

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

STATE FORM

6899

T2F521

If continuation sheet 1 of 11

Edie L. McCune Interim ETD

10/25/19

Division of Health Service Regulation

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BROOKDALE FOREST CITY

STREET ADDRESS, CITY, STATE, ZIP CODE
**493 PINEY RIDGE ROAD
FOREST CITY, NC 28043**

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C 101	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <p>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:</p> <p>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".</p> <p>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".</p> <p>1. 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:</p> <p>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.</p>	C 101	<p>A. Regulatory signage ordered from vendor on 10/3/19 and will be placed at Service Hall Exit when arrives.</p> <p>B. Regulatory signage ordered from vendor on 10/3/19 and will be placed by exit near Bedroom 403 when received.</p> <p>A. Advanced Fire called and is creating estimate to install an additional smoke detector in MCU dining area. Work will be completed by Advanced Fire</p>	<p>10/11/19</p> <p>10/11/19</p> <p>11/11/19</p>
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND</p>	C 111		

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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	B: Additional Storage unit rented on 9/29/19. Large Carpet Cleaning machine and encapsulation machine will be moved to Storage unit by maintenance crew. Education provided to staff re: obstruction of exits. Managers to monitor daily for items obstructing exits. C. Large chair and Chest of Drawers were removed from exit obstruction during survey. D. PTAC units to be installed in rooms they were ordered to replace old units. PTACs moved from exit near bedroom 509 on 9/29/19. E. Additional storage unite rented on 9/29/19. Large items will be moved to storage to eliminate obstruction of the required six feet width corridor. F. Lawn Furniture re-arranged to prevent blockage of sidewalk in courtyard.	9/18/19 10/11/19 10/11/19 10/11/19
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	A. HVAC return in corridor near Bedroom 208 cleaned by RMT. B. 300 Hall residents laundry ventilation system with radiation damper cleaned Maintenance Tech educated regarding the routine maintenance for vent return cleaning. This task is monitored by our TELS system. ED or designee will review weekly to ensure completion of tasks. <i>2. Leak fixed and ceiling repaired by RMT</i>	9/30/19 9/30/19 9/30/19 9/30/19
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	A & B. Additional storage rack obtained from oxygen supply company for oxygen in room storage for 304 and 309 Rolling rack with chain received as resident removes tank from rolling rack at times. Clinical staff to check when in rooms for compliance	9/30/19

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C 166	Continued From page 5 structure.	C 166		
C 183	Fire Extinguishers 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. 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.	C 183	A. Maintenance Tech in serviced regarding placement in community of ALL fire extinguishers. 200 hall Therapy Fire extinguisher inspected and documented. Inspections to be monitored in TELS system. ED or designee to review monthly for compliance. Tag current at time of writing of POC.	10/4/19
C 185	Fire Safety-Rehearsals on Each Shift 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	C 185		

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C 185	Continued From page 6 shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 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. 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.	C 185	1. A and B.. Maintenance tech and designee's inserviced regarding compliance of fire safety rehearsals. Fire safety rehearsals are to be populated and documented in TELS for compliance. Executive Director or designee to review monthly to ensure compliance. 2. A. Maintenance Tech and designee re-educated on proper description recording for fire safety referrals. Executive Director or designee to review documentation monthly for proper recording.	9/30/19 9/30/19
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.	C 189		

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C 189	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by:</p> <p>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:</p> <p>a. 300 Hall RCC Office - there is a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>b. 400 Hall Residents Laundry (100 sf+) - there is a 10x10 inch hole not firestopped as it penetrates the fire-resistance-rated wall assembly.</p> <p>c. Kitchen- there are several hood suppression system conduits not firestopped as they penetrate the fire-resistance-rated ceiling assembly.</p> <p>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:</p> <p>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.</p> <p>3. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on September 18, 2019:</p> <p>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.</p> <p>b. 300 Hall Executive Director Office - there is a hole through the corridor door around the door</p>	C 189	<p>A. Corrected by RMT. Hole is firestopped in RCC office.</p> <p>B. Work order created for Maintenance Tech to patch hole in wall in 400 hall residents laundry. Wall patch to be completed by 10/15/19 to correct issue.</p> <p>C. Hood Suppression conduits corrected by RMT and are now firestopped as they penetrate fire resistance rated ceiling assembly.</p> <p>2.</p> <p>A. RMT to evaluate door on 10/10/19 when in building and order parts or contact outside vendor to correct Pantry door to close and latch into it's frame on its own power</p> <p>3. A. Door ordered on 10/4/19 to replace Executive Director office door with mail slot and gaps. Door will be replaced when new door arrives.</p> <p>B. RMT/MT re set new door in A. correction and replace door handle to correct hole in door.</p>	<p>10/3/19</p> <p>10/15/19</p> <p>10/3/19</p> <p>11/1/19</p> <p>11/1/19</p> <p>11/1/19</p>

