


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL090007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2019
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NAME OF PROVIDER OR SUPPLIER BROOKDALE UNION PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 1316 PATTERSON AVENUE MONROE, NC 28112
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C 000	<p>Initial Comments</p> <p>Report of Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 11-13-2019.</p> <p>Records indicate this facility was first licensed on 8-16-1996. The facility is currently licensed for 87 Beds. Therefore the facility was surveyed for conformance with the 1991 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure, applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1991 (with revisions) Edition of the North Carolina Building Code, Institutional Occupancy.</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> <p>This Rule is not met as evidenced by: Based on observation, an Delayed Egress exit door failed to comply with the NC State Building</p>	C 101	<p>C101 - We have ordered new signs, we will replace the peeling sign located at the front door. We will inspect each delayed egress sign monthly to ensure proper visibility in the case of an emergency</p>	12/16/19

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **Executive Director** (X6) DATE **12/2/19**

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C 101	Continued From page 1 Code. The NC State Building Code requires a sign on each locked door that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS." Finding on 11-13-2019: The required sign was peeling away on the front door.	C 101		
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 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 review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings on 11-13-2019: a. In the 1st quarter of this year, there was no rehearsal done during the 3rd shift. b. In the 3rd quarter of this year, there was no rehearsal done during the 1st shift. 2. Based on a review of documents, the records	C 185	<i>(102)</i> C185 We have implemented a process for ensuring quarterly Fire drills are completed and will have proper documentation uploaded into TELS as well as having a physical backup maintained in a binder. I will have monthly meetings with my maintenance director to ensure that proper policies and procedures are being followed for proper implementation and documentation for full descriptions of all fire drills	12/6/19

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C 185	Continued From page 2 available onsite included no description of what the rehearsal involved.	C 185		
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. This Rule is not met as evidenced by: 1. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings on 11-13-2019; a. The door to the library does not latch when closed. b. The door to room 20 does not latch when closed. c. The door to room 41 does not latch when closed. d. The door to room 50 does not latch when closed. e. The door to room 52 does not latch when closed. f. The door to the laundry is sometimes tied open. g. The door to the HWD office does not fit the	C 189	<p>C189-1A-J - We will ensure that all doors, A-E, will properly latch and maintain the latch with adjustments to the doors. We will monitor weekly all doors to ensure proper latching.</p> <p>C189-1-F we have educated staff that the laundry door should NEVER be tied open for any circumstances. We will periodically inspect and come in on 3rd shift to ensure this is being followed.</p> <p>C189-G-J - We will be properly fitting the door frame with fire proof stripping to make the doorway smoke tight and we will monitor all doors and inspect weekly to ensure a smoke tight fitting</p>	<p>12/16/19</p> <p>11/21/19</p> <p>12/16/19</p>

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C 189	<p>Continued From page 3</p> <p>opening properly to be resistant to the passage of smoke.</p> <p>h. The door to room 14 does not fit the opening properly to be resistant to the passage of smoke.</p> <p>i. The door to room 39 does not fit the opening properly to be resistant to the passage of smoke.</p> <p>j. The door to room 45 does not fit the opening properly to be resistant to the passage of smoke.</p> <p>2. Based on observation the required one-hour fire rated ceilings were compromised in several locations by improperly fitting or missing sprinkler escutcheons. Improperly fitted sprinkler escutcheons present the possibility that a fire that begins in one space can quickly spread to the attic and could delay activation of the sprinkler system. Improperly fitted sprinkler escutcheons found:</p> <ul style="list-style-type: none"> a. Maintenance office, b. Laundry (4), c. Women's bathroom off the private dining room. <p>3. Based on observation, the required one-hour fire rated ceiling was compromised. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Finding on 11-13-2019: Unsealed sleeve through the ceiling of the mechanical room near room 17.</p> <p>4. Based on observation, several battery powered emergency lights in the corridor would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.</p>	C 189	<p><i>C-189-2-A-C- We will repair and replace all Sprinkler escutcheons that are located in A-C and will monitor weekly throughout the building to ensure a proper fit</i></p> <p><i>C-189-3 We will repair and seal the sleeve through the ceiling with fire proof caulking and will monitor and inspect other areas throughout the building monthly to ensure proper seals</i></p> <p><i>C 189 4 - see next page</i></p>	<p><i>12/16/19</i></p> <p><i>12/16/19</i></p>

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C 189	<p>Continued From page 4</p> <p>Finding on 11-13-2019: Emergency battery panel F-6 would not work and power the emergency lights in the corridor.</p> <p>5. Based on observation, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency.</p> <p>Findings on 11-13-2019: a. The combination emergency light/exit sign in the med room did not work on battery when tested. b. The exit sign near room 52 did not work on battery when tested.</p> <p>6. Based on observation, plumbing equipment drain lines were not maintained in a safe condition. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.</p> <p>Finding on 11-13-2019; The ice machine drain line extended into the floor drain.</p> <p>7. Based on observation, there was no documentation of the required in house/owner's monthly inspections since May provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull.</p>	C 189	<p>^{4/5} C-189⁵-cont. - We have had the fire Alarm inspector come out to replace the F-6 battery and is now working properly. Also, the combination emergency light/exit sign in medroom and exit sign near room 52 was repaired. We will implement a weekly check to ensure all exit signs illuminate for in the event of an evacuation</p> <p>C-189-6 We will rerun the drain line from the dishwasher and mount it supports to the wall to ensure it is at least 2 inches off of the floor and will monitor monthly to ensure it is maintained properly</p> <p>C-189-7 Our Dining Service Coordinator and maintenance Director was properly trained on the proper way to inspect and document the range hood fire suppression system. We will follow up monthly</p>	<p>11/25/19</p> <p>12/16/19</p> <p>12/16/19</p>
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER</p>	C 199		

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C 199	Continued From page 5 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: Based on observation the facility failed to maintain required exhaust in a working condition. Findings on 11-13-2019; a. The exhaust provided was not working in the mop closet off the kitchen. b. The exhaust provided was not working in the Spa.	C 199	<i>C199 A&B - We will have these exhaust fans resericed by a third party provider that serviced them in Sept. of this year. We will perform weekly checks of all ventilation/exhaust areas to ensure proper ventilation</i>	<i>12/16/19</i>