STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED			
and plan	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0	1	СОМ	PLETED	
		HAL051024	B. WING		11/	11/20/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE			
BROOKI	DALE SMITHFIELD		KSHIRE ROAD ELD, NC 2757				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 000	Initial Comments		C 000				
		nction Section Biennial Survey nducted on November 20,					
	November 20, 1997 licensed for 74 Bed Care Unit. Therefor conformance with the Adult Care Homes applicable portions Edition of the North Institutional Occupation Licensing of Adult C	is facility was first licensed on 7. The facility is currently s including a 24 Bed Special e the facility was surveyed for he 2005 Rules for Licensing of of Seven or More Beds and of the 1996 (1007 Rev) Carolina Building Code(s), ancy, and the 1996 Rules for Care Homes of Seven or More e time of initial licensure.					
	Deficiencies were c Protection.	ited which requires a Plan of					
C 101	Existing Licensed F	ac- No less than '71 Rules	C 101				
	PHYSICAL PLANT The physical plant r care home shall be (2) Except where of licensed facilities or facilities shall meet requirements in effective change in service of renovation, or alterative the requirements for no addition or renovative than those requirements Regulations" for "Hereits"	01 APPLICATION OF REQUIREMENTS requirements for each adult applied as follows: therwise specified, existing portions of existing licensed licensure and code ect at the time of construction, r bed count, addition, ation; however in no case shall r any licensed facility where vation has been made, be less nents found in the 1971 ired Standards and omes for the Aged and Infirm", available at the Division of					

Division	of Health Service Re	gulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		HAL051024	B. WING		11/20/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKDALE SMITHEIELD		SHIRE ROA LD, NC 275				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLÉ	ETE
C 101	Continued From pa	ge 1	C 101			
C 111	This Rule is not me 1. Observations re- compliance with cou- the time of construct count, addition, ren- egress doors shall I door located above release device read SOUNDS. DOOR O SECONDS. Findings on Novem a. The front entry of signage indicating t egress. b. SCU - none of the with the delayed eg Must Have Current SECTION .0300 - F 10A NCAC 13F .03 CONSTRUCTION(f) The facility shall fire and building safe	et as evidenced by: vealed that the facility is not in de requirements in effect at ction, change in service or bed ovation or alteration. Delayed have a sign provided on the and within 12 inches of the ling: PUSH UNTIL ALARM CAN BE OPENED IN 15 ber 20, 2024: loor is not equipped with hat the door is delayed ne exit doors are equipped ress signage. San. & Fire Safety Reports	C 111			
	not have current fire	ds revealed that the facility did e and building safety naintained in the home and				
	System inspection I	ber 20, 2024: copy of the current Fire Alarm report available for review.		P		
JIVISION OF H	ealth Service Regulation					

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
		HAL051024	B. WING		11/2	11/20/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE			
BROOKI	DALE SMITHFIELD		KSHIRE ROA				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
C 133	Bathrooms-Hand G	brips	C 133				
C 160	rooms are: (6) Hand grips sha commodes, tubs ar accessible to reside This Rule is not me 1. Observations re not installed at all c accessible to reside Findings on Novem a. 300 Hall Spa - th commode. Outside Premises-0 SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT (m) The requirement (1) The outside gro	05 PHYSICAL Its for bathrooms and toilet II be installed at all ad showers used by or ents; et as evidenced by: vealed that hand grips were ommodes used by or ents. aber 20, 2024: here is not a grab bar at the Clean, Safe PHYSICAL PLANT	C 160				
	grounds were not n condition. Loose o elements to enter th Findings on Novem a. Three sections of	vealed that the outside naintained in a clean and safe r missing siding allows for the ne exterior walls of the facility.		Ţ			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING: (E CONSTRUCTION D1	(X3) DATE SURVEY COMPLETED		
		HAL051024	B. WING		11/20/2024	
	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		
ROOK	OALE SMITHFIELD	830 BER	KSHIRE ROAL	D		
			ELD, NC 2757			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE	(X5) COMPLET DATE
C 160	Continued From pa	ge 3	C 160			
	piece of the exterio	en - there is a small triangular r soffit missing outside of the soffit will allow pests to enter		P		
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture c	06 HOUSEKEEPING AND es shall: ings, and floors or floor n and in good repair;				
		et as evidenced by: vealed that the walls, ceilings kept clean and in good repair.				
	damaged a 12 foot the back right corne The area is stained area with black mic	y - a prior roof leak has square area of the ceiling in er. The finish is flaking off. and there is a 2' diameter robial growth.		F		
	covering the floor of Laundry. c. 100 Hall Laundry	y - there is gray debris f the storage room off of the y - the small storage room		P		
	taped down creating	rubber transition strip was g a trip hazard. The transition exposing a frayed carpet		F		