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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	<p>c., d. e. and f. RMT/MT to remove doors and re set to correct 1/2 inch gap between door leaf and bottom of header stop. If cannot correct will order and replace doors to correct doors on 100 hall hwd office, 400 main entrance, MCU coordinators office and dining doors that leave to corridor.</p> <p>4. A and B. 300 hall storage in resident's laundry and 400 Hall Linen Storage in Residents laundry was corrected on day of survey 9/18/19. Work order completed for MT to paint a line to have a visual reference to 18 inches clearance below fire sprinkler deflector in both areas.</p> <p>5 A. Advanced Fire notified by RMT and will replace the escutcheon plate to cover the hole in the corridor near bedroom 110 when they come out to install smoke detector in MCU dining.</p> <p>B. Advanced Fire notified by RMT and will replace escutcheon plate in 100 hall living room to cover the complete through the fire resistance related ceiling</p>	<p>11/1/19</p> <p>10/15/19</p> <p>11/1/19</p> <p>11/1/19</p>

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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	<p>C. Advanced Fire notified by RMT. Will replace missing escutcheon plate in Refrigerator in kitchen to close the exposed opening through the fire resistance rated ceiling.</p> <p>6. a. RMT/MT to evaluate door that leaves dining room to corridor for functionality on 10/10/19. Doors will be re set/shaved or replaced to return to regulatory functionality.</p> <p>7. a. Wedge removed on 9/18/19. Associates/Managers educated on regulatory rules regarding corridor doors cannot be blocked or held open by unapproved devices. Wedge was removed and discarded.</p> <p>b. See A. Wedge was removed and discarded.</p> <p>8. A. MT secured 1 X 4 light fixture to ceiling on 10/2/19.</p>	<p>9/11/19</p> <p>11/1/19</p> <p>9/30/19</p> <p>10/2/19</p>

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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	B. Blank cover placed on junction box in 300 hall RCC office. Swich plate discarded.	10/10/19
C 199	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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in rooms required to be mechanically exhausted. Findings on September 18, 2019: a. Entire Building - most of the required exhaust ventilation system does not work.	C 199	1. RMT to community on 10/2/19. Went up on roof to inspect motors and mechanisms of exhaust fans. On 10/3/19 three motors and multiple belts were ordered to replace nonworking items. Motors and belts will be replaced by RMT/MT when they arrive. RMT to retest all exhaust fans after repairs to ensure working order.	11/1/19

Fire & Life Safety America, Inc
 812 Biscayne Drive Concord, NC 28027
 Tel: (704) 886-5733 Fax: (704) 886-5750

Fire Protection Systems Report of Inspections

Work Order #: _____ Date: 7-30-19

Site Name: BL Forest City Owner: SAMC
 Address: 493 Piney Ridge Rd Address: _____
 City: Forest City State: NC City: _____ State: _____
 Zip: 28043 Phone: _____ Zip: _____ Phone: _____

