

The following is a summary of the Plan of Correction for Brookdale Peachtree-MC. This Plan of Correction is in regards to the Corrective Action Report dated December 28, 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.

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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;

- Designated door with Electromagnetically Locking mechanism will have on/off Emergency switch put in place by Maintenance Technician/Designee
- Executive Director or designee will inspect periodically to ensure compliance.

10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

(g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.

- Community Staff to ensure that all emergency exits are free from obstruction, with frequent rounds. Corrected at time of inspection.
- An in-service with all staff members is scheduled and will be completed by 02-28-2019 on the expectations of keeping corridors free of all equipment and obstructions.
- Executive Director or designee will inspect periodically during walking rounds to ensure compliance.

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.

- Fire Extinguishers will be checked on a monthly basis by Maintenance Technician/Designee.
- Executive Director or designee will inspect periodically during walking rounds to ensure compliance.

10A NCAC 13F .0309 PLAN FOR EVACUATION

(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.

(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.

(f) This Rule shall apply to new and existing facilities.

- Fire Drills will be conducted on a monthly basis to ensure that each shift is done at least once quarterly by Maintenance Technician/Designee.
- Fire Drill documentation will have listed; the location, staff response time, duration, and explanation of what occurred during the drills.
- Executive Director or designee will inspect periodically to ensure compliance.

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.

- Designated central emergency release switches will be repaired by Maintenance Technician/Designee.
- Designated battery powered light will be removed from Resident Programs Office by Maintenance Technician/Designee.
- Designated Exit Sign lighting will be repaired by Maintenance Technician/Designee.
- Designated doors will be repaired to ensure they close and latch completely. Also ensuring the doors fit properly to be resistant to the passage of smoke by Maintenance Technician/Designee.
- Designated, unsealed conduit sleeves in the mechanical room will fire caulked by Maintenance Technician/Designee.
- Executive Director or designee will inspect periodically during walking rounds to ensure compliance.

The above items will be completed by February 28th, 2019.

Heather Milton,
Area Director
01/29/2019

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 12/18/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE PEACHTREE MC		STREET ADDRESS, CITY, STATE, ZIP CODE 2814 PEACHTREE ROAD STATESVILLE, NC 28625		
(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 Construction Section Biennial Survey by Dennis Harrell on 12-18-2018. Records indicate this facility was licensed on 3-17-1998, for 40 Beds. Based on this information, we are requiring the facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code, Section 409.1, Institutional Occupancy Group I.	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	C 101		

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

TITLE

(X6) DATE

STATE FORM

6890

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If continuation sheet 1 of 6

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C 101	Continued From page 1 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: 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. 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.	C 101		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Finding on 12-18-2018: There was a walker stored directly in front of the exit near room 9. Note; This deficiency was corrected near the survey.	C 150		

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C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, there was no documentation of the required in house/owner's monthly inspections since April 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.</p>	C 166		
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>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 requirement of the local Fire Prevention Code Enforcement Official. (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. (f) This Rule shall apply to new and existing facilities.</p>	C 185		

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C 185	Continued From page 3 This Rule is not met as evidenced by: 1. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Finding on 12-18-2018: In the 2nd quarter of this year, there was no rehearsal done during the 1st shift. 2. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.	C 185		
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: 1. Based on observation, this facility is equipped with Special (magnetic) Locking and has 2 central emergency release switches. Neither of the switches would open the magnetically locked exit doors. All components of Special Locking must be maintained in an operating condition. 2. Based on observation, the battery powered emergency light in the Resident Programs	C 189		

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C 189	<p>Continued From page 4</p> <p>Co-ordinator's office would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.</p> <p>3. Based on observation, the facility failed to be maintained in a safe condition because of an exit sign not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Finding on 12-18-2018: The exit sign at the front entrance was not illuminated.</p> <p>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 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. c. The door to room 17 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. f. The door to room 3 does not fit the opening properly to be resistant to the passage of smoke. g. The door to room 4 does not fit the opening properly to be resistant to the passage of smoke. h. The door to room 7 does not fit the opening properly to be resistant to the passage of smoke. i. The door to room 8 does not fit the opening properly to be resistant to the passage of smoke.</p>	C 189		

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C 189	<p>Continued From page 5</p> <p>j. The door to room 12 does not fit the opening properly to be resistant to the passage of smoke.</p> <p>k. The door to room 15 does not fit the opening properly to be resistant to the passage of smoke.</p> <p>l. The door to room 18 does not fit the opening properly to be resistant to the passage of smoke.</p> <p>m. The door to room 19 does not fit the opening properly to be resistant to the passage of smoke.</p> <p>n. The door to the storage room near the salon does not fit the opening properly to be resistant to the passage of smoke.</p> <p>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.</p> <p>Findings on 12-18-2018: There were 4 unsealed conduit sleeves in the mechanical room.</p>	C 189		