Division	Division of Health Service Regulation					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	
		HAL051024	B. WING		11/2	0/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKE	OALE SMITHFIELD		SHIRE ROA			
(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 164	Continued From pa	ge 4	C 164			
C 166	shaped section of s the microwave. f. Room 201 - there carpet from the doo g. Room 304 - there cigarettes upon ent ashes were found of windowsill. There we seat and running do ending in a brown p The bathroom had toilet. There was a clothing items on th h. 300 Hall Laundry exhaust fan and the an excessive amoud dryer and there wer fallen behind the dr i. SCU Spa - the co the shower has bro j. SCU Exit corrido dried leaves and de exterior door and the littered with dead bu 2. Observations re- not kept clean and Findings on Novem a. 100 Hall Laundry stain is detaching from the	heetrock has chipped off over e are brown stains on the r to the back wall. e was a strong odor of ering the room. Cigarette on the nightstand and on the vas fecal matter on the toilet own the front of the toilet ile at the base of the toilet. soiled tissues around the pair of dirty underwear and e floor of the bathroom. y - there is lint covering the e ceiling in the closet. There is nt of lint on the wall behind the e several cloths that had yer. orner trim of the base tile at ken off. r by Room 412 - there are a floor in the vestibule is ugs, dried leaves and debris.	C 166			
C 166	SECTION .0300 - F		C 166			
Division of He STATE FORM	ealth Service Regulation		⁶⁸⁹⁹ N	IVOR21	If continuati	on sheet 5 of 14

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL051024	B. WING		11/2	11/20/2024	
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, ST	TATE, ZIP CODE			
BROOKI	DALE SMITHFIELD						
	SUMMARY STA	SMITHFIE TEMENT OF DEFICIENCIES	LD, NC 2757	PROVIDER'S PLAN OF C		(XE)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
C 166	Continued From pa	ge 5	C 166				
	orderly manner, free hazards;	es shall: n an uncluttered, clean and e of all obstructions and apply to new and existing					
	This Rule is not met as evidenced by: 1. Observations revealed that the facility was not free of all obstructions and hazards. Rooms that cannot be accessed with a key pose a hazard if a resident were able to enter the room and staff were not able to open the door.						
	enclosed porch was keys were able to o b. Movie Theater R	Room - the door to the s locked and none of the staff pen the door. Room - at the time of survey, d and staff did not have a key		7			
	maintained free from were improperly sto any means of restra	vation the facility was not m hazards. Oxygen bottles ored. Oxygen bottles without aint to prevent them from cked over may present a pants of the facility.					
	Findings on Novem a. Room 104 - ther bottles on the floor	e are four unsecured oxygen		P			
	free of all obstruction hasp locks on the e	vealed that the facility was not ons and hazards. Sliding or xterior face of occupiable k of locking a person in the					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL051024	B. WING		11/20/2024	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S	STATE, ZIP CODE	1 10	
BROOKE	OALE SMITHFIELD		KSHIRE ROA			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
C 166	Continued From pa	ge 6	C 166			
	Findings on Novem a. Kitchen - there is exterior face of the	s a sliding bolt lock on the				
	maintained free fro required clearance breaker panels is n	vation the facility is not m hazards. If the code of 36" in front of electrical ot maintained it could delay the breakers in an emergency				
	dam materials and stored in front of the b. 300 Entrance Ha	ere is a cart, boxes of door a couple of five gallon buckets		₽		
	maintain the facility egress or exit paths blocked or have the encroached upon.	vation there is a failure to free from hazards. Means of s must not be obstructed, eir required six foot clear width This could could delay or of the occupants from the of an emergency.				
		all - there are large boxes dor narrowing the exit path		F		
C 185	Fire Safety-Rehear	sals on Each Shift	C 185			
	quarterly on each s					

