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 hal041062 10/24/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWNDALE DRIVE **BROOKDALE LAWNDALE PARK** GREENSBORO, NC 27455 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 Ed Miller and Dennis Harrell, conducted on October 24, 2019. Records indicate this facility was first licensed on June 2, 1997. The facility is currently licensed for 118 Beds including a 25 Bed Special Care Unit. Therefore, the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure and applicable portions of the 1996 Edition of the North Carolina Building Code, Institutional Occupancy. Deficiencies were cited that require a Plan of Correction. C 164 Housekeeping and Furnishings-Clean, Repaired C 164 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, and interview with Manager, the facility failed to keep plumbing system devices clean and in good repair. Findings on October 24, 2019: Al Bldg. Kitchen - the ice machine drain line

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

TITLE (X6) DATE

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		hal041062	B. WING		10/2	4/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE LAWNDALE PA	RK	NDALE DRI' BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 164	system device. Lac contaminated water back flow up into the 2. Based on Obsermaintained free of I maintenance was not completed. This cound visitors if items removed and left with Findings on Octobera. Al Bldg. Corridor frame mounting brawall. These brackets	e flood plan of the drainage k of a 2 inch air gap allows r from the drainage system to e ice machine. ervation, the Building was not nazards, because general tot being done or had not been uld affect all residents, staff, are broken or partially here they could injure all.	C 164			
C 166	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards; (e) This Rule shall facilities. This Rule is not me 1. Based on Obse kept in good repair, components are bro original intended or Findings on Octobe a. AL Bldg. Cross Vending - the front	es shall: In an uncluttered, clean and e of all obstructions and apply to new and existing et as evidenced by: ervation, the Building was not because some building oken or felled to function as are missing.	C 166			

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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 _ hal041062 10/24/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWNDALE DRIVE **BROOKDALE LAWNDALE PARK** GREENSBORO, NC 27455 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 CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 166 Continued From page 2 C 166 which provides potential to cause injury. C 185 Fire Safety-Rehearsals on Each Shift C 185 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 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 and Maintenance Director, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on October 24, 2019: a. AL Bldg. - In the 1st quarter for the last 12 months, no rehearsal occurred during 1st shift. 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

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operating condition.

care home shall be maintained in a safe and

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA					ATE SURVEY	
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED	
hal041062		B. WING		10/24/2019		
		110104 1002			10/2	4/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		4400 LAW	NDALE DRI	VE		
BROOKE	DALE LAWNDALE PA	RK GREENSE	BORO, NC 2	7455		
()(A) ID	CLIMMADV CTA	TEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION)NI	(VE)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	PRIATE	DATE
				DEFICIENCY)		
C 189	Continued From pa	ae 3	C 189			
0 100	Continued i form pa	ge 5	0 100			
	(k) This Rule shall	apply to new and existing				
	facilities with the ex	ception of Paragraph (e)				
	which shall not app	ly to existing facilities.				
	This Rule is not me					
		rvation, the building's				
		ent was not maintained in a				
		condition. This would affect all				
		emptly find their way to an exit				
	during an emergend					
	Findings on Octobe					
		ins Community Area - the exit				
	sign does not illuminate on backup power when tested.					
		e Barrier near Bedroom 45 -				
		ot illuminate on backup power				
	when tested	ot marrinate or backup power				
	Wilch tested					
	2 Based on obse	rvations, the Building fire				
		ntained in a safe and operating				
		d expose all to fire/smoke if				
	not contained in roc					
	Findings on Octobe					
	ū	ng Area - a cable with its				
	firestopped sealant					
	fire-resistance-rated					
	unprotected openin					
		ency Water Cut-off - there is a				
		l as it penetrates the				
	fire-resistance-rated					
		ins Community Area - there				
		base of the exit sign not				
	firestopped as they					
	fire-resistance-rated					
	d. AL Bldg. Dryer					
		d gypsum shaft is deteriorating				
		vith the fire-resistance-rated				
	ceiling assembly.					
	e. Al Bldg. Dryer F	Room - there is a hole with a				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED	
		hal041062	B. WING		10/24/2019	
		1101041002			10/2	4/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		4400 LAW	NDALE DRI	VE		
BROOKI	DALE LAWNDALE PA	RK GREENSE	BORO, NC 2	7455		
(VA) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	ON.	(VE)
(X4) ID PREFIX		/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	`	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
C 189	Continued From pa	ngo 4	C 189			
0 103	Continued i Tom pa	ige 4	0 103			
	gas pipe not firesto	pped as it penetrates the				
	fire-resistance-rate	d ceiling assembly.				
	f. Al Bldg. Mech F	Room near Bedroom 39 - the				
	fire collar on the PV	/C flue is not secured to the				
	one-hour fire-resist	ance-rated ceiling assembly.				
	g. Al Bldg. Kitcher	n - there were gaps around the				
	commercial kitchen	hood's fire suppression				
	system conduits that	at penetrated through the				
	fire-resistance-rate					
		n Housekeeping - a conduit				
		sealant is pulled out of the				
	fire-resistance-rate	d ceiling, leaving an				
	unprotected openin					
		Room across from Bedroom 9				
	- the fire collar on the	ne PVC flue is not secured to				
	the one-hour fire-re	sistance-rated ceiling				
	assembly.					
	j. MCU Bldg. Fro	nt Mech Room - there is a				
		it penetrates the smoke tight				
	wall assembly.					
		indry - there is a hole not				
	firestopped as it pe					
	fire-resistance-rate	d wall assembly.				
		rvation, the Facility failed to				
		cal system in a safe and				
	operating condition					
	Findings on Octobe					
		tive Director Office - a multiple				
		ut integral overcurrent				
		ned to an electrical power				
	receptacle.					
		nance Office - an extension				
		to power office equipment.				
		nnot substitute for permanent				
	wiring.					
	_	nance Office - an extension				
	cord is secured to t					
		_aundry - two multiple plug				
adaptors, without integral overcurrent protection						

