

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2019
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NAME OF PROVIDER OR SUPPLIER BROOKDALE FOREST CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 493 PINEY RIDGE ROAD FOREST CITY, NC 28043
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller and Dennis Harrell, conducted on September 18, 2019.</p> <p>Records indicate this facility was first licensed on 5-27-1997, as a HA for 76 Beds including a 22 Bed Special Care Unit. Therefore, the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, 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.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>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;</p>	C 101		

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

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alteration by not having all the required components for doors equipped with Delayed Egress locking arrangements. This could affect all by potentially delaying exiting in an emergency for more than an acceptable time. Findings on September 18, 2019: a. Service Hall Exit - the delayed egress locked door does not have the required, readily visible sign mounted on the door near the release device that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS". b. Exit near Bedroom 403 - the delayed egress locked door does not have the required, readily visible sign mounted on the door near the release device that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS". 2. Based on observation, the facility failed to meet the NC State Building Code in effect at the time of construction Findings on September 18, 2019: a. MCU Dining - this space is open to the corridor because the corridor doors have been removed. This space does not meet all the requirements which permits it to be open to the corridor. Specifically, the space is not equipped with adequate smoke detection.	C 101		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND	C 111		

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C 111	Continued From page 2 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 record review, and interview with Executive Director the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on September 18, 2019: a. The last annual Fire Sprinkler System Inspection, Testing, and Maintenance in accordance with NFPA 25, available for review, was performed in January 22, 2018, exceeding the requirement to have the system inspected and tested at least annually to ensure that the system works properly.	C 111		
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. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on September 18, 2019: a. Exit near Bedroom 212 - a garden hose is draped across the stoop making travel across the stoop difficult.	C 150		

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C 150	Continued From page 3 b. Exit near Bedroom 309 - there is an unattended large carpet cleaning machine and encapsulation machine, obstructing the required six feet width corridor to three feet. c. Exit near Bedroom 403 - there is a large chair and chester-drawers, obstructing the required six feet width corridor to less than two feet. Deficiency corrected before Construction Surveyors departed site. d. Exit near Bedroom 409 - there are PACT units obstructing the required six feet width corridor. e. e. Exit near Bedroom 411 - there are many combustibles like diapers, files and mattress and head boards lining the walls around and obstructing the required six feet width corridor. f. Exterior Exit from Dinning - there is lawn furniture blocking the sidewalk through the courtyard.	C 150		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on September 18, 2019:	C 164		

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C 164	Continued From page 4 a. Corridor near Bedroom 208 - the HVAC return with its radiation damper has an excessive accumulation of dust/lint. b. 300 Hall Residents Laundry - the ventilation system with its radiation damper has an excessive accumulation of dust/lint. 2. Based on observation, the building Ceilings are not kept clean and in good repair. Findings on September 18, 2019: a. 300 Hall Beauty Shop - there is a wet leak in the ceiling.	C 164		
C 166	Housekeeping-Maintained Free of Hazards 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. This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards, if compress gas cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on September 18, 2019: a. Bedroom 304 - a portable medical oxygen cylinder is standing up on the floor not physically secured in a rack, stand or chained to the structure. b. Bedroom 309 - a portable medical oxygen cylinder is standing up on the floor not physically secured in a rack, stand or chained to the	C 166		

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C 166	Continued From page 5 structure.	C 166		
C 183	<p>Fire Extinguishers</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staff's ability to extinguish a small fire and permit it to grow larger. Findings on September 18, 2019: a. 200 Hall Therapy - since the last annual maintenance, performed in January 2019, there has been no documentation of the portable fire extinguishers monthly in-house/owner inspections except for April.</p>	C 183		
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</p>	C 185		

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C 185	<p>Continued From page 6</p> <p>shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Record review and interview with Executive Director, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on September 18, 2019: a. In the 3rd quarter for the last 12 months, no rehearsal occurred during 1st shift. b. In the 4th quarter for the last 12 months, no rehearsals occurred during 1st, 2nd and 3rd shifts.</p> <p>2. Based on Record review of the last 12 months of rehearsals, and interview with Executive Director the Facility failed to fully document a short description of what the rehearsal involved. Findings on September 18, 2019: a. The rehearsal records do not provide a short description of what the rehearsal involved for all the rehearsals.</p>	C 185		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p>	C 189		

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C 189	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on September 18, 2019: <ol style="list-style-type: none"> a. 300 Hall RCC Office - there is a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. 400 Hall Residents Laundry (100 sf+) - there is a 10x10 inch hole not firestopped as it penetrates the fire-resistance-rated wall assembly. c. Kitchen- there are several hood suppression system conduits not firestopped as they penetrate the fire-resistance-rated ceiling assembly. 2. Based on Observation, door protection in the fire-resistance-rated enclosure in Incidental areas are not being maintained in a safe and operating condition. This could affect residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on September 18, 2019: <ol style="list-style-type: none"> a. Pantry (120 SF) - the door (45 min rated) did not have a door closer to automatically close and latch the door into its frame, on its own power. 3. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on September 18, 2019: <ol style="list-style-type: none"> a. 300 Hall Executive Director Office - the corridor door has a mail slot and due to the installation has gaps between this hardware and the door. b. 300 Hall Executive Director Office - there is a hole through the corridor door around the door 	C 189		

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C 189	<p>Continued From page 8</p> <p>handle.</p> <p>c. 100 Hall HWD Office - the corridor door has a 1/2-inch gap between the door leaf and the bottom of the header's stop.</p> <p>d. 400 Main Entrance - the corridor door has a 0 -1/2-inch gap between the door leaf and the bottom of the header's stop.</p> <p>e. MCU Coordinator Office - the corridor door has a 0-1/4-inch gap between the door leaf and the outer edge of the jamb's stop.</p> <p>f. Dining - the pair of door leaves to the corridor have an excessive gap between the meeting edges, ranging between acceptable to 5/8-inches. This gap is not smoke tight.</p> <p>4. Based on observations, the Building is not being maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler discharge pattern cannot reach all areas of a room. Findings on September 18, 2019: a. 300 Hall Storage in Residents Laundry- items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. b. 400 Hall Linen Storage in Residents Laundry- items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector.</p> <p>5. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room of origin. Findings on September 18, 2019: a. Corridor near Bedroom 110 - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. b. 100 Hall Living Room - the escutcheon plate</p>	C 189		

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C 189	<p>Continued From page 9</p> <p>on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>c. Refrigerator - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>6. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components failed to function as originally intended or are missing. This could affect all residents, staff and visitors if the component does not function and cannot contain smoke/fire in the fire compartment of origin Findings on September 18, 2019: a. Dining - the pair of door leaves to the corridor require additional force to operate.</p> <p>7. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on September 18, 2019: a. 100 Hall Library - the corridor door has a chair holding the door open. b. Service Hall Copy Room - the corridor door has a wedge holding the door open.</p> <p>8. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on September 18, 2019: a. 200 Hall Maintenance Office - a 1 x 4 light fixture is not secured to the ceiling.</p>	C 189		

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C 189	Continued From page 10 b. 300 Hall RCC Office - a switch plate is an unacceptable substitution for a blank cover on a junction box.	C 189		
C 199	<p>Exhaust Ventilation</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> <p>(1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area.</p> <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> <p>1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in rooms required to be mechanically exhausted.</p> <p>Findings on September 18, 2019:</p> <p>a. Entire Building - most of the required exhaust ventilation system does not work.</p>	C 199		