

Brookdale:

- Leading U.S. senior living provider
- Capacity to serve 111,000 residents in 47 states
- Systems and support for community associates that help us enrich the lives of those we serve

Community Features:

- Personalized Assisted Living
- *Medication Management
- *Incontinence Care
- *Bathing Assistance
- *Assistance with dressing
- *Escort to Dining Room

Mission Statement: Enriching the lives of those we serve with compassion, respect, excellence and integrity.

Built on a foundation of TRUST. We earn trust when we listen, understand, partner and solve.

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Facsimile

Date: 12/18/2018

From: Brookdale Hickory NE Mr. Kim Harris, ED

To: DHSR Construction Section

FAX #: 919-733-6592

Subject: Plan of Correction

Number of Pages (including Cover): 10

Message:

Attention: Ed Miller



Brookdale Hickory Northeast

2530 16th Street NE
Hickory, NC 28601
(828) 324-5400

Admin Office Fax # 828.326.9770
Med Room Fax # 828.345.1898 Health Office Fax # 828.328.8918

brookdale.com

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2018
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NAME OF PROVIDER OR SUPPLIER BROOKDALE HICKORY NORTHEAST	STREET ADDRESS, CITY, STATE, ZIP CODE 2530 16TH STREET N E HICKORY, NC 28601
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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
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller, conducted on November 21, 2018.</p> <p>Records indicate that this facility was first licensed on 5-13-1994 with an addition submitted on 6-12-1997, for the current licensed capacity of 88 residents. Based on this information, the facility is required to meet the 1993 Rules for the Licensing of Domiciliary Homes (Homes for the Aged), the applicable portions of the 2005 10A NCAC 13F - Licensing of Adult Care Homes of Seven or More Beds, and the 1991 NC State Building Code(s) for a Group I-Institutional Unrestrained Occupancy.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000	<p><i>See attached</i></p>	
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>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;</p>	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Ken H. Davis TITLE
Executive Director (X6) DATE
12/18/2018

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the Building does not meet code requirements for Delayed Egress Locking System, when last modified. Findings on November 21, 2018: a. Left Exit - a force greater than 15 pounds was applied to the delayed egress door's releasing device, for more than three seconds. The system 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.	C 101		
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; (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 November 21, 2018: a. Entire Building - the ventilation system throughout the Facility with their radiation dampers have an excessive accumulation of dust/lint. 2. Based on Observation, and interview with	C 164		

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C 164	<p>Continued From page 2</p> <p>Manager, the facility failed to keep plumbing system devices clean and in good repair. Findings on November 21, 2018:</p> <ul style="list-style-type: none"> a. Shared Bathroom between Bedrooms 1 & 3 - the connection of the commode to the floor is loose. b. Shared Bathroom between Bedrooms 1 & 3 - the shower is dirty around its built-in seat. c. Bedrooms 29 Bathroom - the connection of the commode to the floor is loose. <p>3. Based on observation, the building Ceilings are not kept clean and in good repair. Findings on November 21, 2018:</p> <ul style="list-style-type: none"> a. Bedroom 1 - the textured ceiling is detaching from the ceiling in several small areas. b. Laundry near Bedroom 8 - the textured ceiling is detaching from the ceiling in several areas. 	C 164		
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on November 21, 2018:</p>	C 166		

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C 166	Continued From page 3 a. Bedroom 25 - one portable medical oxygen cylinder is standing up on the floor and four portable medical oxygen cylinders are standing up in a plastic beverage crate not physical secured in racks, stands or chained to the structure.	C 166		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. Findings on November 21, 2018: a. Entire Building - since the last annual maintenance, performed in August 2018, there has been no documentation of the portable fire extinguisher's monthly in-house/owner inspections. b. Activities - the last annual maintenance check of this portable fire extinguisher was last performed in June 2017. c. Beauty Shop - the last annual maintenance check of this portable fire extinguisher was last performed in June 2017.	C 183		
C 189	Building Equipment Maintained Safe, Operating	C 189		

PRINTED: 12/04/2018
FORM APPROVED

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C 189	<p>Continued From page 4</p> <p>SECTION .0300 - PHYSICAL PLANT 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> <p>This Rule is not met as evidenced by:</p> <p>1. 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.</p> <p>Findings on November 21, 2018:</p> <p>a. Corridor near Sales Office - the self-contained emergency light did not illuminate on backup power when the test button is pushed.</p> <p>b. Activities near Window - the self-contained emergency light did not illuminate on backup power when the test button is pushed.</p> <p>c. Corridor near Bedroom 12 - the exit sign did not illuminate on backup power when tested.</p> <p>d. Corridor near Bedroom 21 - the exit sign did not illuminate on backup power when tested.</p> <p>2. Based on observation, the facility is not maintained in a safe manner by having fire rated doors not close completely in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin.</p> <p>Findings on November 21, 2018:</p> <p>a. Attic - the doors to the fire-resistance-rated furnace rooms are propped open, circumventing the fire-resistance-rated protection of the attic.</p>	C 189		

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C 189	<p>Continued From page 5</p> <p>3. 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 November 21, 2018: a. Kitchen -since the last semi-annual maintenance of the commercial kitchen hood's fire suppression system, performed in August 2017, there has been no documentation of the monthly in-house/owner inspections. b. Kitchen - the commercial kitchen hood's suppression system does not have a nozzle correctly aimed at the deep fryer to extinguish a fire.</p> <p>4. 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 of origin. Findings on November 21, 2018: a. Corridor near Bedroom 1 - the exit sign's base does not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. b. Kitchen Housekeeping Closet - there is a gypsum patch in the fire-resistance-rated ceiling assembly that uses mesh tape to bridge large gaps between boards. Drywall tape over a hole is not approved to firestop this type of penetration. c. Bulk Laundry - there is a gap around a PVC conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. New Basement - there are several large holes not firestopped as they penetrate the</p>	C 189		