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUP AND PLAN OF CORRECTION IDENTIFICATION		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
			A. DOILDING.				
		HAL051024	B. WING		11/2	20/2024	
IAME OF I	PROVIDER OR SUPPLIER			TATE, ZIP CODE			
ROOKI	DALE SMITHFIELD		(SHIRE ROA ELD, NC 275				
(X4) ID			ID	PROVIDER'S PLAN OF CO		(X5)	
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLET DATE	
C 185	Continued From pa	ge 7	C 185				
	and copies furnishe social services ann include the date and shift, staff members description of what (f) This Rule shall a facilities. This Rule is not me 1. Review of record rehearsals were no shift per each quart Findings on Novem a. There was not a	earsals shall be maintained ad to the county department of ually. The records shall d time of the rehearsals, the s present, and a short the rehearsal involved. apply to new and existing et as evidenced by: ds revealed that the fire t being conducted on each er.					
	2024.b. There was not a conducted on the fi of 2024.c. There was only a	record of a fire rehearsal rst shift of the second quarter a record of one fire rehearsal ird quarter of 2024 and it was					
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and	C 189				

STATE FORM

Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	
		HAL051024	B. WING		11/2	0/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKDALE SMITHEIELD		SHIRE ROA				
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRON DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 8	C 189			
	 failure to maintain ti alarm system device operating condition facility could be affe alert the occupants Findings on Novem a. The Fire Alarm (mode. The trouble smoke detector. 2. Based on observe maintain the buildin a safe operating co device used to keep impediment to quict occupants in the fac cannot be closed as spread of smoke ar Findings on Novem a. Activity Office - ti a basket of hand we b. Kitchen Pantry - a food can. c. Small Dining - thi in front of the double entrance to the root that it prevents the 3. Based on observe maintain the buildin safe condition. Hole through fire resistant 	ation and testing there is he facility's emergency fire es and equipment in a safe . All the occupants of the ected if the equipment failed to in case of a fire. ber 20, 2024: Control Panel was in trouble indicated that there was a bad vation there is a failure to g's fire safety components in ndition. Any unapproved of a door open is an kly closing the door. The cility could be affected if doors is required so as to limit the nd/or fire to the area of origin. ber 20, 2024: he door is propped open with eights. the door is propped open with ere is a medicine cart parked e doors, partially blocking the m and the cart is positioned so				
Division of L	ealth Service Regulation					1