PART I INSPECTOR'S SECTION (all responses reference current inspection)	Yes	N/A	No
A. General	<input checked="" type="checkbox"/>		
1. Is the hydraulic data plate in place, permanently marked and securely attached?	<input checked="" type="checkbox"/>		
2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible?	<input checked="" type="checkbox"/>		
3. Has the system check valve(s) been internally inspected within in the last 5 years? (Date <u>2013</u>)			<input checked="" type="checkbox"/>
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked <u>2019</u>)	<input checked="" type="checkbox"/>		
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked <u>2019</u>)	<input checked="" type="checkbox"/>		
6. Are system gauges (water/air) in good condition and showing normal pressures?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date _____)		<input checked="" type="checkbox"/>	
B. Wet Systems	X		
1. Are areas protected by wet systems inside the property properly heated?			
2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain?			
3. Are inspection and flow test tags in place and filled out completely?			
4. Was a flow test performed from Inspector's test valve and did the alarms operate?			
5. Are cold weather valves in the appropriate (open) / (closed) position?			
6. Are antifreeze test results satisfactory?			
Test Results: Solution Type _____ Freeze Point _____			
C. Dry Systems (see trip test report dated _____)	<input checked="" type="checkbox"/>		
1. Are the air pressure and priming water level in accordance with the manufacturer's instructions?	<input checked="" type="checkbox"/>		
2. Is the air (compressor) or nitrogen supply in service and operating properly?	<input checked="" type="checkbox"/>		
3. Are quick-opening devices in service? (Semiannual test performed on <u>2018</u>)	<input checked="" type="checkbox"/>		
4. Are air maintenance device(s) installed and operating properly?	<input checked="" type="checkbox"/>		
5. Is the intermediate chamber free from leakage and the velocity check free & clear?	<input checked="" type="checkbox"/>		
6. Were low points drained during this inspection? (Quantity Drained _____) (see Part III.J)	<input checked="" type="checkbox"/>		
7. Did the heating equipment in the valve enclosure operate at the time of inspection?	<input checked="" type="checkbox"/>		
D. Special Systems (Deluge-Preaction) (see trip test report dated _____)		<input checked="" type="checkbox"/>	
1. Did detection devices test satisfactorily during this inspection?		<input checked="" type="checkbox"/>	
2. Did the release/activation devices operate properly during detection testing?		<input checked="" type="checkbox"/>	
3. Is the air pressure and priming water level for the preaction system in accordance with manufacturer's instructions?		<input checked="" type="checkbox"/>	
E. Alarms (Wet, Dry, Preaction & Deluge)	<input checked="" type="checkbox"/>		
1. Are the alarm trim valves in the proper position, sealed and/or locked?	<input checked="" type="checkbox"/>		
2. Did the water motor and gong/electrical alarms (pressure and water flow) operate properly during testing?	<input checked="" type="checkbox"/>		
3. Did the central station/monitoring system receive all alarms?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
4. Did the low/high air alarms for the system piping/detection operate properly?	<input checked="" type="checkbox"/>		
5. Did tamper devices operate properly?	<input checked="" type="checkbox"/>		
F. Sprinklers	<input checked="" type="checkbox"/>		
1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?	<input checked="" type="checkbox"/>		
2. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	<input checked="" type="checkbox"/>		
3. Are standard sprinklers in service for less than 50 years / dated after 1920?			<input checked="" type="checkbox"/>
4. Are fast response sprinklers in service for less than 20 years?	<input checked="" type="checkbox"/>		
5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser?	<input checked="" type="checkbox"/>		
6. Are sprinklers near heating devices of proper temperature rating?	<input checked="" type="checkbox"/>		
G. Control Valves (see item G.7)	<input checked="" type="checkbox"/>		
1. Are sprinkler system control valves in the appropriate position?	<input checked="" type="checkbox"/>		
2. Were operating stems of all O.S.&Y. valves lubricated, completely closed and reopened? (Date <u>2019</u>)	<input checked="" type="checkbox"/>		
3. Were all control valves operated through full range and returned to normal position? (Date <u>2019</u>)	<input checked="" type="checkbox"/>		
4. Are valves free from external leaks?	<input checked="" type="checkbox"/>		
5. Are valves properly identified with signs?	<input checked="" type="checkbox"/>		
6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested <u>2019</u>)	<input checked="" type="checkbox"/>		

Fire & Life Safety America, Inc
 812 Biscayne Drive Concord, NC 28027
 Tel:(704)886-5733 Fax:(704)886-5750

