

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(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 Construction Survey by Suzanna Fay and Ed Miller conducted on June 14, 2019.

Records indicate this facility was first licensed on May 28, 1997. The facility is currently licensed for 119 Beds including a 19 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1991 (1997 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.

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;

C 101

This Rule is not met as evidenced by:



Qudisia Chaudhary

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

TITLE **Executive Director** (X6) DATE **7/3/2019**



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL032065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  06/14/2019
NAME OF PROVIDER OR SUPPLIER  BROOKDALE DURHAM		STREET ADDRESS, CITY, STATE, ZIP CODE 4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704		
(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 111	Continued From page 2 review.  This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not maintain all fire safety inspection reports for review.  Findings on June 14, 2019: a. A record of a current Fire Official's annual inspection report could not be located.	C 111	C 111 A current fire official's annual inspection report was emailed to inspection 6/2019, sees attached documentation and attached copy of fire safety inspection report.	8/16/19
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: 1. Observations revealed that the facility did not maintain exit corridors free of obstructions.  Findings on June 14, 2019: a. Service Corridor - the door hardware on the door leading into the service corridor has been replace with locking hardware. The door is in the path of egress.	C 150	C150 All items will be removed from exit corridors by Maintenance team to ensure exits are free of obstruction. Daily rounds will occur moving forward to make sure all corridors are not obstructed and clutter free.	8/16/19
C 153	Exit Door Locks-Single Hand Motion  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times	C 153		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL032065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  06/14/2019
NAME OF PROVIDER OR SUPPLIER  BROOKDALE DURHAM		STREET ADDRESS, CITY, STATE, ZIP CODE 4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704		
(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 153	Continued From page 3  without keys; and  This Rule is not met as evidenced by: 1. Observations revealed that all exit doors were not maintained easily operable. Exit doors that are damaged or difficult to operate impede the ability to exit the building in a safe manner.  Findings on June 14, 2019: a. First Floor Front Stairwell Exit - the door to the exterior is damaged around the hinge requiring excessive force to open the door.	C 153	C153 Exit door damage <sup>s</sup> will be repaired. Maintenance team to ensure all exit doors is easily operable	8/16/19
C 160	Outside Premises-Clean, Safe  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;  This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition.  Findings on June 14, 2019: a. Courtyard - there are two 6" diameter holes in the soffit trim along the front wall of the courtyard. b. Courtyard - there is a section of rotten soffit in the back right corner of the courtyard.	C 160	C 160  1a. The two 6" diameter holes in the soffit trim along the front wall of the courtyard will be repaired by maintenance/vendor.  1b. Rotten Soffit in back right corner of courtyard will be repaired by Maintenance/Vendor.	8/16/19
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL032065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  06/14/2019	
NAME OF PROVIDER OR SUPPLIER  BROOKDALE DURHAM		STREET ADDRESS, CITY, STATE, ZIP CODE 4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704		
(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 164	<p>Continued From page 4</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the ceilings were not kept clean and in good repair.</p> <p>Findings on June 14, 2019:</p> <p>a. Third Floor Storage off of Residential Laundry - there is black mildew stains around the supply vent and around the ladder to the roof.</p> <p>b. The ceiling around the supply vent outside of Room 303 has water stains and the finish is splitting.</p> <p>c. Second Floor - there is a leak outside of the Nursing Office which has left a round black mark on the ceiling.</p> <p>d. Kitchen - a number of the ceiling tiles were warped and no longer fitting into the grid leaving holes and gaps in the ceiling. A section of the ceiling grid was missing at the entrance to the dish washing area.</p> <p>2. Observations revealed that the floors were not kept clean and in good repair.</p> <p>Findings on June 14, 2019:</p> <p>a. Third Floor Storage off of Residential Laundry - the floors have a black residue covering the floor.</p> <p>b. Main Lobby - a corner of one of the floor tiles</p>	C 164	<p>C 164</p> <p>1a. Black stains around supply vent will be repaired. Black stains around ladder roof will be repaired by maintenance.</p> <p>1b. Ceiling around supply vent by apartment 303 will be repaired by Maintenance</p> <p>1c. Round black mark on ceiling will be repaired by Maintenance</p> <p>1d. Ceiling tiles in kitchen will be changed out to avoid holes and gaps in the missing ceiling grid will be replaced by Maintenance</p> <p>2a. Black residue covering floor will be removed</p>	<p>8/16/19</p> <p>8/16/19</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/14/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>		
