Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.	01	F	2
		HAL032065	B. WING			8/2020
NAME OF F	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
BROOKE	ALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / 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 000}	Initial Comments		{C 000}			
		I Follow Up Construction , conducted on January 8,				
	Deficiencies were of Plan of Correction.	ited that will require a new				
C 150	Corridors-Free of e	quipment and Obstructions	C 150			
	free of obstructions residents, staff, and obstructing egress Findings on Januar a. All Floors Resid	observation, corridors are not . This would affect all d visitors by slowing or during an emergency. y 8, 2020: dents Corridors- there are new ng the required six feet width				
{C 166}	Housekeeping-Mail	ntained Free of Hazards	{C 166}			
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
					R	
		HAL032065	B. WING		01/0	8/2020
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOKE	DALE DURHAM		NC 27704	BOULEVARD		
(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 166}	Continued From pa	ge 1	{C 166}			
	Director revealed the maintained free of he findings on Januar a. SCU - the endcamissing at the back edges exposed. Interequired parts with the required parts with the sculpture of the exist in the exist of the ex	Indicated interview with Maintenance and the facility was not mazards. 19 8, 2020: 19 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10				
{C 189}	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plucare home shall be operating condition. (k) This Rule shall facilities with the ex which shall not apply This Rule is not me 1. Based on observe maintain the buildin safe condition. Hole through fire resistant	d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) ly to existing facilities.	{C 189}			

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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	
11A1 000005		B. WING		R		
	HAL032065		B. WING	· · · · · · · · · · · · · · · · · · ·	01/0	8/2020
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
BROOK	DALE DURHAM		, NC 27704	BOULEVARD		
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 189}	Continued From pa	ge 2	{C 189}			
	origin.					
	The penetrations w which is not an accordant and accordant accordant and	ectrical Room by front stair - ere sealed using orange foam eptable fire rated material. idential Laundry - The 1-hour fire-resistant-rated ed using orange foam which is ire rated material. vealed that the electrical maintained in a safe and y 8, 2020: the GFCI outlet did not trip tem has not been corrected. om - the cover plate is broken				
	item has not been of 6. Based on obsermaintain the facility safe operating conditions compartment could doors do not complimit the spread of sorigin. Findings on Januar d. Dining Room - the latching hardward open where the hard compromising their Maintenance Direct ordered but have not be a simple of the conditions	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 y 8, 2020: he double doors are missing he and the door panels are dware was removed UL rating. Interview with or revealed that the part have				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
					F	₹
		HAL032065	B. WING		01/0	8/2020
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOK	DALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y 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 189}	Maintenance Direct not maintained in a This would affect al detection and activa Findings on Januar a. The fire alarm psignal. The Mainten the fire alarm contra and discovered two	or, the Fire Alarm system was safe and operating condition. I by not providing early ating the fire alarm system.	{C 189}			
(C 199)	provided with exhautwo cubic feet per na requirement does in before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not appoint This Rule is not med 1. Observations reprovide exhaust verified in the state of the shall shall shall shall shall not appoint the shall	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This ot apply to facilities licensed with natural ventilation in ces: rage; toilet rooms; closets; and apply to new and existing ception of Paragraph (e) ly to existing facilities. et as evidenced by: vealed that the facility did not ntilation in required areas.	{C 199}			

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		HAL032065	B. WING		01/0	8/2020
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						0/2020
BROOKD	ALE DURHAM		FRANKLIN NC 27704	BOULEVARD		
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	exhaust fan is not w g. Utility Room by k working. j. Room 118 - the e not working. k. SCU Residential not working.	n the Service Hall - the	{C 199}			

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