DRY VALVE TRIP TEST

Work Order #: _____ Date: _____

Site Name _____
 Address _____
 City _____ State _____
 Zip _____ Phone _____

Owner _____
 Address _____
 City _____ State _____
 Zip _____ Phone _____

DRY PIPE VALVES		SYSTEM NO (<u>1</u>)	SYSTEM NO (_____)	SYSTEM NO (_____)
VALVE SERIAL NUMBER				
MANUFACTURER (NAME)		<i>Central</i>		
VALVE MODEL AND SIZE		<i>4in</i>		
PRESSURE BEFORE TEST	AIR	<u>30</u> LBS	_____ LBS	_____ LBS
	WATER	<u>50</u> LBS	_____ LBS	_____ LBS
SIZE AND LOCATION OF TEST VALVE		<i>1.2</i>		
WAS GATE VALVE BELOW DRY VALVE OPEN WIDE AT TEST? (IF NOT, HOW MANY TURNS?)		<i>No 8 turns</i>		
WATER TRIPPED AT	AIR PRESSURE	<i>NA</i> LBS	_____ LBS	_____ LBS
	WATER PRESSURE	<u>50</u> LBS	_____ LBS	_____ LBS
	TIME	_____ min <u>15</u> sec	_____ min _____ sec	_____ min _____ sec
IF SYSTEM FLOODED, LIST TIME WATER REACHED TEST OPENING		_____ min _____ sec	_____ min _____ sec	_____ min _____ sec
PERFORMANCE				
QUICK OPENING DEVICES				
DEVICE SERIAL NUMBER				
MANUFACTURER (NAME)		<i>Tyco</i>		
TYPE AND MODEL		<i>ACC-1</i>		
AIR PRESSURE IN UPPER CHAMBER		<u>30</u> LBS	_____ LBS	_____ LBS
QUICK OPENING DEVICE TRIPPED AT		_____ min <u>10</u> sec	_____ min _____ sec	_____ min _____ sec
PERFORMANCE				
QUICK OPENING DEVICE LEFT IN SERVICE AND CONTROL OPEN AND SEALED		<i>YIS</i>		
RECOMMENDATIONS:				

**NORTH CAROLINA BACKFLOW PREVENTION TESTER
TEST AND MAINTENANCE REPORT**

CUSTOMER: Bl. Forest City
 STREET ADDRESS: 493 Piney Ridge Road
 LOCATION OF ASSEMBLY: _____

TYPE OF ASSEMBLY: RP DC PVB SIZE: 3/4
 MANUFACTURER: Febco MODEL: 8054B SERIAL NO. A087608

RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2	PRESSURE VACUUM BREAKER
OPENED AT: _____ PSID BUFFER _____ PSID DID NOT OPEN <input type="checkbox"/>	<input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE: <u>0.0</u> PSID	<input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE: <u>0.0</u> PSID	AIR INLET OPENED AT: _____ PSID DID NOT OPEN <input type="checkbox"/> CHECK VALVE: LEAKED <input type="checkbox"/> HELD AT _____ PSID
<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>
OPENED AT: _____ PSID BUFFER _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID
SHUT OFF VALVE #1 <input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT		SHUT OFF VALVE #2 <input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT	

NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN THIRTY DAYS.

REMARKS: _____
 I HEREBY CERTIFY THAT AT THE DATE AND TIME OF THE TEST INDICATED, THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY PER CURRENT INDUSTRY STANDARDS. I ALSO CERTIFY THAT THE #1 AND #2 SHUTOFF VALVES HAVE BEEN LEFT IN THE FULLY OPENED POSITION.