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMP	LETED
hal041062		B. WING		10/24/2019		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
10,4012 01	THO VIDER OR OUT FEEL		NDALE DRI	•		
BROOKI	DALE LAWNDALE PA	RK	BORO, NC 2			
()(4) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION)NI	(VE)
(X4) ID PREFIX		/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
C 189	Continued From pa	ge 5	C 189			
	are attached to two	electrical power receptacles.				
		or near Bedroom 4 - a spot				
	light fixture is not se	ecured to the ceiling.				
	f. Al Bldg. Spa - t	he GFCI electrical power				
	receptacle is not se	cured to the junction box.				
	4 - Danadan abaa	and the Dellation was and				
		rvation, the Building was not				
		e and operating condition, ercial kitchen hood's fire				
		n lacked the inspections,				
		documentation required to				
		vorking system. This could				
		aff, and visitors if the				
		hood's suppression system				
	fails to operate prop					
	Findings on Octobe					
	a. Al Bldg. Kitcher	n -since August 2019, when				
	the last semi-annua	al maintenance was performed				
	on the commercial					
		n, there has been no				
		ne monthly in-house/owner				
	inspections.					
	5. Based on obse	rvation, the smoke tight				
		not maintained in a safe and				
	operating condition					
	Findings on Octobe					
		enance Office - there is a hole				
		r door around the door handle.				
		very Room - this pair of				
		of a smoke resisted				
		orridor, is equipped with a				
	manual flush bolt o					
		equirement for these doors to				
		ching. In addition, these doors				
	I	e active leaf hit the inactive				
	leaf when manually					
		om 25 - the corridor door is				
	missing its strike plate; therefore, the door cannot latch into its frame to be smoke tight.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(V2) MULTIPL	E CONSTRUCTION	(V2) DATE	CLIDVEV	
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: 01]	
		hal041062	B. WING		10/2	4/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AN	DRESS CITY S	STATE, ZIP CODE		
INAME OF I	NOVIDEN ON SOIT EIEN					
BROOK	DALE LAWNDALE PA	RK	NDALE DRI			
	T		BORO, NC 2			
(X4) ID		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
C 189	Continued From pa	ge 6	C 189			
0 100	-		0 103			
		om 24 - the gap between the				
		f and the header stop excess				
	the allowable gap b					
		e Dinning - this pair of corridor				
		oke resisted enclosure for the				
		d with a manual flush bolt on				
		cumventing the requirement				
		e have positive latching. In				
	·	rs do not latch, when manually				
	closed. f. MCU Bldg. Bedroom 2 - the corridor door is					
		ate; therefore, the door cannot				
	latch into its frame					
	later into its frame	to be smoke tight.				
	6. Based on obse	rvation, the Building was not				
		e and operating condition,				
		or doors do not resist the				
		due to door leaves not fitting				
		th acceptable gaps under				
	normal operating co	onditions. This could affect all				
	residents, staff, and	I visitors if the doors did not				
	contain smoke/fire	in the room of origin.				
	Findings on Octobe					
		om 29 - the corridor door				
	_	to to 1/4-inch gap between the				
		r leaf and the bottom of the				
	doorframe's header					
		om 4 - the corridor door				
		o to 1/8-inch gap between the r leaf and the bottom of the				
	doorframe's header					
		Iroom 8 - the corridor door				
		to to 1/8-inch gap between the				
		r leaf and the bottom of the				
	doorframe's header					
	accinante s neader	otop.				
	7. Based on obse	rvation, the Building Sprinkler				
		aintained in a safe and				
operating condition. This could affect all						

