



NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

November 7, 2019  
Laura Hannigan (via e-mail only)  
111 Macarthur Drive  
Cary, NC 27513

RE: Brookdale Macarthur Park - HA Biennial Survey  
111 Macarthur Drive  
Cary Wake County  
FID #960825 Hal092027

Dear Ms. Hannigan:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on October 23, 2019. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.
  1. Corrective action must begin immediately.
  2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603  
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705  
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

**SIGN, DATE AND RETURN** the Plan of Correction to DHSR-Construction by November 22, 2019. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section  
2705 Mail Service Center  
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

#### Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by November 22, 2019. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by November 22, 2019. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: <https://info.ncdhhs.gov/dhsr/>.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

*Suzanna Fay*

Suzanna Fay  
Biennial Institutional Engineering Surveyor  
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment  
City Building Inspection Department - with attachment-(via e-mail only)  
Wake County DSS - with attachment-(via e-mail only)

November 20, 2019

The following is the Plan of Correction for Brookdale MacArthur Park regarding the Statement of Deficiencies dated October 23, 2019. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanctions or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirement. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvements that satisfy that objective.

- **Deficiency: C 160-Outside Premises Clean and safe-** observation of 3 inch hole in exterior veneer second level.
- **POC-** Maint Tech and Executive director to include walk of exterior of the community as part of bi- weekly building tour to prioritize needed repairs and maintenance upkeep to assist with compliance.
- Requesting extension to spring 2020 first quarter to properly repair exterior upper level 3 inch hole as warmer weather permits. Regional Maintenance Manager of Operations has visited community and walked all area of deficiencies. Assessed the required work and agreed to complete needed exterior repairs. **Request extension to complete by March 15, 2020.**
- 
- **Deficiency -C-164 Housekeeping and Furnishing –** observation exhaust fans in need of cleaning- some water stains on ceiling tiles and stains around supply vents. Also Laundry room cleanliness of walls and floor.
- 
- **POC Completed- 11-15, 2019** Laundry Areas power washed floors walls and machines. Entire area deep cleaned by Housekeeping associate. Ceiling tiles and ceil vents clean and completed by Maint. Tech. and Dining Services Supervisor. Staff training and ongoing monitoring of these areas. Including bi-weekly building walk observation by Maint. Tech and Dining Services Supervisor to monitor on a regular basis going forward to assist with compliance.
- 
- **Deficiency C166- Housekeeping maintained free of Hazards-** Observation of Oxygen restraints.
- **POC- Completed 11- 14-2019** For two residents their Oxygen racks were repositioned between an area of support in their rooms. Associate retraining on proper Oxygen storage standards and procedures as part of hiring process and in monthly associate In-service training topic. Ongoing monitoring or processes and oxygen storage practices to be completed weekly by Resident Care Coordinator and Health and Wellness Director or designee to assist with compliance.
- **Deficiency C188- Electrical Outlets in Wet Area**
- **POC- Completed 11-18-2019-** Outlet in Med Room changed to GFCI Outlet by Maint. Tech.

- **Deficiency C189- Building Equipment Maintained Safe Operating**
- **POC in Progress**—Of the seven concerns, all have been addressed with repairs started , repairs completed , or work currently in progress- All will be completed by 12/30 2019. Caulking of Hole in Housekeeping closet repaired, Dogwood fire doors corrected and activated properly, Azalea Living room corridor door corrected, tested and activating properly. Kitchen door hole repaired, retraining staff on correct procedure for door access and to correct improper propping of door. **All repairs to be completed by December 30, 2019**
- **Requesting approval for removal exception of Soil linen sink.**
- **Deficiency C-199 Exhaust and Ventilation**
- **POC- Exhaust system throughout the community have been adjusted and work is ongoing to balance air flow and ensure all fans are in proper working condition. Maintenance tech and District Maintenance Support Manager have been working in ceiling on vents and exhaust systems and fans in all area addressed in the deficiency. Repairs ongoing and in progress. Request extension to be completed by Jan 15, 2020.**

*Lauren Harrigan*  
*Executive Director*

*11-20-2019*



NORTH CAROLINA DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
Division of Health Service Regulation  
Construction Section

**Suzanna Fay**

Biennial Institutional Engineering Surveyor

2705 Mail Service Center  
Raleigh, NC 27699-2705  
1800 Umstead Drive  
Raleigh, NC 27603

Telephone: (919) 855-3990  
Cell: (919) 218-0930  
Fax: (919) 733-6592  
suzanna.fay@dhs.nc.gov  
<https://www.ncdhs.gov/dhsr/>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  10/23/2019
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  BROOKDALE MACARTHUR PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 111 MACARTHUR DRIVE CARY, NC 27513
--	--

