AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING			(X3) DATE SURVEY COMPLETED	
		HAL090007			11/	13/2019	
AME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	•		
ROOKE	ALE UNION PARK		TERSON AVE , NC 28112	NUE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
C 000	Initial Comments		C 000				
		tion Section Biennial Survey Ind Ed Miller on 11-13-2019.					
	8-16-1996. The fac Beds. Therefore the conformance with t Adult Care Homes effect at the time of portions of the 2009 Care Homes of Sev 1991 (with revision	his facility was first licensed on cility is currently licensed for 87 e facility was surveyed for the 1991 Rules for Licensing of of Seven or More Beds in f initial licensure, applicable 5 Rules for Licensing of Adult ven or More Beds and the s) Edition of the North Carolina itutional Occupancy.					
C 101	Existing Licensed F SECTION .0300 - F	Fac- No less than '71 Rules	C 101				
	10A NCAC 13F .03 PHYSICAL PLANT The physical plant care home shall be (2) Except where of licensed facilities of facilities shall meet requirements in effi- change in service of renovation, or alter the requirements for no addition or reno than those requirer "Minimum and Des Regulations" for "H	01 APPLICATION OF					
	Health Service Reg This Rule is not m Based on observat	gulation at no cost;					

	of Health Service Re					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION 1	(X3) DATE SURVEY COMPLETED	
		HAL090007	B. WING		11/	13/2019
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BROOK	DALE UNION PARK		TTERSON AVE E, NC 28112	NUE		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ((X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
C 101	Continued From pa	ge 1	C 101			
	sign on each locked UNTIL ALARM SOU OPENED IN 15 SE Finding on 11-13-20					
C 185	Fire Safety-Rehears	sals on Each Shift	C 185			
	quarterly on each si requirement of the I Enforcement Officia (c) Records of rehe and copies furnishe social services anni include the date and shift, staff members description of what (f) This Rule shall a facilities. This Rule is not me 1. Based on review rehearsals are not b	09 PLAN FOR rehearsals of the fire plan hift in accordance with the local Fire Prevention Code al. earsals shall be maintained to the county department of ually. The records shall d time of the rehearsals, the s present, and a short the rehearsal involved. apply to new and existing et as evidenced by: of documents, fire drill being done regularly with at				
	least one per shift e rehearse the fire pla delay in an actual e Findings on 11-13-2 a. In the 1st quarte rehearsal done duri b. In the 3rd quarte rehearsal done duri	each quarter. Failure to an could lead to confusion and mergency. 2019: r of this year, there was no ng the 3rd shift. er of this year, there was no				

E

AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIER BROOKDALE UNION PARK (X4) ID PREFIX TAG SUMMARY STATEM (EACH DEFICIENCY MU REGULATORY OR LSC ID available onsite include the rehearsal involved. C 185 Continued From page 3 available onsite include the rehearsal involved. C 189 Building Equipment Ma SECTION .0300 - PHY 10A NCAC 13F .0311 REQUIREMENTS (a) The building and a mechanical, and plumb care home shall be ma operating condition. (k) This Rule shall app facilities with the excep which shall not apply to	1316 PAT MONROE	(X2) MULTIPLE A. BUILDING: 0 B. WING DRESS, CITY, ST TERSON AVE 5, NC 28112 ID PREFIX TAG C 185	IATE, ZIP CODE	CCMI 11/	E SURVEY PLETED 13/2019 (X5) COMPLETE
BROOKDALE UNION PARK (X4) ID PREFIX TAG SUMMARY STATEM (EACH DEFICIENCY MU REGULATORY OR LSC ID available onsite include the rehearsal involved. C 185 Continued From page 2 available onsite include the rehearsal involved. C 189 Building Equipment Ma SECTION .0300 - PHY 10A NCAC 13F .0311 REQUIREMENTS (a) The building and a mechanical, and plumb care home shall be ma operating condition. (k) This Rule shall app facilities with the except which shall not apply to	STREET AD 1316 PAT MONROE MONROE MUST BE PRECEDED BY FULL DIDENTIFYING INFORMATION) e 2 ded no description of what	DRESS, CITY, ST TERSON AVE , NC 28112 ID PREFIX TAG	NUE PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	ECTION IOULD BE	(X5)
BROOKDALE UNION PARK (X4) ID PREFIX TAG SUMMARY STATEM (EACH DEFICIENCY MU REGULATORY OR LSC ID available onsite include the rehearsal involved. C 185 Continued From page 2 available onsite include the rehearsal involved. C 189 Building Equipment Ma SECTION .0300 - PHY 10A NCAC 13F .0311 REQUIREMENTS (a) The building and a mechanical, and plumb care home shall be ma operating condition. (k) This Rule shall app facilities with the except which shall not apply to	1316 PAT MONROE	ID PREFIX TAG	NUE PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	IOULD BE	
(X4) ID PREFIX TAGSUMMARY STATEM (EACH DEFICIENCY MU REGULATORY OR LSC IDC 185Continued From page 2 available onsite include the rehearsal involved.C 189Building Equipment Ma SECTION .0300 - PHY 10A NCAC 13F .0311 REQUIREMENTS (a) The building and a mechanical, and plumb care home shall be ma operating condition. (k) This Rule shall app facilities with the excep which shall not apply to	MONROE	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF	IOULD BE	
(X4) ID PREFIX TAGSUMMARY STATEM (EACH DEFICIENCY MU REGULATORY OR LSC IDC 185Continued From page 2 available onsite include the rehearsal involved.C 189Building Equipment Ma SECTION .0300 - PHY 10A NCAC 13F .0311 REQUIREMENTS (a) The building and a mechanical, and plumb care home shall be ma operating condition. (k) This Rule shall app facilities with the excep which shall not apply to	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL DENTIFYING INFORMATION) e 2 ded no description of what	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	IOULD BE	
C 185 Continued From page 2 available onsite include the rehearsal involved. C 189 Building Equipment Ma SECTION .0300 - PHY 10A NCAC 13F .0311 REQUIREMENTS (a) The building and a mechanical, and plumb care home shall be ma operating condition. (k) This Rule shall app facilities with the excep which shall not apply to	AUST BE PRECEDED BY FULL DENTIFYING INFORMATION) e 2 ded no description of what	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	IOULD BE	
 available onsite include the rehearsal involved. C 189 Building Equipment Ma SECTION .0300 - PHY 10A NCAC 13F .0311 REQUIREMENTS (a) The building and a mechanical, and plumb care home shall be ma operating condition. (k) This Rule shall app facilities with the excep which shall not apply to be apply to be	ded no description of what	C 185			DATE
the rehearsal involved. C 189 Building Equipment Ma SECTION .0300 - PHY 10A NCAC 13F .0311 REQUIREMENTS (a) The building and a mechanical, and plumb care home shall be ma operating condition. (k) This Rule shall app facilities with the excep which shall not apply to					
SECTION .0300 - PHY 10A NCAC 13F .0311 REQUIREMENTS (a) The building and a mechanical, and plumb care home shall be ma operating condition. (k) This Rule shall app facilities with the excep which shall not apply to	-				
10A NCAC 13F .0311 REQUIREMENTS (a) The building and a mechanical, and plumb care home shall be ma operating condition. (k) This Rule shall app facilities with the excep which shall not apply to	laintained Safe, Operating	C 189			
This Rule, is not met a	I OTHER all fire safety, electrical, nbing equipment in an adult naintained in a safe and pply to new and existing eption of Paragraph (e)				
 Based on observationare prevented from close resist the passage of findoors that do not close present the possibility to one space can quickly the remainder of the far Findings on 11-13-2019 a. The door to the librat closed. The door to room 20 closed. The door to room 42 closed. The door to room 50 closed. The door to room 51 closed. The door to room 52 closed. 					

