STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
7.11512.11	or correction.	BENTH TO ATTOMBER.	A. BUILDING: <b>01</b>			
		HAL032065	B. WING		09/0	₹ 05/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKE	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{C 000}	Initial Comments		{C 000}			
		I Follow Up Construction Fay conducted on September				
		ies cited in the Biennial y that remain to be corrected.				
{C 153}	Exit Door Locks-Sir	ngle Hand Motion	{C 153}			
	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 without keys; and					
	not maintained eas are damaged or dif	et as evidenced by: vealed that all exit doors were ily operable. Exit doors that ficult to operate impede the ilding in a safe manner.				
	exterior is damaged excessive force to dextensive repairs no	Stairwell Exit - the door to the d around the hinge requiring open the door. The door has eeded and the facility has eeds to be replaced which				
{C 164}		Furnishings-Clean, Repaired	{C 164}			
	SECTION .0300 - F 10A NCAC 13F .03	PHYSICAL PLANT 06 HOUSEKEEPING AND				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>			(X3) DATE SURVEY COMPLETED	
						R
		HAL032065	B. WING		09/0	05/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, S	STATE, ZIP CODE		
BROOKD	OALE DURHAM		N FRANKLIN I 11, NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{C 164}	coverings kept clear (2) have no chronic (3) have furniture of (e) This Rule shall facilities.  This Rule is not me 1. Observations re not kept clean and Findings on Septem b. The ceiling arou Room 303 has wate splitting. d. Kitchen - a num warped and no long holes and gaps in the ceiling grid was misted dish washing area. That they are aware looking at a full reproved by the company of the company of the washer process of being resulting for the wate wall. The facility he who are currently on the company of the company of the wate wall. The facility he who are currently on the company of the company of the company of the company of the wate wall. The facility he who are currently on the company of the	es shall: ings, and floors or floor in and in good repair; c unpleasant odors; clean and in good repair; apply to new and existing  et as evidenced by: vealed that the ceilings were in good repair.  The food repair.  The food repair in good repair in good repair.  The food repair in good repair in good repair.  The food repair in good repair in good repair.  The food repair in good repair.	{C 164}			