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C 189	<p>Continued From page 6</p> <p>fire-resistance-rated ceiling assembly.</p> <p>5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Using medical equipment, high power loads such as space heaters, refrigerators, and microwave ovens with multiple power taps can overload building wiring is a fire hazard</p> <p>Findings on November 21, 2018:</p> <p>a. Bedroom 1 - a power tap (power strip) is plugged into another power tap. Power taps must connect directly to permanently installed branch circuit electrical power receptacles. Deficiency corrected before Construction Surveyors departed site.</p> <p>b. Bedroom 3 - a power tap (power strip) is plugged into another power tap. Power taps must connect directly to permanently installed branch circuit electrical power receptacles. Deficiency corrected before Construction Surveyors departed site.</p> <p>c. Bedroom 3 - oxygen concentrator is plugged into a power tap. Deficiency corrected before Construction Surveyors departed site.</p> <p>d. Bedroom 8 - oxygen concentrator is plugged into a power tap. Deficiency corrected before Construction Surveyors departed site.</p> <p>e. Bedroom 25 - oxygen concentrator is plugged into a power tap. Deficiency corrected before Construction Surveyors departed site.</p> <p>f. Bedroom 25 - refrigerator is plugged into a power tap. Deficiency corrected before Construction Surveyors departed site.</p> <p>6. Based on observations, the Building was not maintained in a safe and operating condition, because some fire sprinkler components were missing or in despair. This could affect all residents, staff, and visitors if the fire sprinkler</p>	C 189		

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C 189	Continued From page 7 system does not function or is delayed in responding as design. Findings on November 21, 2018: a. FDC inlet connection area - the FDC sign has faded and the letter are not visible. 7. Based on observations, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler heads' spray cannot reach all areas of a room. Findings on November 21, 2018: a. Supply Closet near Copy Room- items are being stored within the area 18 inches below the fire sprinkler head. 8. 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 November 21, 2018: a. Health & Wellness Office- the corridor door has a kick down device holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. 9. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on November 21, 2018: a. Bedroom 11 - the corridor door does not latch into its frame when closed. b. Bistro - the pair of corridor doors do not latch into its frame when closed. c. Bedroom 22 - the corridor door does not have a door handle hardware to latch in its frame. d. Bedroom 29 - the corridor door does not latch into its frame when closed.	C 189		

December 18, 2018

- The following is the Plan of Correction for **Brookdale Hickory NE** regarding the Statement of Deficiencies dated **December 4, 2018** from DHHS DHSR Construction Section. 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. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.
- C 101: The door's magnet was adjusted during the survey and then released properly. It has been checked periodically by the Maintenance Technician (MT) as part of the TELS system and is an ongoing part of the monthly checklists.
- C 164: 1. MT and Housekeeper have examined all dampers and removed lint. Community will continue to monitor this through weekly housekeeping and inspections by MT. 2. The shared bathroom between 1&3 and bathroom in apartment #29 have both had commodes tightened. The Shower has been cleaned and re-caulked in shared bathroom between apartments #1&3. 3. The textured ceiling in Bedroom 1 has been repaired as well as the laundry room's ceiling. MT will continue to monitor and check for further damage throughout the community during daily walk throughs and document in the TELS system.
- C 166: 1. All O2 cylinder plastic crates have been removed from the community and replaced as necessary with metal crates as required. Executive Director has contacted O2 companies to alert them that plastic storage crates are no longer acceptable in the community. Community will continue to monitor during daily walk throughs to ensure plastic storage containers are not being used.
- C 183: 1. All fire extinguishers throughout the community have been checked and turned upside down to ensure chemicals are loose inside the extinguishers. This will continue to be monitored and all extinguishers will be checked on a monthly basis as indicated in the TELS system.
- C 189: 1. Fire Life and Safety was contacted and all emergency lights were tested and operating properly on 12/11/2018. During the original Construction Section inspection ED failed to test emergency lights from the third source of emergency lighting in the right side of the attic which controlled the lights in activity room and corridor as identified. The community will continue to test emergency lights as indicated in the TELS system. 2. Attic doors were all closed and springs (door closure springs) were re-attached. MT will continue to monitor after any vendors are in the

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attic doing any work. 3. MT has completed in house inspection of kitchen hood fire suppression system. Carolina Fire Equipment Completed the extension of the suppression system on 12/17/2018 so as to allow a nozzle to be located directly above the deep fryer. 4. The exit sign in corridor near Apartment #1 has been sealed. Drywall has replaced the mesh tape in kitchen HK closet. Gap around PVC conduit in laundry has been fire rated sealed. Drywall in the new basement has been installed to cover existing openings and sealed with right rated protection. 5. Health and Wellness Director has inspected all current apartments to ensure O2 concentrators or refrigerators are not being plugged into a power strip. 6. FDC sign was flipped over the wrong way. Re-arranged and is now clearly visible. 7. All items on the top shelf have been moved to other shelving in order to allow 18 inches from the sprinkler head. 8. Kick down device has been removed from HWD office door. 9. All apartment doors have been checked and all close properly. Apartments 11, 22, and 29's doors have been adjusted in order to close properly. Advanced Fire and Communication was contacted to come in and adjust Bistro corridor doors and was completed on 12/18/2018.

Brookdale Hickory NE

Ken A. Hani
12/18/2018