Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING _ HAL092023 12/06/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7870 CHAPEL HILL ROAD **BROOKDALE CARY** CARY, NC 27513 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on December 6, 2018. There are deficiencies from the Biennial Construction Survey that remain to be corrected. {C 160} Outside Premises-Clean, Safe {C 160} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside

Findings on December 6, 2018:

a. A Hall exit - the overhead latticework outside of the door is damaged and falling down which could injure a resident or staff member. This has not been repaired. Interview with staff revealed that the work required more time to complete than originally anticipated.

premises were not maintained in a clean and safe

{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

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condition.

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

TITLE

(X6) DATE

{C 164}

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		1141 002022	B. WING		R	
NAME OF I		HAL092023			12/0	6/2018
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S IPEL HILL RO	STATE, ZIP CODE		
BROOK	DALE CARY	CARY, NO				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
{C 164}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 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. This Rule is not met as evidenced by: 1. Observations revealed that the floors were not kept clean and in good repair. Findings on December 6, 2018: a. The weatherstripping at the bottom of the exterior doors in all four units is damaged or not providing a tight seal. Lizards, centipedes and other insects are getting into the facility. Bug traps placed at the doors are covered in dead pests. The work for the repairs is in process. Less pests were observed on the sticky traps. b. A Hall Exit vestibule - the base to the left of the door is coming loose from the wall. The wall has been repaired and when it is dry and painted, the base will be installed. 2. Observations revealed that the walls and furnishings were not kept in good repair. Findings on December 6, 2018: a. Room D3 - the bathroom door hits the frame and does not close. Interview with staff revealed that he had not had time to complete this repair. b. Room D5 - the bathroom door hits the frame and does not close. Interview with staff revealed that he had not had time to complete this repair.		{C 164}			
{C 189}		Maintained Safe, Operating PHYSICAL PLANT	{C 189}			

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DIVISION	of Health Service Re	guiation				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:				
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		HAL092023	B. WING	 		6/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DDECC CITY O	STATE, ZIP CODE		
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PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIES		DATE
				DEFICIENCY)		
{C 189}	Continued From na	ge 2	{C 189}			
(0 100)	Continued From page 2		(0 100)			
	REQUIREMENTS					
		d all fire safety, electrical,				
		umbing equipment in an adult				
		maintained in a safe and				
	operating condition					
		apply to new and existing				
		ception of Paragraph (e)				
	which shall not app	ly to existing facilities.				
	This Rule is not met as evidenced by:					
		vation there is a failure to				
	maintain the building's fire safety systems in a					
		es or gaps at penetrations				
	through fire resistant rated ceilings could allow					
	fire and smoke to spread beyond the area of					
	origin.					
	Findings on Decem	her 6 2018:				
		shop - the supply grille is				
		ling leaving an opening in the				
		This has not been repaired.				
		revealed that the ceiling is				
		epairs are more extensive				
		ght. He is in the process of				
	correcting this defic					
		Room - the ceiling is heavily				
		ne plumbing line and there is a				
		head where the new head did				
		old one. This has not been				
		actor was scheduled to make				
		not complete the ones in the				
	Furnace Room.					
		Room - the fire caulk around				
		ndles on the left has pulled				
		ng leaving a hole at the ceiling.				
		ne sprinkler head where the				
		ne up with the old one. This				
		cted. A contractor was				
		the repairs and did not				

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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 F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
		PEL HILL R	OAD				
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	OULD BE COMPLÉ		
{C 189}	Continued From page 3		{C 189}				
	d. A Hall Furnace F sprinkler head where with the old one. The contractor was school and did not comple Room. e. B2 Bath - there is head where the new old one. This item surveyor and did not identified in a timely 2. Based on obsermaintain the facility safe operating concompartment could doors do not complimit the spread of sorigin. Findings on December 1.	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 the ber 6, 2018:					
	a. E6 - the screws which is causing the making it difficult to	in the latch plate are not flush e door to drag on the frame open and close. Some work more is needed to correct the					
		vealed that the plumbing aintained in a safe and					
	missing on the toile yellow. The seat co staff has not been a	ber 6, 2018: stroom - the tank cover is t and the toilet seat is stained over has been replaced but the able to get a tank cover to fit working on this item.					

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