

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER BROOKDALE SMITHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BERKSHIRE ROAD SMITHFIELD, NC 27577		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on November 20, 2024. Records indicate this facility was first licensed on November 20, 1997. The facility is currently licensed for 74 Beds including a 24 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1007 Rev) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies were cited which requires a Plan of Protection.	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;	C 101		




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 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER BROOKDALE SMITHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BERKSHIRE ROAD SMITHFIELD, NC 27577		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 101	Continued From page 1 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 shall have a sign provided on the door located above and within 12 inches of the release device reading: PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS. Findings on November 20, 2024: a. The front entry door is not equipped with signage indicating that the door is delayed egress. b. SCU - none of the exit doors are equipped with the delayed egress signage.	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 facility did not have current fire and building safety inspection reports maintained in the home and available for review. Findings on November 20, 2024: a. There was not a copy of the current Fire Alarm System inspection report available for review.	C 111	  	









Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER BROOKDALE SMITHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BERKSHIRE ROAD SMITHFIELD, NC 27577		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 133	<p>Bathrooms-Hand Grips</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that hand grips were not installed at all commodes used by or accessible to residents.</p> <p>Findings on November 20, 2024: a. 300 Hall Spa - there is not a grab bar at the commode.</p>	C 133		
C 160	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the outside grounds were not maintained in a clean and safe condition. Loose or missing siding allows for the elements to enter the exterior walls of the facility.</p> <p>Findings on November 20, 2024: a. Three sections of the exterior siding and trim are not secure outside the front of the 300 Hall.</p>	C 160		

Division of Health Service Regulation




STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER BROOKDALE SMITHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BERKSHIRE ROAD SMITHFIELD, NC 27577		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 160	Continued From page 3 b. Exit at the Kitchen - there is a small triangular piece of the exterior soffit missing outside of the door. Holes in the soffit will allow pests to enter the facility.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND 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 unpleasant 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 November 20, 2024: a. 100 Hall Laundry - a prior roof leak has damaged a 12 foot square area of the ceiling in the back right corner. The finish is flaking off. The area is stained and there is a 2' diameter area with black microbial growth. b. 100 Hall Laundry - there is gray debris covering the floor of the storage room off of the Laundry. c. 100 Hall Laundry - the small storage room door frame is detaching from the wall. d. Room 106 - the rubber transition strip was taped down creating a trip hazard. The transition strip was removed exposing a frayed carpet edge. e. 100 Hall Activity Room - a 3" parallelogram	C 164	  	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER BROOKDALE SMITHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BERKSHIRE ROAD SMITHFIELD, NC 27577		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 164	Continued From page 4 shaped section of sheetrock has chipped off over the microwave. f. Room 201 - there are brown stains on the carpet from the door to the back wall. g. Room 304 - there was a strong odor of cigarettes upon entering the room. Cigarette ashes were found on the nightstand and on the windowsill. There was fecal matter on the toilet seat and running down the front of the toilet ending in a brown pile at the base of the toilet. The bathroom had soiled tissues around the toilet. There was a pair of dirty underwear and clothing items on the floor of the bathroom. h. 300 Hall Laundry - there is lint covering the exhaust fan and the ceiling in the closet. There is an excessive amount of lint on the wall behind the dryer and there were several cloths that had fallen behind the dryer. i. SCU Spa - the corner trim of the base tile at the shower has broken off. j. SCU Exit corridor by Room 412 - there are dried leaves and debris coming in under the exterior door and the floor in the vestibule is littered with dead bugs, dried leaves and debris. 2. Observations revealed that the furnishings are not kept clean and in good repair. Findings on November 20, 2024: a. 100 Hall Laundry - the wall cabinet under the stain is detaching from the back and falling off of the wall. The wall cabinets on the left wall are detaching from the back wall of the cabinet.	C 164	       	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 166		

Division of Health Service Regulation
STATE FORM

Division of Health Service Regulation







STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER BROOKDALE SMITHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BERKSHIRE ROAD SMITHFIELD, NC 27577		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 166	Continued From page 6 Findings on November 20, 2024: a. Kitchen - there is a sliding bolt lock on the exterior face of the cooler door. 4. 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 November 20, 2024: a. Riser Room - there is a cart, boxes of door dam materials and a couple of five gallon buckets stored in front of the electrical panels. b. 300 Entrance Hall - there is a large rolling cart blocking access to the electrical panels. 5. Based on observation there is a failure to maintain the facility free from hazards. Means of egress or exit paths must not be obstructed, blocked or have their required six foot clear width encroached upon. This could delay or hinder evacuation of the occupants from the facility in the event of an emergency. Findings on November 20, 2024: a. 300 Entrance Hall - there are large boxes stacked in the corridor narrowing the exit path down to approximately 24".	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	C 185		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER BROOKDALE SMITHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BERKSHIRE ROAD SMITHFIELD, NC 27577		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 185	Continued From page 7 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 rehearsals were not being conducted on each shift per each quarter. Findings on November 20, 2024: a. There was not a record of a fire rehearsal conducted on the third shift of the first quarter of 2024. b. There was not a record of a fire rehearsal conducted on the first shift of the second quarter of 2024. c. There was only a record of one fire rehearsal conducted in the third quarter of 2024 and it was on the first shift.	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.	C 189		




Division of Health Service Regulation
STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER BROOKDALE SMITHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BERKSHIRE ROAD SMITHFIELD, NC 27577		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 9</p> <p>Findings on November 20, 2024:</p> <p>a. There is a pattern of unsealed cable penetrations at the WiFi box installations.</p> <p>b. Riser Room - there are two unsealed cable bundles penetrating the ceiling patch over the data equipment.</p> <p>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.</p> <p>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.</p> <p>4. Observations revealed that the electrical equipment was not maintained in a safe and operating condition.</p> <p>Findings on November 20, 2024:</p> <p>a. Room 206 - the bathroom light switch was loose and did not work every time to turn on the light and fan.</p> <p>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.</p> <p>Findings on November 20, 2024:</p> <p>a. Kitchen - the icemaker drain was sitting at the level of of the floor drain.</p> <p>6. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Use of materials that are not fire resistant rated could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on November 20, 2024:</p>	C 189	     	

Division of Health Service Regulation
STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER BROOKDALE SMITHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BERKSHIRE ROAD SMITHFIELD, NC 27577		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 11 10. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on November 20, 2024: a. SCU Spa - the hinge on the door on the Hopper Room side is loose causing the door to drop and it hits the frame when closing. b. Room 407 - the door rubs on the frame requiring excessive force to close and latch. 11. 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 affected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on November 20, 2024: a. SCU - the cross corridor doors by Laundry did not close when released by the fire alarm.	C 189	  	
C 193	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff.	C 193		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER BROOKDALE SMITHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BERKSHIRE ROAD SMITHFIELD, NC 27577		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 193	Continued From page 12 (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (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 all ovens, ranges and cook tops in activity rooms were not turned off when not under facility staff supervision. This could affect residents if they were burned or injured while trying to operate the cooking equipment. Findings on November 20, 2024: a. 100 Hall Activity Room - at the time of survey, three residents were observed in the room and there were no staff present. The oven equipment was tested and the surveyor was able to turn on the stove. A cut-off switch was not found and staff corrected the item by turning the breaker off.	C 193		
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		

Division of Health Service Regulation
STATE FORM