(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 164	Continued From page 5  has broken off between the reception desk and the living room leaving a small divot in the floor.  3. Observations revealed that the walls were not kept clean and in good repair.  Findings on June 14, 2019: a. Third Floor Residential Laundry - the wall behind the washer and dryer units is in the process of being repaired. The walls have unfinished patches, are partially painted and the housing for the water lines is not affixed to the wall. b. Second Floor Residential Laundry - the wall behind the washer and dryer units is in the process of being repaired. The walls have unfinished patches, are partially painted and the housing for the water lines is not affixed to the wall. c. Room 219 - the kitchen base cabinets have been removed leaving a large hole in the wall that has not been repaired. d. First Floor Residential Laundry - the wall behind the washer and dryer units is in the process of being repaired. The walls have unfinished patches, are partially painted and the housing for the water lines is not affixed to the wall. e. Room 105 Bath - the wall above the toilet had a prior leak and the paint is bubbled up. f. Utility Room by Kitchen - a live roach was observed in the corner at the column. There was a large area of roach droppings around the body of the roach.	C 164	2b . Floor tile in main lobby will be replaced by vendor          3a. Repairs in 3 <sup>rd</sup> floor laundry room will be finished  3b. Repairs on 2 <sup>nd</sup> floor laundry room will be finished  3c. Apartment 219 Large hole in wall will be repaired  3d. Repairs on 1 <sup>st</sup> floor Laundry room will be completed by Maintenance team  3e. Leak will be repaired, paint will be redone  3f. Roach dropping will be removed by Staff and ED will ensure routine pest control service continue to provide service in the community per contract. All pests siting will be recorded.	8/16/19          8/16/19
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/14/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>		
(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 166	<p>Continued From page 6</p> <p><b>FURNISHINGS</b> (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 facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility.</p> <p>Findings on June 14, 2019: a. Room 324 - there were six or more oxygen bottles stored in a cardboard box in the front closet. b. Second Floor Nurses' Storage - there were two oxygen bottles stored in a cardboard carrier. c. Room 105 - there were 15 oxygen bottles in a plastic rack, one oxygen bottle laying on its side on a metal shelf and one oxygen bottle loose on the floor beside the rack. d. Resource Office - there was one oxygen bottle in a cloth carrying case sitting on the floor behind the desk.</p> <p>2. Observations revealed that the facility was not maintained free of electrical hazards.</p> <p>Findings on June 14, 2019: a. First Floor Living Room - there was an extension cord as well as a non-approved multi-plug adaptor in use at the piano. b. Back exit Stairwell - the heater unit is missing the cover leaving the coils and the fan blade</p>	C 166	<p>C 166</p> <p>1a. Oxygen Company called and metal racks have been requested to store all oxygen tanks. Nursing staff</p> <p>1b. Cardboard Carriers removed and replaced with metal rack containers to ensure oxygen tanks are stored properly. Nursing staff will continue to provide routine oversight.</p> <p>1c. Plastic rack removed and replaced with metal racks in Apartment 105. Nursing staff will continue to provide routine oversight.</p> <p>1d. Resource office /nursing station, oxygen bottle has been removed from behind desk and stored properly.</p> <p>2a. Extension cord removed and multi-plug adapter removed by the Piano in the Lobby as well.</p> <p>2b. Cover for heating unit ordered on back exit stairwell.</p>	<p>6/14/19</p> <p>6/14/19</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/14/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>		
(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 166	Continued From page 7 exposed.  3. Observations revealed that the facility was not maintained free of hazards.  Findings on June 14, 2019: a. SCU - the endcaps on the door pushbar is missing at the back exit stair leaving sharp metal edges exposed. b. SCU - the endcaps on the door pushbar is missing at the exit by Room 109 leaving sharp metal edges exposed.	C 166	3a. End caps will be ordered and installed on the door push bar on back of exit stairs by Maintenance  3b. End caps on door push bar by Apartment 109 will be installed by maintenance	8/16/19
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 there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.  Findings on June 14, 2019: a. Electrical Closet by Room 330 - the fire caulk is pulling away from the ceiling and pulling the ceiling finish with the caulk.	C 189	C189  1a. Repair will be done by Apartment 330 Electrical Closet	8/16/19