INITIAL TEST BY: C. Jackson CERTIFIED TESTER NO. 1018-GM-1405 DATE: 7/30/19
 REPAIRED BY: _____ CERTIFIED TESTER NO. _____ DATE: _____
 FINAL TEST BY: _____ CERTIFIED TESTER NO. _____ DATE: _____
 DOMESTIC FIRE LAWN IRRIGATION NEW TEST RECERTIFICATION TEST
 WATER METER NUMBER: _____ PLUMBING PERMIT NUMBER: _____
 TEST KIT DIFFERENTIAL ELECTRONIC LINE PRESSURE: 40
 TIME OF DAY: 9am AM PM SIGNATURE OF TESTER: Cory Jackson

**NORTH CAROLINA BACKFLOW PREVENTION TESTER
TEST AND MAINTENANCE REPORT**

CUSTOMER: BL Forest City
 STREET ADDRESS: 493 Piney Ridge Road
 LOCATION OF ASSEMBLY: _____

TYPE OF ASSEMBLY: RP DC PVB SIZE: 4"
 MANUFACTURER: Fcbco MODEL: B75V SERIAL NO. 9806101359

RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2	PRESSURE VACUUM BREAKER
OPENED AT: _____ PSID BUFFER _____ PSID DID NOT OPEN <input type="checkbox"/>	<input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE: <u>2.4</u> PSID	<input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE: <u>2.0</u> PSID	AIR INLET OPENED AT: _____ PSID DID NOT OPEN <input type="checkbox"/> CHECK VALVE: LEAKED <input type="checkbox"/> HELD AT _____ PSID
<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>
OPENED AT: _____ PSID BUFFER _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID
SHUT OFF VALVE #1 <input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT		SHUT OFF VALVE #2 <input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT	

NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN THIRTY DAYS.

REMARKS: _____

I HEREBY CERTIFY THAT AT THE DATE AND TIME OF THE TEST INDICATED, THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY PER CURRENT INDUSTRY STANDARDS. I ALSO CERTIFY THAT THE #1 AND #2 SHUTOFF VALVES HAVE BEEN LEFT IN THE FULLY OPENED POSITION.

INITIAL TEST BY: C. Jackson CERTIFIED TESTER NO. 1018-cm-1405 DATE: 7/30/19

REPAIRED BY: _____ CERTIFIED TESTER NO. _____ DATE: _____

FINAL TEST BY: _____ CERTIFIED TESTER NO. _____ DATE: _____

DOMESTIC FIRE LAWN IRRIGATION NEW TEST RECERTIFICATION TEST

WATER METER NUMBER: _____ PLUMBING PERMIT NUMBER: _____

TEST KIT DIFFERENTIAL ELECTRONIC LINE PRESSURE: 40

TIME OF DAY: 9am AM PM SIGNATURE OF TESTER: Cory Jackson

**NORTH CAROLINA BACKFLOW PREVENTION TESTER
TEST AND MAINTENANCE REPORT**

CUSTOMER: Bl. Forest City
 STREET ADDRESS: 493 Piney Ridge Road
 LOCATION OF ASSEMBLY: Riser Room

TYPE OF ASSEMBLY: RP DC PVB SIZE: 2"
 MANUFACTURER: Conbraco MODEL: 40108991 SERIAL NO. PT 748

RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2	PRESSURE VACUUM BREAKER
OPENED AT: _____ PSID BUFFER _____ PSID DID NOT OPEN <input type="checkbox"/>	<input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE: <u>3.0</u> PSID	<input checked="" type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE: <u>0.0</u> PSID	AIR INLET OPENED AT: _____ PSID DID NOT OPEN <input type="checkbox"/> CHECK VALVE: LEAKED <input type="checkbox"/> HELD AT _____ PSID
<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>
OPENED AT: _____ PSID BUFFER _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID
SHUT OFF VALVE #1 <input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT		SHUT OFF VALVE #2 <input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT	

NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN THIRTY DAYS.

REMARKS: _____
 I HEREBY CERTIFY THAT AT THE DATE AND TIME OF THE TEST INDICATED, THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY PER CURRENT INDUSTRY STANDARDS. I ALSO CERTIFY THAT THE #1 AND #2 SHUTOFF VALVES HAVE BEEN LEFT IN THE FULLY OPENED POSITION.

