

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/19/2018
--	--	---	--

NAME OF PROVIDER OR SUPPLIER BROOKDALE FALLING CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 910 29TH AVENUE NE HICKORY, NC 28601
--	--

(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 Biennial Follow Up Construction Survey by Dennis Harrell on 12-19-2018. Some deficiencies were not corrected. Further action is required.	{C 000}		
{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. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on 12-19-2018: One portable medical oxygen cylinder was still stored in an unapproved plastic crate in room 710.	{C 166}	See attached Plan of Correction: C166 Section .0300 No. 1	
{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	{C 185}	See attached Plan of Correction: C185 Section .0300 No. 1	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Suzanne C. Dupon

TITLE

Executive Director

(X6) DATE

1/7/2019

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 12/19/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE FALLING CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 910 29TH AVENUE NE HICKORY, NC 28601
--	--

(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 185}	<p>Continued From page 1</p> <p>requirement of the local Fire Prevention Code Enforcement Official.</p> <p>(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.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 2. Based on a review of documents, the records that were provided included little to no description of what the rehearsal involved.</p>	{C 185}		

The following is the Plan of Correction for Brookdale Falling Creek regarding the Statement of Deficiencies dated December 19, 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. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

**C166 SECTION .0300 – PHYSICAL PLANT 10A NCAC 13F.0306
HOUSEKEEPING AND FURNISHINGS**

1. The community had one portable oxygen cylinder stored in an unapproved racks. In unit 710, one empty oxygen cylinder was stored in a plastic oxygen rack, which was provided by the oxygen vendor. The rack was removed from the unit on 12/19/18. The Executive Director/designee will monitor all other resident units that have oxygen in the room monthly to observe that the cylinders are stored in approved racks. The Executive Director/designee will discuss approved oxygen cylinder storage during monthly Safety Committee meetings.

**C185 SECTION .0300 – PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR
EVACUATIONS**

1. The community monthly fire drill rehearsal documentation included little to no description of what the rehearsal involved. The Maintenance Tech is responsible for conducting the monthly fire drill rehearsal. The Executive Director has discussed, and will discuss again completing the fire drill rehearsal documentation with thorough description no later than January 12, 2019. The Executive Director will monitor the fire drill rehearsal documentation monthly to observe that thorough descriptions have been included.