Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018016		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
		DENTIFICATION NOMBER.	A. BUILDING:	A. BUILDING: <b>01</b>		R	
		B. WING			01/30/2019		
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	DDRESS, CITY, STATE, ZIP CODE			
BROOKD	ALE HICKORY NOR	THEAST	6TH STREET N RY, NC 28601	E			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	SHOULD BE COMPLET	
{C 000}	Initial Comments		{C 000}				
		I Follow Up Construction , conducted on January 30,					
	Deficiencies were cited that will require a new Plan of Correction.						
{C 164}	Housekeeping and	Furnishings-Clean, Repaired	d {C 164}				
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND	)				
	are not kept clean a Findings on Januar b. Laundry near B	rvation, the building Ceilings and in good repair.					
{C 189}	Building Equipment	t Maintained Safe, Operating	{C 189}				
	mechanical, and pl	11 OTHER nd all fire safety, electrical, umbing equipment in an adu maintained in a safe and	It				

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Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLI           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER					(X3) DATE SURVEY COMPLETED	
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OALE HICKORY NOR	THEAST	-	E			
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Continued From page 1		{C 189}		·		
(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.						
1. Based on obse emergency equipm safe and operating if they could not pro during an emergen Findings on Januar c. Corridor near E not illuminate on ba d. Corridor near E	rvation, the building's ent was not maintained in a condition. This would affect al omptly find their way to an exit cy. y 30, 2019: Bedroom 12 - the exit sign did ackup power when tested. Bedroom 21 - the exit sign did					
safety was not main condition. This could not contained in roo Findings on Januar a. Corridor near E base does not com	ntained in a safe and operating Id expose all to fire/smoke if om of origin. y 30, 2019: Bedroom 1 - the exit sign's pletely cover the hole	3				
maintain the electri operating condition high power loads su refrigerators, and m power taps can ove hazard Findings on Januar c. Bedroom 3 - ov into a power tap. De	cal system in a safe and . Using medical equipment, uch as space heaters, nicrowave ovens with multiple erload building wiring is a fire y 30, 2019: cygen concentrator is plugged eficiency corrected before					
	OF CORRECTION PROVIDER OR SUPPLIER DALE HICKORY NOR SUMMARY STA (EACH DEFICIENCC REGULATORY OR L Continued From pa (k) This Rule shall facilities with the ex- which shall not app This Rule is not me 1. Based on obse emergency equipm safe and operating if they could not pro- during an emergen Findings on Januar c. Corridor near E not illuminate on ba d. Corridor near E not illuminate on ba findings on Januar c. Corridor near E not contained in roo Findings on Januar a. Corridor near E base does not com penetrating the fire- assembly. 5. Based on obse maintain the electri operating condition high power loads su refrigerators, and m power taps can over hazard Findings on Januar c. Bedroom 3 - over hazard Findings on Januar	OF CORRECTION       IDENTIFICATION NUMBER:         HAL018016       HAL018016         PROVIDER OR SUPPLIER       STREET A         DALE HICKORY NORTHEAST       2530 16 <sup>-</sup> HICKOR         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       SUMMARY STATEMENT OF DEFICIENCIES         Continued From page 1       (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:         1.       Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect al if they could not promptly find their way to an exit during an emergency.         Findings on January 30, 2019:       C.         Corridor near Bedroom 12 - the exit sign did not illuminate on backup power when tested.         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 January 30, 2019:         a.       Corridor near Bedroom 1 - the exit sign 's base does not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.         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 <td>OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING: C         HAL018016       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, ST         DALE HICKORY NORTHEAST       2530 16TH STREET N HICKORY, NC 28601         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         Continued From page 1       (C 189)         (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.       (C 189)         This Rule is not met as evidenced by: 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.         Findings on January 30, 2019: C. Corridor near Bedroom 12 - the exit sign did not illuminate on backup power when tested.         4. Based on observations, the Building fire safety was not maintained in a safe and operating condition. 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		HAL018016			R 01/30/2019		
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BROOK	DALE HICKORY NOR	THEAST	H STREET N	E			
	SUMMARY STA		Y, NC 28601	PROVIDER'S PLAN OF	CORRECTION	(XE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
C 189}	Continued From page 2		{C 189}				
	because some fire missing or in despa- residents, staff, and system does not fu responding as desi Findings on Januar a. FDC inlet conn flips over base of w that it is visible to th 9. Based on obse corridor doors are r operating condition Findings on Januar a. Bedroom 11 - t into its frame when b. Bistro - the acti	y 30, 2019: ection area - the FDC sign ind directions. Secure sign so he arriving fire trucks. rvation, the smoke tight not maintained in a safe and y 30, 2019: he corridor door does not latch					

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