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residents, staff, and visitors if smoke/fire is not

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED	
		hal041062	B. WING		10/24/2019	
		11010-11002			10/2	4/2013
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PPOOK	DALE LAWNDALE PA	4400 LAW	NDALE DRI	VE		
BROOKI	DALE LAWINDALE PA	GREENSE	BORO, NC 2	7455		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	NC NC	(X5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				DEFICIENCY)		
C 189	Continued From pa	ge 7	C 189			
	contained in the roo	om or compartment of origin.				
	Findings on Octobe					
		y Shop - the escutcheon plate				
		has dropped from the				
		d ceiling exposing an opening				
		ad of smoke and heat.				
		ents Half Bathroom - the				
		n the fire sprinkler has				
		re-resistance-rated ceiling				
		ig that allows the spread of				
	smoke and heat.	,				
	c. AL Bldg. Vetera	ans Community Area - the				
		n the fire sprinkler has				
	dropped from the fi	re-resistance-rated ceiling				
	exposing an opening	ng that allows the spread of				
	smoke and heat.					
		Room - the escutcheon plate				
		has dropped from the				
		d ceiling exposing an opening				
		ad of smoke and heat.				
		keeping near Bedroom 45 -				
		te on the fire sprinkler does				
		lete hole through the				
		d ceiling that allows the spread				
	of smoke and heat.					
		room - the escutcheon plate				
		does not cover the complete				
		e-resistance-rated ceiling that				
	allows the spread o					
	the fire sprinkler ha	n - the escutcheon plate on				
		d ceiling exposing an opening				
		ad of smoke and heat.				
		n Housekeeping- the				
		n the fire sprinkler has				
		re-resistance-rated ceiling				
		ng that allows the spread of				
	smoke and heat.	.g and the and options of				
		oke Barrier at Beauty Shop-				
	the door hit is frame and will not close.					

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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 _ hal041062 10/24/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWNDALE DRIVE **BROOKDALE LAWNDALE PARK** GREENSBORO, NC 27455 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 189 Continued From page 8 C 189 MCU Bldg Smoke Barrier at Med Room- the door is wedge open and cannot close on fire alarm activation. 8. 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 October 24, 2019: a. Al Bldg. Maintenance Office - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. b. Al Bldg. Bedroom 18 Corridor Closet - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. c. Al Bldg. Kitchen Storage Room - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. C 199 Exhaust Ventilation C 199 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) 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)

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:						DATE SURVEY COMPLETED	
		hal041062	B. WING		10/24/2019		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	10/2	7/2013	
		4400 I AW	NDALE DRI				
BROOKI	DALE LAWNDALE PA	GREENSE	BORO, NC 2	7455			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y 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 199	Continued From pa	ige 9	C 199		ļ		
	which shall not app	ly to existing facilities.			ļ		
	This Rule is not med 1. Based on Obserplastic sheet, the faventilation system is mechanically exhaus Findings on October a. Al Bldg. Resider required exhaust verwork. b. Al Bldg. Utility Frequired exhaust verwork.	et as evidenced by: ervation and testing with a thin acility failed to maintain the n rooms required to be usted.					

Division of Health Service Regulation STATE FORM

S8K521