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
	HAL051024	B. WING		11/20/2024	
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
OALE SMITHFIELD					
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
Continued From pa	ge 9	C 189			
 a. There is a patter penetrations at the b. Riser Room - the bundles penetrating data equipment. c. SCU Hopper Ro not secure and han gap in the fire resist d. Room 412 - the from the sprinkler h large hole in the fire 4. Observations recepting condition. Findings on Novem a. Room 206 - the loose and did not w 	n of unsealed cable WiFi box installations. ere are two unsealed cable g the ceiling patch over the om - the exhaust fan grille is gs down on one side leaving a tant rated ceiling. escutcheon ring is missing ead in the first closet leaving a e resistant rated ceiling. vealed that the electrical maintained in a safe and ber 20, 2024: bathroom light switch was				
5. Based on observinstall and maintain configuration. Failur plumbing piping wit affect all occupants water supply becam	plumbing piping in a safe re to maintain or install h a minimum 2" air gap could of the facility if the domestic ne contaminated.				
a. Kitchen - the ice	maker drain was sitting at the		Ţ		
maintain the buildin safe condition. Use resistant rated could	g's fire safety systems in a of materials that are not fire d allow fire and smoke to				
	(EACH DEFICIENCY REGULATORY OR IS Continued From pa Findings on Novem a. There is a patter penetrations at the b. Riser Room - the bundles penetrating data equipment. c. SCU Hopper Ro not secure and han gap in the fire resist d. Room 412 - the from the sprinkler h large hole in the fire 4. Observations re- equipment was not operating condition. Findings on Novem a. Room 206 - the loose and did not w light and fan. 5. Based on observ- install and maintain configuration. Failur plumbing piping wit affect all occupants water supply becam Findings on Novem a. Kitchen - the ice level of of the floor of 6. Based on observ- maintain the buildin safe condition. Use resistant rated could	HAL051024 STREET AL STREET AL STREET OF SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 Findings on November 20, 2024: a. There is a pattern of unsealed cable penetrations at the WiFi box installations. b. Riser Room - there are two unsealed cable bundles penetrating the ceiling patch over the data equipment. c. SCU Hopper Room - the exhaust fan grille is not secure and hangs down on one side leaving a gap in the fire resistant rated ceiling. d. Room 412 - the escutcheon ring is missing from the sprinkler head in the first closet leaving a large hole in the fire resistant rated ceiling. 4. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on November 20, 2024: a. Room 206 - the bathroom light switch was loose and did not work every time to turn on the	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL051024 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 9 C 189 Findings on November 20, 2024: a. There is a pattern of unsealed cable penetrations at the WiFi box installations. C 189 b. Riser Room - there are two unsealed cable bundles penetrating the ceiling patch over the data equipment. C SCU Hopper Room - the exhaust fan grille is not secure and hangs down on one side leaving a gap in the fire resistant rated ceiling. A. BUILDING: 4. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Similar Nowember 20, 2024: a. Room 206 - the bathroom light switch was loose and did not work every time to turn on the light and fan. S. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping with a minimum 2" air gap could affect all occupants of the facility if the domestic water supply became contaminated. Findings on November 20, 2024: Stitchen - the icemaker drain was sitting at the level of of the floor drain. 6. Based on observation there is a failure to maintain the building's fire safety systems in a safe configuration. Use of materials that are not fire resistant rated could allow fire and smoke to	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 HAL051024 B. WING PROVIDER OR SUPPLIER STEET ADDRESS, CITY, STATE, ZIP CODE SALE SMITHFIELD 830 BERKSHIRE ROAD SMITHFIELD, NC 27577 SUMMARY STATEMENT OF DEFICIENCIES ID REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF OF (EACH DEFICIENCY WAS TO E PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG PROVIDER'S PLAN OF OF (EACH DEFICIENCY WAS TO COntinued From page 9 C Ontinued From page 9 C 189 Findings on November 20, 2024: a. There is a pattern of unsealed cable bundles penetrating the ceiling patch over the data equipment. c. SCU Hopper Room - the exhaust fan grille is not secure and hangs down on one side leaving a gap in the fire resistant rated ceiling. Image: Comparison of the exhaust fan grille is not secure and hangs down on one side leaving a large hole in the fire resistant rated ceiling. Image: Comparison of the exhaust fan grille is not secure and hangs down one not side leaving a large hole in the fire resistant rated ceiling. Image: Comparison of the exhaust fan grille is not secure and hangs down one not side leaving a large hole in the fire resistant rated ceiling. Image: Comparison of the fire resistant rated ceiling. 4. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Image: Comparison of the facility if the domestic water supply became contaminated. 5. Based on observation there is a failure to maintain the building's fire safety syst	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: 01 COM HAL051024 B. WING 11// PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL BB DERKSHIRE ROAD MELDING: 01 D PREFIX REGULATORY ON LSC DENTIFYING INFORMATION) ID PREFIX Continued From page 9 C 189 Findings on November 20, 2024: C 189 a. There is a pattern of unsealed cable bundles penetrating the ceiling patch over the data equipment. C 189 C. SCU Hopper Room - the exhaust fan grille is not secure and hangs down on one side leaving a gap in the fire resistant rated ceiling. Image: Court of the approximation of the first close tleaving a large hole in the fire resistant rated ceiling. 4. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Image: Court of the approximation of the first close tleaving a large hole in the fire resistant rated ceiling. 5. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping with a minimum 2° air gap could affect all occupants of the facility if the domestic water supply became contaminated. Findings on November 20, 2024: C. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or finstall plumbing

Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	
		HAL051024	B. WING		11/2	0/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
BROOK	OALE SMITHFIELD		SHIRE ROA LD, NC 275			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 10	C 189			
	in the back corner h	a cable penetrating the ceiling has been sealed with a yellow hold does not meet the fire he ceiling.				
	equipment was not operating condition sinks allows for the	vealed that the plumbing maintained in a safe and . Water not accessible at spread of germs if the vash their hands after using				
		he water to the sink has been to turn the water on at the sink		F		
	maintain electrical e equipment in safe c affect occupants of	vation the facility did not emergency/safety lighting operating condition. This could the facility if egress paths and inated during a power outage.				
	not illuminate on tes b. SCU Exit corrido	Room emergency light did		F		
	maintain electrical e equipment in safe c of the facility could	vation the facility did not emergency/safety lighting operating condition. Occupants be affected if the signs s could not be seen in the ency evacuation.				
	did not illuminate or	gn over the doors to Laundry		F		
Division of H	ealth Service Regulation					

Division	of Health Service Re	gulation				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE S COMPL	
		HAL051024	B. WING		11/2	0/2024
NAME OF F	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKE	ALE SMITHFIELD		SHIRE ROA			
(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 11	C 189			
	maintain the facility safe operating cond compartment could doors do not compl limit the spread of so origin. Findings on Novem a. SCU Spa - the h Hopper Room side drop and it hits the b. Room 407 - the requiring excessive 11. Based on obse maintain the facility safe operating cond smoke compartmer not completely close spread of smoke or	inge on the door on the is loose causing the door to frame when closing. door rubs on the frame force to close and latch. rvation there is a failure to 's fire safety equipment in a dition. The occupants in the nt could be affected if doors do e and latch to help limit the fire to the area of origin.				
		corridor doors by Laundry did ased by the fire alarm.		P		
C 193	Ovens, Ranges in A	Activity or Res. Rooms	C 193			
	resident activity or r used except under degree of staff supe facility's assessmen resident. The opera					

Division of Health Service Reg STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , ,			X3) DATE SURVEY COMPLETED	
			A. BUILDING: 01				
		HAL051024	B. WING		11/2	20/2024	
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE			
BROOKI	DALE SMITHFIELD		KSHIRE ROAI ELD, NC 2757				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL 'ORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLET DATE	
C 193	Continued From page 12		C 193				
	resident rooms sha provided, controlled equipment by reside by the facility to be equipment in a safe (k) This Rule shall facilities with the ex which shall not app This Rule is not me 1. Observations re and cook tops in ac off when not under could affect residen	apply to new and existing ception of Paragraph (e) ly to existing facilities.					
	three residents wer there were no staff was tested and the the stove. A cut-off	ber 20, 2024: Room - at the time of survey, e observed in the room and present. The oven equipment surveyor was able to turn on switch was not found and tem by turning the breaker off.		P			
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;		C 199					

STATE FORM

NVOR21

If continuation sheet 13 of 14

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL051024	B. WING		11/2	20/2024
AME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, KSHIRE ROA	STATE, ZIP CODE		
BROOKI	DALE SMITHFIELD		ELD, NC 275			
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLET DATE
C 199	Continued From page 13		C 199			
	facilities with the ex which shall not app This Rule is not me 1. Observations re- maintain exhaust ve Lack of ventilation a that can cause mild prevents the dissipa Findings on Novem a. Kitchen Houseke working. b. There is a patter support areas not w	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 entilation in specified spaces. allows for the build up humidity lew and slick areas and ation of odors. ber 20, 2024: eeping - the exhaust fan is not m of fans in the central				