INITIAL TEST BY: C. Jackson CERTIFIED TESTER NO. 1018-CM-1405 DATE: 7/30/19

REPAIRED BY: _____ CERTIFIED TESTER NO. _____ DATE: _____

FINAL TEST BY: _____ CERTIFIED TESTER NO. _____ DATE: _____

DOMESTIC FIRE LAWN IRRIGATION NEW TEST RECERTIFICATION TEST

WATER METER NUMBER: _____ PLUMBING PERMIT NUMBER: _____

TEST KIT DIFFERENTIAL ELECTRONIC LINE PRESSURE: 40

TIME OF DAY: 9am AM PM SIGNATURE OF TESTER: Cory Jackson

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
--------------------------------------------------	----------------------------------------------------------------------------	--------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BROOKDALE FOREST CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 493 PINEY RIDGE ROAD FOREST CITY, NC 28043
------------------------------------------------------------------	------------------------------------------------------------------------------------------------

(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	<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		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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
NAME OF PROVIDER OR SUPPLIER BROOKDALE FOREST CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 493 PINEY RIDGE ROAD FOREST CITY, NC 28043		
(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 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". 1. 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	A. Regulatory signage ordered from vendor on 10/3/19 and will be placed at Service Hall Exit when arrives. B. Regulatory signage ordered from vendor on 10/3/19 and will be placed by exit near Bedroom 403 when received. A. Advanced Fire called and is creating estimate to install an additional smoke detector in MCU dining area. Work will be completed by Advanced Fire	10/11/19 10/11/19 11/1/19
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND	C 111		

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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(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	<p>Continued From page 2</p> <p>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.</p> <p>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.</p>	C 111	<p>A. Fire and Life Safety Inc had inspected the sprinkler system on 7/30/2019 per invoice received. Interim ED contacted FLSA and obtained a copy of the inspection report. (See attached).</p>	10/4/19
C 150	<p>Corridors-Free of equipment and Obstructions</p> <p>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.</p> <p>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.</p>	C 150	<p>A. Garden Hose was removed from stoop on 9/18/19 after surveyors exited. Staff were educated to return hose to reel when not in use. Managers or designee to monitor garden hose placement daily for proper storage</p>	9/18/19

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
NAME OF PROVIDER OR SUPPLIER BROOKDALE FOREST CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 493 PINEY RIDGE ROAD FOREST CITY, NC 28043		
(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 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	B: Additional Storage unit rented on 9/29/19. Large Carpet Cleaning machine and encapsulation machine will be moved to Storage unit by maintenance crew. Education provided to staff re: obstruction of exits. Managers to monitor daily for items obstructing exits. C. Large chair and Chest of Drawers were removed from exit obstruction during survey. D. PTAC units to be installed in rooms they were ordered to replace old units. PTACs moved from exit near bedroom 509 on 9/29/19. E. Additional storage unite rented on 9/29/19. Large items will be moved to storage to eliminate obstruction of the required six feet width corridor. F. Lawn Furniture re-arranged to prevent blockage of sidewalk in courtyard.	9/18/19 10/11/19 10/11/19 10/11/19
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		

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
--------------------------------------------------	---------------------------------------------------------------------	--------------------------------------------------------------------	----------------------------------------------

NAME OF PROVIDER OR SUPPLIER
BROOKDALE FOREST CITY

STREET ADDRESS, CITY, STATE, ZIP CODE
**493 PINEY RIDGE ROAD
FOREST CITY, NC 28043**

(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 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	A. HVAC return in corridor near Bedroom 208 cleaned by RMT. B. 300 Hall residents laundry ventilation system with radiation damper cleaned Maintenance Tech educated regarding the routine maintenance for vent return cleaning. This task is monitored by our TELS system. ED or designee will review weekly to ensure completion of tasks.	9/30/19 9/30/19 9/30/19
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	A & B. Additional storage rack obtained from oxygen supply company for oxygen in room storage for 304 and 309 Rolling rack with chain received as resident removes tank from rolling rack at times. Clinical staff to check when in rooms for compliance	9/30/19

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
NAME OF PROVIDER OR SUPPLIER BROOKDALE FOREST CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 493 PINEY RIDGE ROAD FOREST CITY, NC 28043		
(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 5 structure.	C 166		
C 183	Fire Extinguishers 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. 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.	C 183	A. Maintenance Tech in serviced regarding placement in community of ALL fire extinguishers. 200 hall Therapy Fire extinguisher inspected and documented. Inspections to be monitored in TELS system. ED or designee to review monthly for compliance. Tag current at time of writing of POC.	10/4/19
C 185	Fire Safety-Rehearsals on Each Shift 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	C 185		

