STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL096026 08/21/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 380 COUNTRY DAY ROAD **BROOKDALE COUNTRY DAY ROAD** GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Biennial Construction Section Survey report by Frank Strickland and Suzanna Fay conducted on 08/21/2019: This facility was licensed on 01/07/1997 and is currently licensed for 104. Therefore, this 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 1996 (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. Deficiencies have been cited and a Plan of Correction is required. C 111 Must Have Current San. & Fire Safety Reports C 111 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to have current inspection reports available on site for review. Findings on 08/21/2019: The following inspection reports were not on site: (a) Building Sanitation Report (b) Kitchen Sanitation Report (c) Fire Safety Inspection Report

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

TITLE (X6) DATE

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL096026	B. WING		08/2	1/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
BROOKE	ALE COUNTRY DAY	ROAD	NTRY DAY R ORO, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 160	Continued From pa	ge 1	C 160			
C 160	Outside Premises-0	Clean, Safe	C 160			
	(1) The outside gro					
		et as evidenced by: ation, this facility has failed to g and grounds in a clean and				
	standing water, mol siding and sidewalk other mitigagion wo 100% effective: (a) Entry across the (near cold water ch	following areas revealed some ld and mildew growing on a and some sandbags and ork which looks to be less than e hall from TV Room/Level 1				
		ation, this facility has failed to g and grounds in a clean and				
	Findings on 08/21/2 The gutter is damag Activity Room/Leve	ged that is located outside the				
		ation, this facility has failed to g and grounds in a clean and				
	Findings on 08/21/2	2019:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED		
			D. WING				
		HAL096026	B. WING		08/2	1/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
BROOKE	ALE COUNTRY DAY	ROAD	ITRY DAY R				
BROOKE	ALL GOOKING DAI	GOLDSBO	DRO, NC 27	530			
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C 160	Continued From pa	ge 2	C 160				
	The boxed out wood outside the Dining F	d columns are rotten that are Room patio.					
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164				
	FURNISHINGS (a) Adult care home (1) have walls, ceili coverings kept clea (2) have no chronic (3) have furniture of	es shall: ings, and floors or floor n and in good repair;					
		et as evidenced by: ation, this facility has failed to s are damaged and not in					
	disrepair: (a) Maintenance Sh	following locations are in					
		ation, this facility has failed to s are damaged and not in					
		lles in the ceilings have te build-up at the following throom/Level 1					