Division of Health Service Regulation STATE FORM

6899

GUDK21

If continuation sheet 3 of 6

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		HAL090007	B. WING		11/	13/2019	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE		10/2010	
POOK			TERSON AVE				
SRUUKL	DALE UNION PARK	MONROE	, NC 28112				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
C 189	Continued From pa	age 3	C 189				
	 opening properly to smoke. h. The door to room properly to be resiss i. The door to room properly to be resiss j. The door to room properly to be resiss 2. Based on obserf fire rated ceilings we locations by improperse begins in one space attic and could dela system. Improperly fitted spa. Maintenance off b. Laundry (4), c. Women's bathrorroom. 3. Based on obserf fire rated ceiling was penetrations that a approved for use in construction presents and could penetrations that a approved for use in construction presents and could penetrations that a penetration presents the penetration presents approved for use in construction presents and could penetrations that a penetration presents approved for use in construction presents approved for use in constructions presents appro	be resistant to the passage of m 14 does not fit the opening tant to the passage of smoke. n 39 does not fit the opening tant to the passage of smoke. n 45 does not fit the opening tant to the passage of smoke. vation the required one-hour vere compromised in several perly fitting or missing sprinkler toperly fitted sprinkler nt the possibility that a fire that e can quickly spread to the ay activation of the sprinkler wrinkler escutcheons found: fice, bom off the private dining vation, the required one-hour as compromised. Holes and re not sealed with materials n one-hour fire rated nt the possibility that a fire that e can quickly spread to other					
	areas of the facility Finding on 11-13-2 Unsealed sleeve th mechanical room n	019: rough the ceiling of the					
	powered emergence not work when test emergency lights th	vation, several battery cy lights in the corridor would ed. Battery powered nat will not work properly for at buld endanger the residents					

Division	of Health Service Re	egulation				IAPPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			
			A. BUILDING: 01			
		HAL090007	B. WING		11/	13/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S ⁻	TATE, ZIP CODE		
BROOKE	OALE UNION PARK		TTERSON AVE E, NC 28112	NUE		
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	WUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	COMPLETE DATE
C 189	Continued From pa	ge 4	C 189			
		019: panel F-6 would not work and icy lights in the corridor.				
	maintained in a safe signs not working p signs could delay o emergency. Findings on 11-13-2 a. The combination the med room did n tested.	n emergency light/exit sign in lot work on battery when ar room 52 did not work on				
	drain lines were not condition. Ice mach maintained at least floor drain, as requi ice to become cont Finding on 11-13-20					
	documentation of the monthly inspections inspection tag at the system. Range how must be inspected	vation, there was no ne required in house/owner's s since May provided on the e range hood fire suppression ood fire suppression systems monthly and the inspections ed somewhere such as on the system pull.				
C 199	Exhaust Ventilation		C 199			
	SECTION .0300 - F 10A NCAC 13F .03					

STATE FORM

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL090007	B. WING		11/	13/2019
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
BROOKI	DALE UNION PARK		FTERSON AVE E, NC 28112	NUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE	(X5) COMPLET DATE
C 199	Continued From pa	are 5	C 199	DEFICIENC	(Y)	
	REQUIREMENTS (g) The spaces list provided with exhau two cubic feet per m requirement does m before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex which shall not app This Rule is not me Based on observati maintain required e Findings on 11-13-2 a. The exhaust pro- mop closet off the k	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed k, with natural ventilation in ices: rage; ; toilet rooms; closets; and apply to new and existing iception of Paragraph (e) ly to existing facilities. et as evidenced by: ion the facility failed to exhaust in a working condition. 2019; ovided was not working in the				