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 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	<p>1. A and B.. Maintenance tech and designee's inserviced regarding compliance of fire safety rehearsals. Fire safety rehearsals are to be populated and documented in TELS for compliance. Executive Director or designee to review monthly to ensure compliance.</p> <p>2. A. Maintenance Tech and designee re-educated on proper description recording for fire safety referrals. Executive Director or designee to review documentation monthly for proper recording.</p>	<p>9/30/19</p> <p>9/30/19</p>
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> <p>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:</p> <p>a. 300 Hall RCC Office - there is a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>b. 400 Hall Residents Laundry (100 sf+) - there is a 10x10 inch hole not firestopped as it penetrates the fire-resistance-rated wall assembly.</p> <p>c. Kitchen- there are several hood suppression system conduits not firestopped as they penetrate the fire-resistance-rated ceiling assembly.</p> <p>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:</p> <p>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.</p> <p>3. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on September 18, 2019:</p> <p>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.</p> <p>b. 300 Hall Executive Director Office - there is a hole through the corridor door around the door</p>	C 189	<p>A. Corrected by RMT. Hole is firestopped in RCC office.</p> <p>B. Work order created for Maintenance Tech to patch hole in wall in 400 hall residents laundry. Wall patch to be completed by 10/15/19 to correct issue.</p> <p>C. Hood Suppression conduits corrected by RMT and are now firestopped as they penetrate fire resistance rated ceiling assembly.</p> <p>2.</p> <p>A. RMT to evaluate door on 10/10/19 when in building and order parts or contact outside vendor to correct Pantry door to close and latch into it's frame on its own power</p> <p>3. A. Door ordered on 10/4/19 to replace Executive Director office door with mail slot and gaps. Door will be replaced when new door arrives.</p> <p>B. RMT/MT re set new door in A. correction and replace door handle to correct hole in door.</p>	<p>10/3/19</p> <p>10/5/19</p> <p>10/3/19</p> <p>11/1/19</p> <p>11/1/19</p> <p>11/1/19</p>

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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 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	<p>c., d. e. and f. RMT/MT to remove doors and re set to correct 1/2 inch gap between door leaf and bottom of header stop. If cannot correct will order and replace doors to correct doors on 100 hall hwd office, 400 main entrance, MCU coordinators office and dining doors that leave to corridor.</p> <p>4. A and B. 300 hall storage in resident's laundry and 400 Hall Linen Storage in Residents laundry was corrected on day of survey 9/18/19. Work order completed for MT to paint a line to have a visual reference to 18 inches clearance below fire sprinkler deflector in both areas.</p> <p>5 A. Advanced Fire notified by RMT and will replace the escutcheon plate to cover the hole in the corridor near bedroom 110 when they come out to install smoke detector in MCU dining.</p> <p>B. Advanced Fire notified by RMT and will replace escutcheon plate in 100 hall living room to cover the complete through the fire resistance related ceiling</p>	<p>11/1/19</p> <p>10/15/19</p> <p>11/1/19</p> <p>11/1/19</p>

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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	<p>C. Advanced Fire notified by RMT. Will replace missing escutcheon plate in Refrigerator in kitchen to close the exposed opening through the fire resistance rated ceiling.</p> <p>6. a. RMT/MT to evaluate door that leaves dining room to corridor for functionality on 10/10/19. Doors will be re set/shaved or replaced to return to regulatory functionality.</p> <p>7. a. Wedge removed on 9/18/19. Associates/Managers educated on regulatory rules regarding corridor doors cannot be blocked or held open by unapproved devices. Wedge was removed and discarded.</p> <p>b. See A. Wedge was removed and discarded.</p> <p>8. A. MT secured 1 X 4 light fixture to ceiling on 10/2/19.</p>	<p>11/1/19</p> <p>11/1/19</p> <p>9/30/19</p> <p>10/2/19</p>