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/14/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(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 189	<p>Continued From page 8</p> <p>b. Electrical Closet by Room 330 - there is a gap in the ceiling finish around the smoke detector.</p> <p>c. Carpet Extractor Room - there was one small unsealed conduit penetration at the right wall.</p> <p>d. Level 3 Back Stairwell - there is a large hole approximately 12" x 24" cut into the ceiling that has not been repaired.</p> <p>e. Maintenance Office - there are small gaps in the ceiling around the smoke detector.</p> <p>f. Room 316 - the escutcheon plate is missing at the front sprinkler head leaving a hole in the rated ceiling assembly.</p> <p>g. Room 308 - the escutcheon plate is missing at the sprinkler head in the kitchenette leaving a hole in the rated ceiling assembly.</p> <p>h. Wellness Office - the escutcheon plate on the sprinkler head has dropped leaving a gap in the rated ceiling assembly.</p> <p>i. Third Floor Front Stairwell - there are holes around the smoke detector at the landing.</p> <p>j. Third Floor Front Stairwell - there is a small hole in the corner above the stair door.</p> <p>k. Third Floor Front Stairwell - there is an unsealed conduit penetration in the wall above the door.</p> <p>l. Room 334 - the escutcheon plates on all of the smoke detectors have dropped leaving gaps in the ceiling.</p> <p>m. Second Floor Electrical Room beside Laundry - orange foam was used to seal the sleeves and then covered with fire caulk. Some of the orange foam is still visible and will burn.</p> <p>n. Second Floor Wellness Office - there is a 1" hole cut in the ceiling for a cable penetration by the windows.</p> <p>o. Room 209 - the escutcheon plate has dropped at the sprinkler head in the kitchenette leaving a gap in the ceiling.</p> <p>p. Room 209 - the escutcheon plate is missing at the sprinkler head in the living room closet</p>	C 189	1b-1p. All gaps, holes and escutcheon plates will be replace by maintenance	8/16/19
-------	---	-------	---	---------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(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 189	<p>Continued From page 9</p> <p>leaving a hole in the rated ceiling assembly.</p> <p>q. Second Floor Electrical Room by front stair - some of the fire caulk is falling out of the cable penetrations.</p> <p>r. Second Floor old PT Room - the sprinkler escutcheon has dropped in front of the casework.</p> <p>s. Room 105 - the escutcheon plate in the kitchen area has shifted leaving a hole in the ceiling.</p> <p>t. Riser Room - three large holes were cut in the ceiling to repair sprinkler heads and have not been patched. The sprinkler head in front of the door has dropped leaving a hole in the ceiling. The data cable sleeves have not been sealed with fire caulk. There are unsealed pipe penetrations at the riser.</p> <p>u. There is a 6" x 12" hole cut into the corridor ceiling outside of the riser room.</p> <p>v. Utility Room by Kitchen - there is a leak at the light leaving a 1" hole and a black stain on the ceiling.</p> <p>w. Kitchen Pantry - there is an unsealed conduit penetration in the back corner.</p> <p>x. Dining Room - the ceiling hatch near the double doors was not closed completely compromising the rated ceiling assembly.</p> <p>y. SCU - the sprinkler head in the dining vestibule has dropped leaving a gap in the ceiling.</p> <p>z. Room 118 - the sprinkler head escutcheon plate has dropped in the bedroom.</p> <p>2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition as evidenced by doors with inoperable automatic self closing hardware. Occupants of the facility could be effected if rooms required to have self closing hardware did not close to limit smoke or the spread of fire to the area of origin.</p>	C 189	1q-1z. All gaps escutcheon plates and all fire caulk will be repaired by 8-16-19	8/16/19