Division of Health Service Regulation

STATE FORM 2ZD822 If continuation sheet 2 of 8

INJUSTATE AND FLAN OF CORRECTION  INJUSTATE A BUILDING: 01  INJUSTATE CONSTRUCTION  NAME OF PROVIDER OR SUPPLIER  BROOKDALE DURHAM  INJUSTATE  STREET ADDRESS. CITY, STATE LEV POODE  4434 BEN FRANKLIN BOULEVARD  DURHAM, NC 27704  INJUSTATE  IN	DIVISION	Division of Health Service Regulation							
NAME OF PROVIDER OR SUPPLIER  BROOKDALE DURHAM  433 BEN FRANKLIN BOULEVARD  DURHAM, NO. 27704  (20) ID PRETEX  FRANKLIN BOULEVARD  DURHAM, NO. 27704  (C) 164)  Continued From page 2 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. The facility has contracted with painters who are currently on site to complete this work.  c. Room 219 - the kitchen base cabinets have been removed leaving a large hole in the wall that has not been repaired. This room is being renovated and the repairs are not complete.  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. The facility has contracted with painters who are currently on site to complete this work.  e. Room 105 Bath - the wall above the tollet had a prior leak and the paint is bubble up. This has not been repaired and will be included in the painting contract which is currently in progress.  f. Utility Room by Kitchen - there was a large area of roach droppings at the top of the pliaster that has not been cleaned since the previous survey.  (C 166)  Housekeeping-Maintained Free of Hazards  SECTION, 0300 - PHYSICAL PLANT  10A NACA 15F - 2306 - HOUSEKEEPING AND FURNISHINGS  (a) Adult care homes shall:  (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;  (c) This Rule shall apply to new and existing facilities.				` '					
NAME OF PROVIDER OR SUPPLIER  BROOKDALE DURHAM  SUMMARY STATEMENT OF DEFICIENCES AT A STREET ADDRESS, CITY, STATE, ZIP CODE  4434 BEB FRANKLIN BOULEVARD  DURHAM, NC 27704  PHEFIX TAG  SUMMARY STATEMENT OF DEFICIENCES PRESCUED BY PULL RESOLUTION YOU STATE PRECEDED BY PULL RESOLUTION YOU STATE PRECEDED BY PULL RESOLUTION YOU STATE PRECEDED BY PULL RESOLUTION YOU STATE PROVIDERS PLAN OF CORRECTION GEACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF THE WAILS HAVE UNfinished patches, are partially painted and the housing for the water lines is not affixed to the wail. The facility has contracted with painters who are currently on site to complete this work.  C. Room 219 - the kitchen base cabinets have been removed leaving a large hole in the wail that has not been repaired. This room is being renovated and the repairs are not complete.  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. The facility has contracted with painters who are currently on site to complete this work.  e. Room 105 Bath - the wall shove the toilet had a prior leak and the paint is bubbled up. This has not been repaired and will be included in the painting contract which is currently in progress.  f. Utility Room by Kitchen - there was a large area of roach droppings at the top of the plaster that has not been cleaned since the previous survey.  (C 166)  Housekeeping-Maintained Free of Hazards  SECTION, 0300 - PHYSIGAL PLANT 10A NACA 15F . 2006 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.	7.1.12 . 2.1.1			A. BUILDING: <b>01</b>					
SUMMARY STATEMENT OF DEFICIENCIES   PREFIX   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX   (EACH DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX   TAG   PROVIDER'S PLAN OF CORRECTION   PREFIX   PREFIX   TAG   PROVIDER'S PLAN OF CORRECTION   PREFIX   PREFX   PREFIX   PREFX   PRE			HAL032065	B. WING					
Continued From page 2   (C 164)   PROVIDED FOR A THE APPROPRIATE DEFICIENCY (INC)   PROVIDED FOR A THE APPROPRIATE DEFICIENCY)   PROVIDED FOR A THE APPROPRIATE DEFICIENCY (INC)   PROVIDED FOR A THE APPROPRIATE DEFICIENC	NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE				
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Continued From page 2   The Regulatory on Isolatory on	DURHAM,			NC 27704					
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. The facility has contracted with painters who are currently on site to complete this work. c. Room 219 - the kitchen base cabinets have been removed leaving a large hole in the wall that has not been repaired. This room is being renovated and the repairs are not complete. 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. The facility has contracted with painters who are currently on site to complete this work. e. Room 105 Bath - the wall above the toilet had a prior leak and the painting contract which is currently in progress. f. Utility Room by Kitchen - there was a large area of roach droppings at the top of the pilaster that has not been cleaned since the previous survey.  {C 166}  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.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE		
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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.		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. The facility has contracted with painters who are currently on site to complete this work. c. Room 219 - the kitchen base cabinets have been removed leaving a large hole in the wall that has not been repaired. This room is being renovated and the repairs are not complete. 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. The facility has contracted with painters who are currently on site to complete this work. e. Room 105 Bath - the wall above the toilet had a prior leak and the paint is bubbled up. This has not been repaired and will be included in the painting contract which is currently in progress. f. Utility Room by Kitchen - there was a large area of roach droppings at the top of the pilaster that has not been cleaned since the previous survey.							
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.	{C 166}	66) Housekeeping-Maintained Free of Hazards		{C 166}					
TOIS KILLE IS NOT WET AS EVIDENCED DV.		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							