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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	B. Blank cover placed on junction box in 300 hall RCC office. Switch plate discarded.	10/10/19
C 199	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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in rooms required to be mechanically exhausted. Findings on September 18, 2019: a. Entire Building - most of the required exhaust ventilation system does not work.	C 199	1. RMT to community on 10/2/19. Went up on roof to inspect motors and mechanisms of exhaust fans. On 10/3/19 three motors and multiple belts were ordered to replace nonworking items. Motors and belts will be replaced by RMT/MT when they arrive. RMT to retest all exhaust fans after repairs to ensure working order.	11/1/19

* Worked scheduled to be completed by 11/15/19



Fire & Life Safety America, Inc
812 Biscayne Drive
Concord, NC 28027
Tel: 704-886-5733
Email: jmhull@flsamerica.com

Date: August 7, 2019
Proposal: 0015648
#: BL/FOREST CITY-Quote-8/7/2019

To: BL/FOREST CITY
COMMUNITY #18220, 493 PINEY RIDGE ROAD
Forest City, NC 28043
Tel: 828-288-1171

Service: BL/FOREST CITY
493 PINEY RIDGE ROAD
Location: Forest City, NC 28043
Tel: 828-288-1171

SCOPE OVERVIEW: In accordance with NFPA 25, FLSA will correct the inspection deficiencies noted on the sprinkler inspection report dated 7/30/2019 as outlined below.

SERVICE PROPOSAL

AGREEMENT proposed this date, between Fire & Life Safety America, Inc ("FLSA") and BL/FOREST CITY ("Customer"). This Proposal shall become a binding agreement of FLSA and Customer upon its execution by both parties.

Item	Quantity	Unit Price	Ext Amount
Labor	1	\$2,400.00	\$2,400.00
Material	1	\$822.00	\$822.00
Tax	1	\$225.54	\$225.54
		Subtotal:	\$3,447.54

Scope of Work

Perform 10 year sample testing of the dry sprinklers dated 2008. (4) sprinklers will be removed from the system and sent to an independent lab for testing. New dry sprinklers will be installed in their place.
Replace the defective low air switch on the dry pipe valve.
Perform 5 year internal inspection of system piping for (1) dry pipe system.
Perform 5 year internal inspection of (1) check valve and (1) fireline backflow preventer.
Replace the rubber parts in the 3/4" Febco backflow preventer that failed testing.
We include all material and labor to perform the above work.
Unless otherwise noted, all work will be performed between the hours of 7:00 AM and 4:00 PM, Monday through Friday.
Payment is due upon receipt of invoice.

Exclusions

Painting of any kind.
Access panels or Patching of drywall, concrete, or any type of materials if holes are required to be cut to complete the scope of work.
Component or pipe failures on any part of the existing sprinkler system. Any and all failures will be considered pre-existing conditions. -
Only components or pipe installed under the scope of work will be covered by Mfg. warranty.
Electrical wiring of any type 120V or higher.
FLSA is not responsible for microbiological induced corrosion that may be introduced into the fire protection system through the water supply.
Fire pumps or water storage tanks.
Fire watch costs or services of any kind.
FLSA will be held harmless for any and all freeze damages that may occur for the replacement of existing dry type heads shorter than 12 inches in length.
Insulation or heat tracing. Owner to maintain all wet systems at a min. of 40 degrees Fahrenheit.
Relocation of existing mains and/or branch lines.
Design, Permits and Hydraulic calculations unless specified in the scope of work.
Any work not listed in the scope of work of this proposal. Any additional work if needed will be proposed and approved before commencement.
Underground work of any kind.

Submitted By: John Hull
Title: Service Sales Rep

CUSTOMER
Approved by Authorized Representative

Fire & Life Safety America, Inc
Approved by Authorized Representative

By:	<u>Edie H. McCurry</u>	By:	_____
Print Name:	<u>Edie H. McCurry</u>	Print Name:	_____
Title:	<u>Interim Executive Director</u>	Title:	_____
Date:	<u>10-23-19</u>	Date:	_____
Email:	<u>emccurry@brookdale.com</u>	Email:	_____

Complete by 11/15/19
EAM