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 B. WING HAL092027 10/23/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 MACARTHUR DRIVE **BROOKDALE MACARTHUR PARK** CARY, NC 27513 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 Report of a Construction Section Biennial Survey by Suzanna Fay and Frank Strickland conducted on October 23, 2019. This facility was first licensed on October 22, 1996 for 80 beds. Based on this information, this facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 North Carolina State Building Code Section 409.1-Group I. Deficiencies have been cited and a Plan of Correction is required. C 160 C 160 Outside Premises-Clean, Safe 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 condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises have not been maintained in a clean and safe condition. Findings on October 23, 2019: a. There is a 3" hole in the exterior veneer outside of the second floor sunroom. Pests have begun building a nest in the hole.

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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 (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
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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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 1	C 164			
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND es shall: ings, and floors or floor n and in good repair;				
		et as evidenced by: vealed that the ceilings and t kept clean and in good				
	in need of cleaning of accumulation of b. Living Room by stains on the ceiling c. First Floor Clear stains on the ceiling detector and the sustains. d. Dining Room - tl stains on the vents vent. e. Laundry - there supply vent. 2. Observations re	s throughout the facility were. All of them had some degree lint or dust. Room 112 - there are water g in the corner of the room. In Linen Room - there are water g tile around the smoke pply vent has rust and mildew the supply vents have mildew and the ceiling around the are mildew stains around the				
	Findings on Octobe a. Laundry - there					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL092027 10/23/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 MACARTHUR DRIVE **BROOKDALE MACARTHUR PARK** CARY, NC 27513 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 164 Continued From page 2 C 164 walls of the room. b. Laundry - there was a layer of lint on the walls and floors behind the dryer and several cloths has fallen behind the dryer. 3. Observations revealed that the furnishings were not kept in good repair. Findings on October 23, 2019: a. MCU - the handrail to the right of the exit door near Stair 1 is not secure to the wall. C 166 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 facility was not maintained free from hazards. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on October 23, 2019: a. Room 211 - there were two oxygen bottles loose on the floor of the room. There was one bottle in a plastic rack that did not appear to be b. Room 137 - there were several oxygen bottles in a plastic crate. Verify that the crate is secure

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL092027 10/23/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 MACARTHUR DRIVE **BROOKDALE MACARTHUR PARK** CARY, NC 27513 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 166 Continued From page 3 C 166 and the bottles cannot tip or fall over. C 188 Electrical Outlets in Wet Locations C 188 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection. Findings on October 23, 2019: a. Second Floor Med Room - the outlet that is 18" to the left of the sink is not a GFCI outlet. C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER **REQUIREMENTS** (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation there is a failure to

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maintain the building's fire safety systems in a

