

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 08/09/2023
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NAME OF PROVIDER OR SUPPLIER BROOKDALE DURHAM	STREET ADDRESS, CITY, STATE, ZIP CODE 4434 BEN FRANKLIN BOULEVARD DURHAM, NC 27704
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{C 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on August 9, 2023. There are deficiencies from the Biennial Construction Survey that remain to be corrected. New deficiencies were cited and are included in the report below.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules 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; This Rule is not met as evidenced by: 1. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Delayed egress doors are required to have signs posted on the door located above and within 12 inches of	{C 101}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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{C 101}	Continued From page 1 the release device reading: PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS. Findings on August 9, 2023: a. SCU Living Room - the right door leading to the courtyard is a delayed egress door and does not have a sign on the door indicating you can release the door by pushing. ee. SCU Back Door - the posted sign in at the top of the door and not within 12 inch of the releasing device.	{C 101}		
{C 111}	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the current sanitation and fire and building safety inspection reports were not available for review. Findings on August 9, 2023: c. At the time of follow up survey, the annual Fire Official's Inspection report was not available for review. Interview with Maintenance Staff revealed that the Executive Director had the report and she was not available.	{C 111}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	{C 164}		

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{C 164}	Continued From page 2 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 unpleasent 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. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair. Findings on August 9, 2023: c. Room 334 - there is a light-colored stain on the carpet. f. Kitchen - many of the ceiling tiles are stained and warped. The ceiling grid is rusty and the finish is flaking off. 2. Observations revealed that the furniture was not kept in good repair. Findings on Auguste 9, 2023: a. SCU Kitchenette - the sink skirt panel is missing.	{C 164}		
{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.	{C 166}		

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{C 166}	Continued From page 3 This Rule is not met as evidenced by: 1. Based on observation the facility is not maintained free from hazards. If the code required clearance of 36" in front of electrical breaker panels is not maintained it could delay timely operation of the breakers in an emergency situation. Findings on August 9, 2023: bb. 3rd FL, Maintenance Tech Office - a cart, a box, a storage tub and a case of water bottles on a stand were being stored in front of the electrical panels.	{C 166}		
{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. Review of records revealed that the facility was not conducting fire rehearsals on each shift per quarter and did not provide a short description of what the rehearsal involved.	{C 185}		

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{C 185}	Continued From page 4 Findings on August 9, 2023: a. There was not a fire rehearsal conducted on the third shift of the third quarter of 2021. The logs were not available for review as they are in the Executive Director's office and she was not in the facility. b. There was not a rehearsal conducted on the second shift of the first quarter of 2022. The logs were not available for review as they are in the Executive Director's office and she was not in the facility. c. There was not a short description of what the rehearsal involved. The logs were not available for review as they are in the Executive Director's office and she was not in the facility.	{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: 3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation.	{C 189}		

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{C 189}	<p>Continued From page 5</p> <p>Findings on August 9, 2023:</p> <p>a. The exit sign at the cross-corridor doors by Room 320 did not illuminate on test.</p> <p>c. 2nd FL, Large Housekeeping (former exercise room) - the emergency/exit light did not illuminate on test and the left chevron directional indicator punch-out was removed, indicating that you should turn left to exit, but the way out is straight.</p> <p>4. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on August 9, 2023:</p> <p>f. Room 225 Bath - the sprinkler head has dropped leaving an opening in the fire resistant-rated ceiling.</p> <p>h. Electrical Room by Laundry (Second Floor) - the cover plate for the communications opening has fallen off leaving a 4" x 8" hole in the ceiling.</p> <p>i. 2nd FL, Physical Therapy - the middle sprinkler head has dropped leaving a gap in the fire resistant rated ceiling.</p> <p>j. The communications cover plate is broken across from Room 201 leaving a hole in the fire resistant rated ceiling.</p> <p>k. Room 207 - the sprinkler head in the right room has dropped leaving a gap in the fire resistant rated ceiling.</p> <p>l. Exterior Generator Panel Room - the hole for the smoke detector is slightly larger than the detector leaving openings in the fire resistant rated ceiling.</p> <p>m. First Floor Utility Room - the ceiling was repaired but there is still a leak above the ceiling. There are holes cut into the ceiling of the Utility Room and in the corridor outside the room where</p>	{C 189}		

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{C 189}	<p>Continued From page 6</p> <p>n. The sprinkler head outside of Room 120 has dropped leaving a gap in the fire-resistant rated ceiling.</p> <p>o. The sprinkler head over the mailboxes has dropped leaving a gap in the fire-resistant rated ceiling.</p> <p>p. The sprinkler head in the Electrical room by the Residential Laundry, first floor, has dropped leaving a gap in the fire resistant rated ceiling.</p> <p>q. Room 104 - the escutcheon ring on the sprinkler head near the entrance has dropped leaving a gap in the fire resistant rated ceiling.</p> <p>New Deficiency: r. The sprinkler head over the mailboxes and near the fire extinguisher has dropped and there is a gap in the fire resistant rated ceiling.</p> <p>New Deficiencies: 11. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not operate during a fire or other emergency.</p> <p>Findings on August 9, 2023: a. Maintenance Office - the front smoke detector is missing from its base.</p> <p>12. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin.</p> <p>Findings on August 9, 2023:</p>	{C 189}		

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{C 189}	Continued From page 7 a. Service Hall - the hinges are loose on the cross corridor doors leading into the Service Hall causing the doors to hit the frame and preventing the doors from closing.	{C 189}		
{C 199}	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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:</p> <p>(1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area.</p> <p>(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:</p> <p>1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the buildup humidity that can cause mildew and slick areas and prevents the dissipation of odors.</p> <p>Findings on August 9, 2023:</p> <p>a. Third Floor Laundry - the fans are not working. c. First Floor Soiled Linen - the exhaust fan is not working. d. First Floor Staff Bath - the exhaust fan is not working. f. SCU Laundry - the exhaust fan is not working.</p>	{C 199}		

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