Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING HAL029006 01/12/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **161 YOUNG DRIVE BROOKDALE LEXINGTON** LEXINGTON, NC 27292 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on January 12, 2024. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected. {C 185} Fire Safety-Rehearsals on Each Shift {C 185} 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 fire rehearsal logs did not include a short description of what the rehearsal involved. Findings on January 12, 2024: a. The location of the fire has been added, but there is not a short description of what the rehearsal involved. {C 189} Building Equipment Maintained Safe, Operating {C 189} SECTION .0300 - PHYSICAL PLANT

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
|---|---|---|----------------------------|--|---|-------------|--|
| AND PLAN OF CORRECTION | | IDENTIFICATION NOWIDER. | A. BUILDING: 01 | | | | |
| | | HAL029006 | B. WING | | F 01/1 | ₹ 2/2024 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, S | RESS, CITY, STATE, ZIP CODE | | | |
| BROOKDALE LEXINGTON 161 YOUNG DRIVE LEXINGTON, NC 27292 | | | | | | | |
| (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 SHOUL CROSS-REFERENCED TO THE APPROFIDERICIENCY) | CTION SHOULD BE COMPLETE THE APPROPRIATE DATE | | |
| {C 189} | 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plucare home shall be operating condition. (k) This Rule shall facilities with the exwhich shall not apply. This Rule is not me 5. Based on observating conditions and the facility safe operating conditions do not comply limit the spread of sorigin. Findings on Januar b. Employee Break making it difficult to screws are backing d. Room 407 - the | d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) by to existing facilities. et as evidenced by: vation there is a failure to be safety equipment in a dition. Occupants in the smoke be exposed to smoke or fire if etely close and latch to help smoke or fire to the area of by 12, 2024: croom - the door has dropped close and latch. The hinge | {C 189} | | | | |
| {C 199} | Exhaust Ventilation | | {C 199} | | | | |
| | provided with exhautwo cubic feet per n requirement does n | 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 | | | | | |

6899

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

| AND DUAN OF CORRECTION I IDENTIFICATION NUMBER: | 2) MULTIPLE CONSTRUCTION BUILDING: 01 | (X3) DATE SURVEY COMPLETED | | | | | |
|---|--|-------------------------------|--|--|--|--|--|
| LIAL COORCE B W | WING | R | | | | | |
| 11.202000 | 01/12/2027 | | | | | | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE | | | | | | | |
| BROOKDALE LEXINGTON LEXINGTON, NC 27292 | | | | | | | |
| | ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETE | | | | | |
| (C 199) Continued From page 2 (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 maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on January 12, 2024: a. 400 Hall Hopper Room - the exhaust fan is not working. | :199} | | | | | | |

6899

Division of Health Service Regulation STATE FORM