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
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				,		
C 189	Continued From pa	ge 4	C 189			
	safe condition. Hole	es or gaps at penetrations				
		nt rated ceilings or walls could				
		e to spread beyond the area				
	of origin.					
	3					
	Findings on Octobe					
	 a. Upstairs Telecor 	mmunications Closet - there				
		t sleeves penetrating the floor				
	that are filled with re	ock wool instead of fire caulk.				
	There is one unsea	led 3" conduit sleeve through				
	the corridor wall.					
	b. Second Floor at	oove ceiling at the fire wall by				
	the Laundry Room - there are two unsealed 3"					
	conduit sleeves penetrating the rated ceiling on					
	both sides of the fir	e wall.				
		escutcheon plate is missing				
		lead in the bathroom.				
		itside of the Conference Room				
		pipe is not sealed where is				
	penetrates the rate					
		frame on the attic access				
		ng a 1/2" gap opening in the				
	ceiling assembly.					
		rlor - the ceiling in the corner				
		heetrock is cracked and is				
	pulling loose.					
		smoke barrier wall - the CAT 5				
		through the corridor walls				
	above the lay-in cei					
		e ceiling is deteriorating at the				
		the hanging rod to loosen and				
	the light fixture is no					
		3" conduit through the back				
		a foam caulk which is not an				
	approved fire rated					
		Serving Area - one of the				
		s shifted in the opening leaving				
		the head in the rated ceiling				
	assembly.	Olasad than a f				
	к. First Floor Data	Closet - there are four conduit				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE	-	
BROOK	DALE MACARTHUR P	ARK 111 MACA CARY, NO	RTHUR DRI	VE		
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C 189	sleeves penetrating filled with rock wool are two 3" conduit sare not sealed. I. MCU Housekeep hole in the back wam. Maintenance O' the attic hatch was rated ceiling assemtime of survey. 2. Based on obsermaintain the facility safe operating conds smoke compartment of completely closs spread of smoke or Findings on Octobera. Dogwood - the rifer doors did not la fire alarm. 3. Based on obsermaintain the facility safe operating conditions on octoberal alarm. 3. Based on obsermaintain the facility safe operating conditions of compartment could doors do not complimit the spread of sorigin. Findings on Octoberal Room 204 - the door requires excess b. Spa by Room 22 frame and requires c. Room 112 - the door requires excess d. Laundry Room -	the ceiling that have been instead of fire caulk and there sleeves through the wall that sing - there is a 1" diameter II of the closet. Iffice - at the time of survey, open creating a hole in the bly. This was corrected at the vation there is a failure to s fire safety equipment in a lition. The occupants in the nt could be effected if doors do and latch to help limit the fire to the area of origin. In 23, 2019: Ight leaf of the cross corridor the when activated with the vation there is a failure to s fire safety equipment in a lition. Occupants in the smoke be exposed to smoke or fire if etely close and latch to help smoke or fire to the area of correct of the door hinges are loose and the excessive force to close. It is a failure to close. It is a failure to show the door hinges are loose and the excessive force to close. It is a failure to close. It is a failure to some and the excessive force to close. It is a failure to close. It is a failure to show the door hinges are loose and the excessive force to close. It is a failure to close. It is a failure to show the door hinges are loose and the excessive force to close. It is a failure to close. It is a failure to show the door hinges are loose and the excessive force to close. It is a failure to close and the excessive force to close and the excessive force to close.	C 189			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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C 189	Continued From pa	ge 6	C 189			
	corridor doors did n latch when the fire a 4. Based on obser- maintain electrical e equipment in safe of effect occupants of exits were not illum Findings on Octobera. Magnolia side Semergency light did 5. Based on obser- maintain the facility safe condition. In of smoke resident roo	oom - the left leaf on the ot synchronize to close and alarm was sounded. vation the facility did not emergency/safety lighting operating condition. This could the facility if egress paths and inated during a power outage.				
	holes in the face of Findings on Octobe a. First Floor Gues and there is a 1/2" of between the door a b. Kitchen door to lid diameter hole in the deadbolt was remo 6. Based on obser- maintain the building a safe operating co device used to keep impediment to quic occupants in the faccannot be closed as	the door. or 23, 2019: t Toilet - the door has dropped gap at the top of the door and the frame. Dining - there is a 1 1/2" e face of the door where a wed. vation there is a failure to gs's fire safety components in a failure. Any unapproved				

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Findings on October 23, 2019:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL092027 10/23/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 MACARTHUR DRIVE **BROOKDALE MACARTHUR PARK** CARY, NC 27513 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 189 Continued From page 7 C 189 a. Kitchen - the door to the service corridor was propped open. 7. Observations revealed that the plumbing equipment has not been maintained in a safe and operating condition. Findings on October 23, 2019: a. MCU Soiled Linen - the sink had not been in use and the trap has dried out creating an unpleasant odor. C 199 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. Observations revealed that the facility did not provide working exhaust ventilation in required areas. Findings on October 23, 2019:

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a. The exhaust system on the hall from Room

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE	
C 199	Continued From pa	ige 8	C 199				
	201 to Room 211 is	s not working					
		he exhaust fan in Soiled Linen					
	is not working.	TO CANAGO TAN IN CONCA ENTON					
	c. Second Floor - t	he exhaust fan in					
	Housekeeping is no						
		he exhaust fan in Laundry is					
	not working.	,					
	e. First Floor Gues	t Toilet - the exhaust fan is not					
	working.						
	f. Room 127 - the	exhaust fan is not working.					

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