Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING \_ HAL096026 10/18/2019 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 Follow-up Survey report by Frank Strickland conducted on 10/18/2019: Some previous cited deficiencies have been corrected. However, on the deficiencies that have not had corrective action a new Plan of Correction is required to be submitted. {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 10/18/2019: The following inspection reports were not on site: (a) Building Sanitation Report (b) Kitchen Sanitation Report (c) Fire Safety Inspection Report {C 160} Outside Premises-Clean, Safe {C 160} 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

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			R/SUPPLIER/CLIA ATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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	HAL096026		B. WING			R 10/18/2019		
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
BROOK	DALE COUNTRY DAY	ROAD		NTRY DAY ROORO, NC 27				
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{C 160}	Continued From page 1		{C 160}					
	condition;							
{C. 164}	This Rule is not median 1-Based on observe maintain the building safe condition.  Findings on 10/18/20 Observation of the standing water, mostiding and sidewalk other mitigagion wed 100% effective:  (a) Entry across the (near cold water child) Stair 2/Level 1 of the standing and the standing an	ation, this factory and ground 2019: following area ld and mildew and some sa ork which look the hall from TV iller unit) outside concre	ility has failed to ds in a clean and as revealed some or growing on andbags and as to be less than a Room/Level 1 ete landing	{C 164}				
{C 164}	Housekeeping and SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of (e) This Rule shall facilities.  This Rule is not me 1-Based on observe maintain the ceiling good repair.  Findings on 10/18/2 The ceilings at the	PHYSICAL PL 06 HOUSE es shall: ings, and floo in and in good c unpleasant clean and in g apply to new et as evidence ation, this facts are damage	ANT EKEEPING AND ors or floor d repair; odors; lood repair; and existing ed by: ility has failed to led and not in	{C 104}				

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STATEMENT OF DEFICIENCIES 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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		HAL096026	B. WING 10/18/2019			8/2019
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
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(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 164}	Continued From page 2		{C 164}			
	disrepair: (a) Maintenance Sh (b) Lay-in Corridor (	nop ceiling tiles on Level 1/Level 2				
C 166	Housekeeping-Mail	ntained Free of Hazards	C 166			
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND				
		et as evidenced by: ation, this facility has failed to an environment free of				
		2019: ches observered in the "B" Room 121 and in STAIR				
{C 189}	Building Equipment	Maintained Safe, Operating	{C 189}			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER  Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and				

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMPLETED		
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HAL096026		B. WING		10/18/2019			
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE	
				,			
{C 189}	Continued From pa	ige 3	{C 189}				
	This Rule is not me						
		ation, this facility has failed to					
		fety components of the					
	building in a safe ai	nd operating condition.					
	Findings on 10/18/2	2019-					
		or is not secured to the ceiling					
	in Room 145.	is not occurred to the coming					
	5-Based on observation, this facility has failed to						
	maintain the building in a safe and operating						
	condition.						
	Findings on 10/18/2	2010-					
		netrations that are not fire					
		t the following locations:					
	(a) Smoke partition						
	(b) Corridor wall ou						
	(c) Corridor wall out	tside Room 150					
		ation, this facility has failed to					
	condition.	g in a safe and operating					
	Condition.						
	Findings on 08/21/2	2019:					
		ons have doors that are out of					
		o not latch properly that would					
		of fire and/or smoke:					
	(a) Guest Men's Ba						
	(b) Laundry Room a	adjacent to Room 205					
	10-Based on obser	vation, this facility has failed to					
		ing fixtures in a safe and					
	operating condition						
	Findings on 10/18/2						
	The toilet is not sec	cured to the floor in Room 231.					

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: <b>01</b>		COMPLETED	
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		HAL096026	B. WING		10/18	3/2019
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{C 199}	Continued From pa	ge 4	{C 199}			
{C 199}	Exhaust Ventilation		{C 199}			
	Continued From page 4  Exhaust Ventilation  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.  This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to maintain the mechanical exhaust system in good repair.  Findings on 10/18/2019: The mechanical exhaust system is not functional in the Housekeeping Closet adjacent to Room 112.					

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