Pantry - one of the sprinkler heads is missing an escutcheon plate leaving a hole in the rated ceiling assembly. d. Riser Room - there are two holes in the ceiling above the elbows on the sprinkler piping. e. Riser Room - the fire caulk has come loose leaving a gap in the ceiling around the sprinkler pipe as it penetrates the ceiling. f. Riser Room - there are a half dozen small, half inch diameter holes in the ceiling in front of the door where hanging brackets were removed. g. B Hall Spa - there is a gap around one of the sprinkler heads. h. Unassisted Dining Room - one of the sprinkler heads near the side wall has dropped down approximately 4" below the ceiling.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/29/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE WILMINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 CONVERSE DRIVE WILMINGTON, NC 28403		
(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 189	Continued From page 5 i. Private Dining - one of the sprinkler heads has dropped down approximately 1 1/2" below the ceiling. j. D Hall bath - one of the sprinkler heads is missing an escutcheon plate and the head is heavily rusted. k. D Hall Furnace Closet - there are two large holes cut into the ceiling to conduct repairs. l. D Hall - there is a small hole at the base of the exit sign in the D Hall corridor. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on November 29, 2018: a. A8 - the latch plate is missing and the door will not latch. b. Maintenance Office - the door hits the frame and will not close and latch. c. B3 - the latch plate is missing from the door and it will not latch. The door hardware is loose. 4. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain 18" below the sprinkler heads could obstruct the ability of the sprinkler head to suppress a fire. Findings on November 29, 2018: a. Activity Room - adult diapers and boxes were stored within 18" of the ceiling. b. Beauty Salon - the sprinkler head in the closet was covered with a plastic cup and taped to secure. The tape and cup were removed at the time of survey.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/29/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE WILMINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 CONVERSE DRIVE WILMINGTON, NC 28403		
(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 189	Continued From page 6 c. C Hall Linen Storage - the linens are stored within 18" of the sprinkler head. 5. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on November 29, 2018: a. B Hall Nurse Station - one of the electrical outlets above the work counter was missing a cover plate. b. C7 - the GFCI outlet in the bathroom did not trip when tested. 6. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Findings on November 29, 2018: a. B Hall Spa, Toilet Room - the sink hardware is not secure to the sink basin.	C 189		