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>06/14/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>		
(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 189	<p>Continued From page 11</p> <p>tripped when tested except for the one by the front door.</p> <p>f. SCU Courtyard - the GFCI outlet did not trip when tested.</p> <p>g. SCU Activity Room - the cover plate is broken at the electrical outlet by the courtyard exit.</p> <p>h. Executive Director's Office - the cover plate is missing on the electrical outlet on the outside wall.</p> <p>5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke doors must not have gaps between the door and the door frame stops.</p> <p>Findings on June 14, 2019:</p> <p>a. Third Floor Conference Room - there is a gap around the door when closed.</p> <p>6. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on June 14, 2019:</p> <p>a. Room 222 - the door does not latch when closed.</p> <p>b. First Floor Residential Laundry - the door does not latch when closed.</p> <p>c. Kitchen Pantry - the latch has been taped to prevent the door from latching. The tape was removed at the time of survey.</p> <p>d. Dining Room - the double doors are missing the latching hardware and the door panels are open where the hardware was removed compromising their UL rating.</p>	C 189	<p>4e. GFCI outlets will be tested to ensure they trip when tested.</p> <p>4f. GFCI will be inspected and repaired as needed to ensure it trips when tested.</p> <p>4g. Cover plate will be replaced.</p> <p>4h. Cover plate mounted in ED Office</p> <p>5a. Maintenance will repair gap around door in conference room</p> <p>6a. Apartment 222 Repair door to latch when closed</p> <p>6b. Repair door to latch</p> <p>6c. Ensure staffs do not put tape over latch</p> <p>6d. Doors will be ordered to ensure latching hardware latch when doors are closed.</p>	<p>8/16/19</p> <p>8/16/19</p> <p>8/16/19</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/14/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>
---	--

(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 189	<p>Continued From page 12</p> <p>7. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition.</p> <p>Findings on June 14, 2019: a. Second Floor Spa - the cover plate for the shower control is missing leaving a hole in the shower wall for water to penetrate.</p> <p>8. Based on observation the facility is not maintained free from hazards. If the code required clearance of 36" in front of electrical breaker panels is not maintained it could delay timely operation of the breakers in an emergency situation.</p> <p>Findings on June 14, 2019: a. Second Floor Wellness Office - there was a medicine cart and a chair blocking access to the electrical panels.</p> <p>9. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin.</p> <p>Findings on June 14, 2019: a. Room 208 - the door was held open with an ornamental device. b. Kitchen Pantry - the door would not close due to a shelf blocking the opening. The shelf was moved at the time of survey. c. Dining Room - the double doors leading to the corridor were held open with wedged devices.</p>	C 189	<p>7a. Cover plate will be installed</p> <p>8a. Medicine cart and chair have been removed away from electrical panels allowing free access to panel boxes</p> <p>9a .Residents families and staff will be reminded doors cannot be held open with any item. Ornamental device was removed away from Apartment 228 door</p> <p>9b. Food services Director to ensure that shelf will not block Kitchen Pantry door. FSD will check daily.</p> <p>9c. Wedged device has been removed from Dining Room doors</p>	<p>6/14/19</p> <p>6/14/19</p> <p>6/14/19</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL032065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  06/14/2019	
NAME OF PROVIDER OR SUPPLIER  BROOKDALE DURHAM		STREET ADDRESS, CITY, STATE, ZIP CODE 4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704		
(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 189	Continued From page 13  10. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if the signs indicating exit paths could not be seen in the event of an emergency evacuation.  Findings on June 14, 2019: a. The exit sign above the doors to the SCU on the lobby side is not illuminated.	C 189	10a. Replace bulbs in exit sign on SCU and ensure its illuminated	8/16/19
C 191	Unvented & Portable Elec. Heaters Prohibited  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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. Observations revealed that the facility had portable electric heaters in use.  Findings on June 14, 2019: a. Health and Wellness Director's Office - there is a portable electric heater under the desk. b. Business Office Coordinator - there is a portable electric heater under the desk.	C 191	C 191  1a. Portable electric heater from HWD's office on 6/14/19  1b. Portable electric heater removed from BOC's office. Both managers explained the safety /health aspect of the request to remove electric heaters.	6/14/19
C 199	Exhaust Ventilation	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/14/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>		
(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 199	<p>Continued From page 14</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <ul style="list-style-type: none"> <li>(1) soiled linen storage;</li> <li>(2) soil utility room;</li> <li>(3) bathrooms and toilet rooms;</li> <li>(4) housekeeping closets; and</li> <li>(5) laundry area.</li> </ul> <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> <ol style="list-style-type: none"> <li>1. Observations revealed that the facility did not provide exhaust ventilation in required areas.</li> </ol> <p>Findings on June 14, 2019:</p> <ul style="list-style-type: none"> <li>a. Third Floor Residential Laundry - the exhaust fan is not working.</li> <li>b. Room 334 - the bathroom fan is not pulling.</li> <li>c. Second Floor Guest Toilet - the exhaust fan is not working.</li> <li>d. Second Floor Electrical Room - biohazard material was being stored in this room and there was not working exhaust.</li> <li>e. First Floor Residential Laundry - the exhaust fan is not working.</li> <li>f. Staff Bathroom in the Service Hall - the exhaust fan is not working.</li> <li>g. Utility Room by Kitchen - the exhaust fan is not working.</li> <li>h. SCU Shower Room - the exhaust fan is not working.</li> <li>i. SCU Housekeeping Closet - the exhaust fan is</li> </ul>	C 199	<p>C199</p> <p>1a-1k. All exhaust fans will be repaired and in working condition. Vendor will repair and maintenance will ensure ongoing compliance with routine checks.</p>	8/16/19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/14/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE DURHAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704</b>		
(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 199	Continued From page 15  not working. j. Room 118 - the exhaust fan in the bathroom is not working. k. SCU Residential Laundry - the exhaust fan is not working.	C 199		



