

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 03/13/2019
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NAME OF PROVIDER OR SUPPLIER BROOKDALE PEACHTREE MC	STREET ADDRESS, CITY, STATE, ZIP CODE 2814 PEACHTREE ROAD STATESVILLE, NC 28625
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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
{C 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on March 13, 2019. Deficiencies were cited that will require a new Plan of Correction.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS 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; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet the NC State Building Code in effect at the time of construction by not having all of the required components for doors and required gates with Special (magnetic) Locking. This could affect all occupants who would need to evacuate through the door/gate if the exit were obstructed. Finding on 12-18-2018:	{C 101}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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{C 101}	<p>Continued From page 1</p> <p>The required emergency release switch for the magnetic lock on the exit gate from the Special Care courtyard is a momentary switch. Emergency release switches must be of the on/off type that once opened, remains open until reset.</p> <p>The Special (magnetic) Locking has 2 central emergency release switches. Neither of the switches would open the magnetically locked exit doors.</p> <p>Finding on 03-13-2019: Per interview with Campus Maintenance Director, the switch replacement has been rescheduled to March 15, 2019</p> <p>2. Based on observation and interview, most staff were not aware of the location or the use of the required central emergency release switch for the Special (magnetic) Locking on all the exit doors. All staff responsible for evacuation in an emergency must be properly trained in evacuation procedures and equipment.</p> <p>Finding on 12-18-2018: The required emergency release switch for the magnetic lock on the exit gate from the Special Care courtyard is a momentary switch</p> <p>Finding on 03-13-2019: Entire Building - 2 of 3 staff interviewed did not know where the central emergency override switches are located and what their functions are.</p>	{C 101}		
{C 166}	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND</p>	{C 166}		

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{C 166}	Continued From page 2 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: Based on observation, there was no documentation of the required in house/owner's monthly inspections provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull.	{C 166}		
{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: 4. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in	{C 189}		

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{C 189}	Continued From page 3 one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. The door to room 3 would not latch when closed. b. The door to room 14 would not latch when closed. d. There was a hole at the latchset through the door to room 20. e. The door to room 1 does not fit the opening properly to be resistant to the passage of smoke. n. The door to the storage room near the salon does not fit the opening properly to be resistant to the passage of smoke. 5. Based on observation, the required one-hour fire rated ceilings were compromised in a location. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings on 12-18-2018: There were 4 unsealed conduit sleeves in the mechanical room.	{C 189}		