(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	Initial Comments  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 000		
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.	C 160	<i>Contractor for outside building repair 1 ST QTR request extension</i>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*(Signature)* Executive Director  
TITLE  
11-20-2019  
(X6) DATE  
STATE FORM 6899 QLZ021 If continuation sheet 1 of 9

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  10/23/2019
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  BROOKDALE MACARTHUR PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 111 MACARTHUR DRIVE CARY, NC 27513
--	--

(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 1	C 164		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the ceilings and equipment were not kept clean and in good repair.</p> <p>Findings on October 23, 2019:</p> <p>a. The exhaust fans throughout the facility were in need of cleaning. All of them had some degree of accumulation of lint or dust.</p> <p>b. Living Room by Room 112 - there are water stains on the ceiling in the corner of the room.</p> <p>c. First Floor Clean Linen Room - there are water stains on the ceiling tile around the smoke detector and the supply vent has rust and mildew stains.</p> <p>d. Dining Room - the supply vents have mildew stains on the vents and the ceiling around the vent.</p> <p>e. Laundry - there are mildew stains around the supply vent.</p> <p>2. Observations revealed that the floors and walls were not kept clean.</p> <p>Findings on October 23, 2019:</p> <p>a. Laundry - there was a coating of lint on the</p>	C 164	<p>IN PROGRESS</p> <p>DONE</p> <p>DONE</p> <p>DONE</p> <p>CLEANED</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  10/23/2019
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  BROOKDALE MACARTHUR PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 111 MACARTHUR DRIVE CARY, NC 27513
--	--

(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 2  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 164	CLEANED DONE  DONE	
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 secure. b. Room 137 - there were several oxygen bottles in a plastic crate. Verify that the crate is secure	C 166	CORRECTED  CORRECTED - NOISE ANSWER  CORRECTED - NOISE	



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  10/23/2019	
NAME OF PROVIDER OR SUPPLIER  BROOKDALE MACARTHUR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MACARTHUR DRIVE CARY, NC 27513		
(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 3 and the bottles cannot tip or fall over.	C 166		
C 188	<p>Electrical Outlets in Wet Locations</p> <p>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.</p> <p>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.</p> <p>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.</p>	C 188	<p>DONE</p> <p>DONE</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> <p>This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the building's fire safety systems in a</p>	C 189		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  10/23/2019
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  BROOKDALE MACARTHUR PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 111 MACARTHUR DRIVE CARY, NC 27513
--	--

(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 189	<p>Continued From page 6</p> <p>and does not close and latch.</p> <p>e. Azalea Living Room - the left leaf on the corridor doors did not synchronize to close and latch when the fire alarm was sounded.</p> <p>4. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage.</p> <p>Findings on October 23, 2019:</p> <p>a. Magnolia side Stairwell - the first floor emergency light did not illuminate on test.</p> <p>5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops or holes in the face of the door.</p> <p>Findings on October 23, 2019:</p> <p>a. First Floor Guest Toilet - the door has dropped and there is a 1/2" gap at the top of the door between the door and the frame.</p> <p>b. Kitchen door to Dining - there is a 1 1/2" diameter hole in the face of the door where a deadbolt was removed.</p> <p>6. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin.</p> <p>Findings on October 23, 2019:</p>	C 189	<p>DONE / TESTED BY FIRE MARSHAL</p> <p>DONE</p>	
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  10/23/2019
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  BROOKDALE MACARTHUR PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 111 MACARTHUR DRIVE CARY, NC 27513
--	--

(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 189	Continued From page 7 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 189	DONE + STAFF TRAINING	
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: a. The exhaust system on the hall from Room	C 199	IN PROGRESS	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  10/23/2019
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  BROOKDALE MACARTHUR PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 111 MACARTHUR DRIVE CARY, NC 27513
--	--

(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 199	<p>Continued From page 8</p> <p>201 to Room 211 is not working.</p> <p>b. Second Floor - the exhaust fan in Soiled Linen is not working.</p> <p>c. Second Floor - the exhaust fan in Housekeeping is not working.</p> <p>d. Second Floor - the exhaust fan in Laundry is not working.</p> <p>e. First Floor Guest Toilet - the exhaust fan is not working.</p> <p>f. Room 127 - the exhaust fan is not working.</p>	C 199	IN PROGRESS	