## Qudsia Chaudhary

---

**From:** Qudsia Chaudhary  
**Sent:** Wednesday, June 19, 2019 12:01 PM  
**To:** 'suzanna.fay@dhhs.nc.gov'  
**Subject:** Fire Safety Inspection- Brookdale Durham  
**Attachments:** 20190619112331107.pdf

**Importance:** High

As per conversation during your Friday June 14th Inspection, I am sending you a copy of our last fire safety inspection. Please review attached. Please confirm you have received all 3 pages. Thanks.

Qudsia Chaudhary  
Executive Director  
Brookdale Durham (BU 18200)  
4434 Ben Franklin Blvd  
Durham NC 27704  
Community 919.479.9966  
Direct 984.287.0265

-----Original Message-----

**From:** [ricohMPC3003@DoNotReply.com](mailto:ricohMPC3003@DoNotReply.com) [mailto:[ricohMPC3003@DoNotReply.com](mailto:ricohMPC3003@DoNotReply.com)]  
**Sent:** Wednesday, June 19, 2019 11:24 AM  
**To:** Qudsia Chaudhary  
**Subject:** Message from "RNP002673C043AD"

This E-mail was sent from "RNP002673C043AD" (MP C3003).

Scan Date: 06.19.2019 11:23:30 (-0400)  
Queries to: [ricohMPC3003@DoNotReply.com](mailto:ricohMPC3003@DoNotReply.com)

**Responsible Party:**  
Attn: Ian Shepard  
Brookdale Durham

**Property Address:**  
4434 BEN FRANKLIN BLVD  
Durham, NC 27704

Re: Institutional Occupancy Inspection  
Initial on July 19 2018

A Fire Safety inspection of your facility revealed the violations listed below.

**ORDER TO COMPLY:** Since these conditions are contrary to law, you must correct them upon receipt of this notice. An inspection to determine compliance with this notice will be conducted 20 days from the initial inspection date.

If you fail to comply with this notice before the re-inspection date, you may be liable for the penalties provided for by law for such violations.

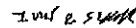
**Inspector:**



FI Chris Wilcox

christopher.wilcox@durhamnc.gov

**Property Representative:**



Ian Shepard

**Violation Page(s)**

**Are sprinkler heads free of obstructions with escutcheon rings or plates installed**

**901.6**

**Fire detection, alarm and extinguishing systems shall be maintained in an operative condition at all times, and shall be replaced or repaired where defective. Nonrequired fire protection systems and equipment shall be inspected, tested and maintained or removed.**

**Inspector Notes: Sprinkler heads must have paint removed.**

**Violation found on  
07/19/2018**

**Will be rechecked on or after  
08/08/2018**

**Violation Not  
Repaired**

**City of Durham Fire Department**  
**2008 East Club Blvd**  
**Durham, NC 27704**