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STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
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		HAL032065	B. WING		09/0	5/2019
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOKE	DALE DURHAM		, NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
{C 166}	Continued From pa	ge 3	{C 166}			
	3. Observations remaintained free of h	vealed that the facility was not nazards.				
	Findings on September 5, 2019:  a. SCU - the endcaps on the door pushbar is missing at the back exit stair leaving sharp metal edges exposed. Interview with staff revealed that the required parts were on order.  b. SCU - the endcaps on the door pushbar is missing at the exit by Room 109 leaving sharp metal edges exposed. Interview with staff revealed that the required parts were on order.					
{C 189}	Building Equipment	Maintained Safe, Operating	{C 189}			
	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.					
	maintain the buildin safe condition. Hole through fire resistar	et as evidenced by: vation there is a failure to g's fire safety systems in a es or gaps at penetrations nt rated ceilings could allow pread beyond the area of				
	hole cut in the ceilir	nber 5, 2019: ellness Office - there is a 1" ng for a cable penetration by nole was sealed using orange				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMPLETED		
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		HAL032065	B. WING			5/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AN	DRESS CITY S	STATE, ZIP CODE			
IVAIVIL OI I	NOVIDEN ON SOIT EIEN			BOULEVARD			
BROOKDALE DURHAM DURHAM,				BOOLEVARD			
040 15	CLIMMA DV CTA	<u> </u>			NI.	0/5)	
(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 APPROFICIENCY)	D BE	(X5) COMPLETE DATE	
{C 189}	Continued From pa	ge 4	{C 189}				
	material. q. Second Floor Elesome of the fire cau	n acceptable fire rated ectrical Room by front stair - ulk is falling out of the cable benetrations need additional					
	fire caulk. v. Utility Room by h	Kitchen - there is a leak at the le and a black stain on the					
	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.						
	Findings on September 5, 2019: b. Third Floor Carpet Extractor Room - the closer bar was removed from the door closer and the room has a 1 hour rating. This has not been corrected. c. Second Floor Storage Room across from Room 220 - the door closer has been disabled on the rated door. This has not been corrected.						
		vealed that the electrical maintained in a safe and					
	outlet is not secure. disconnected until t e. Courtyard - none tripped when tested front door. Interview	hber 5, 2019: dential Laundry - the dryer The dryer has been he outlet can be secured. e of the exterior GFCI outlets I except for the one by the w with staff revealed that they to determine the main ground					

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
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		HAL032065	B. WING		09/0	5/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(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 pa	ge 5	{C 189}			
	f. SCU Courtyard - when tested. This is g. SCU Activity Rocat the electrical outlitem has not been of 6. Based on obsermaintain the facility safe operating concompartment could doors do not complete.	the GFCI outlet did not trip tem has not been corrected. om - the cover plate is broken et by the courtyard exit. This corrected.  Vation there is a failure to si fire safety equipment in a dition. Occupants in the smoke be exposed to smoke or fire if etely close and latch to help smoke or fire to the area of				
	Findings on September 5, 2019: 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. Interview with staff revealed that the doors will need to be replaced and that requires a long lead time.  7. Observations revealed that the plumbing equipment was not maintained in a safe and					
	shower control is m	nber 5, 2019: ba - the cover plate for the issing leaving a hole in the er to penetrate. The cover				
	maintain the buildin a safe operating co device used to keep impediment to quicl occupants in the face	vation there is a failure to gs's fire safety components in ndition. Any unapproved of a door open is an kly closing the door. The cility could be effected if doors is required so as to limit the				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMPLETED		
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		HAL032065	B. WING			5/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET AN	DRESS CITY S	STATE, ZIP CODE			
10,000	TOVIDEIX OT OUT FEET			BOULEVARD			
BROOKE	DALE DURHAM		NC 27704	BOOLLVAND			
(VA) ID	CLIMMADV CTA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	)NI	()(5)	
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE	
TAG	REGULATORY OR LS	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE	
				DEFICIENCY)			
{C 189}	Continued From pa	ge 6	{C 189}				
	spread of smoke ar	nd/or fire to the area of origin.					
	Findings on Conton	phor E 2010:					
	Findings on Septem	ne double doors leading to the					
	<u> </u>	ppen with wedged devices at					
	the time of the follow						
		,					
{C 199}	Exhaust Ventilation		{C 199}				
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.						
	provide exhaust ver Findings on Septem b. Room 334 - the	vealed that the facility did not ntilation in required areas.  The state of the facility did not					
	<ul> <li>b. Room 334 - the bathroom fan is not pulling.</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> </ul>						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		001		(X3) DATE	SURVEY LETED	
ANDILAN	OF CONNECTION	IDENTIFICATION NOWIDER.	A. BUILDING: <b>01</b>			
HAL032065		B. WING		09/0	5/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKE	OALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(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 APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 199}	not working.	ge 7 exhaust fan in the bathroom is Laundry - the exhaust fan is	{C 199}			

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