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DIVISION	or ricallit Scratce INC	guiation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					(3) DATE SURVEY	
AND PLAN	OF OURKEUTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED	
		HAL096026	B. WING		08/2	1/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		380 COU	NTRY DAY R	OAD		
BROOKDALE COUNTRY DAY ROAD GOLDSBO			ORO, NC 27	530		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
IAG	REGOLATOR ON E		IAG	DEFICIENCY)		
C 166	Continued From pa	ge 3	C 166			
	·					
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166			
	SECTION .0300 - F	HVSICAL DI ANT				
		06 HOUSEKEEPING AND				
	FURNISHINGS	30 110 3 0 2 11 2 11 11 11 11 11 11 11 11 11 11 11				
	(a) Adult care home					
	` ,	n an uncluttered, clean and				
		e of all obstructions and				
	hazards;	apply to new and existing				
	facilities.	apply to new and existing				
	radimirod.					
	This Rule is not me					
		ation, this facility is not free of				
	all obstructions and	nazaros.				
	Findings on 08/21/2	2019:				
		not being stored in approved				
	holders at the follow	ving locations:				
	(a) Room 111					
	(b) Room 127					
	2-Based on observa	ation, this facility is not free of				
	all obstructions and					
	Findings on 08/21/2					
		sconnected to the vent system				
		mulate on the floor, walls and dryer that is a potential fire				
	hazard.	aryer that is a potential life				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	SECTION .0300 - F	PHYSICAL PLANT				
	10A NCAC 13F .03					
	REQUIREMENTS					
		d all fire safety, electrical,				
	mechanical, and plu	umbing equipment in an adult				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE COMF	SURVEY PLETED	
	HAL096026		B. WING		08/21/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	DALE COUNTRY DAY	ROAD	NTRY DAY R ORO, NC 27			
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C 189	operating condition (k) This Rule shall facilities with the ex which shall not app This Rule is not me 1-Based on observe maintain the life-sa building in a safe an Findings on 08/21/2 Fire-rated doors ha issues that may allo and/or fire at the for (a) Adjacent to Roo (b) Adjacent to Roo (b) Adjacent to Roo 2-Based on observe maintain the life-sa building in a safe an Findings on 08/21/2 The smoke detector in Room 145. 3-Based on observe maintain the life-sa building in a safe an Findings on 08/21/2 The exit signs are re locations: (a) Stair 1/Level 1 (b) Stair 2/Level 1 4-Based on observe	maintained in a safe and apply to new and existing aception of Paragraph (e) ly to existing facilities. et as evidenced by: ation, this facility has failed to fety components of the nd operating condition. 2019: ve damage and adjustment by the passage of smoke allowing locations: by 101 by 150	C 189			
		nd operating condition.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SU		SURVEY		
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED	
			P. WING			
		HAL096026	B. WING		08/2	1/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOKI	DALE COUNTRY DAY	ROAD	ITRY DAY R			
	OLIMANA DV. OTA		ORO, NC 27			
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C 189	Continued From pa	ge 5	C 189			
	Findings on 08/21/2 The emergency light tested at the followi (a) "A" Hall/Lobby (b) Outside Rooms (c) Outside Room 2 (e) Outside Room 2 (f) Stair 3/Level 2 (g) Stair 1/Level 2 (h) Exercise Room/(i) Stair 2/Level 2 (j) Dining Hall (k) Kitchen (l) Med Supply (m) Family Room (n) Room 141 (o) Room 143	nts do not illuminate when ng locations: 102/103 24 441 446				
		ation, this facility has failed to g in a safe and operating				
		netrations that are not fire t the following locations: outside Room 124 tside Room 101				
		ation, this facility has failed to g in a safe and operating				
		2019: ot knocked out of the exit sign tion of exiting located outside				

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, WE I LAIN	O. COMMEDITION	IDEITH IOMHOR ROWDEN.	A. BUILDING: 01		JOINI LETED	
HAL096026			B. WING		08/21/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		380 COUN	ITRY DAY R			
BROOKL	OALE COUNTRY DAY	GOLDSB(ORO, NC 27	530		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 6	C 189			
		ation, this facility has failed to g in a safe and operating				
	Findings on 08/21/2 Sprinkler escutched following locations: (a) Kitchen (b) Corridor outside (c) Room 245	ons are missing at the				
		ation, this facility has failed to g in a safe and operating				
		ons have doors that are position that would allow the /or smoke: /el 1				
		ation, this facility has failed to g in a safe and operating				
	adjustement and do allow the passage of (a) Guest Men's Ba	ons have doors that are out of not latch properly that would of fire and/or smoke:				
		vation, this facility has failed to ing fixtures in a safe and				
	Findings on 08/21/2 The toilet is not sec	2019: ured to the floor in Room 231.				

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		HAL096026	B. WING		08/2	1/2019
	NAME OF PROVIDER OR SUPPLIER BROOKDALE COUNTRY DAY ROAD 380 COUNTRY GOLDSB0					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 189	11-Based on observe maintain the plumb operating condition. Findings on 08/21/2	vation, this facility has failed to ing fixtures in a safe and 2019:	C 189			
C 199	provided with exhautwo cubic feet per narequirement does in before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not appilities. This Rule is not mediate 1-Based on observation and the mechanical exists of the shall shall repair.	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This ot apply to facilities licensed with natural ventilation in ces: rage; toilet rooms; closets; and apply to new and existing ception of Paragraph (e) by to existing facilities. et as evidenced by: ation, this facility has failed to anical exhaust system in good	C 199			

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