Brookdale Chapel Hill MC HA Biennial Survey

The following is a summary of the Plan of Correction for Brookdale Chapel Hill MC. This Plan of Correction is in regards to the Corrective Action Report dated May 14, 2015. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

2230 Farmington Drive, Chapel Hill NC Durham County

FID #970542 **Hal032019**

C 101 Existing Licensed Facility

1. Will install proper signage by July 23rd 2015
2. Will install sprinkler protection as needed according to code by July 23rd 2015

C 133 Bathroom Handrails

1. Will repair or replace handgrips and grab bars by July 23rd, 2015

C 150 Corridors Free From Obstruction

1. Will remove obstruction in corridor and re train staff by July 23rd, 2015

C 164 Housekeeping and Furnishings Clean and Repaired

1. Will ensure that floors are clean and well maintained by July 23rd, 2015

C 166 Housekeeping Maintained Free of Hazards

1. Will ensure that grilles are cleaned by July 23rd, 2015
2. Will make needed repairs to electrical wiring and configuration by July 23rd, 2015

C 183 Fire Extinguishers

1. Will ensure that fire extinguishers are properly inspected and documented by July 23rd, 2015

C 185 Fire Rehearsals

1. Will ensure that fire drills are performed at one per shift per quarter by July 23rd, 2015
2. Will ensure that fire drills are recorded in a detailed manner by July 23rd, 2015

C 188 Electrical Outlets in Wet Locations

1. Will repair or replace GFCI as needed by July 23rd, 2015

(C 189) Building Equipment Maintained Safe, Operating

1. Fire sprinkler system has been repaired and is currently operational. Documentation of repair, clearance by Fire Marshal, and documentation of fire watch have all been submitted to Ed Miller at DHSR via email.
2. Will perform needed repairs on doors by July 23rd, 2015
3. Will seal penetrations by July 23rd, 2015
4. Will ensure that range hood suppression systems are being inspected and documented by in house personell on a monthly basis by July 23rd, 2015
5. Will repair or replace exit sign as needed by July 23rd, 2015
6. Will seal penetrations by July 23rd, 2015
7. Will repair or replace sprinkler head by July 23rd, 2015
8. Will remove obstructions and re train staff by July 23rd, 2015
9. Will remove obstructions and re train staff by July 23rd, 2015
10. Will repair doors as needed by July 23rd, 2015

C 191 Unvented Portable Electric Heaters

1. Will remove portable electric heater from ED office by May 27th, 2015

C 199 Exhaust Ventilation

1. Will repair or replace exhaust fan as needed by July 23rd, 2015
2. Will install ventilation or reconfigure room as needed by July 23rd, 2015

To assist with compliance, the Executive Director will complete a weekly walk thru the community with the maintenance tech for 3 Months

Crystal Hollidee
AED
05/28/15

5/22/15 KD

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032019	A. BUILDING: 01 B. WING _____	04/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller on April 22, 2015. This facility was first licensed or submitted as a Home for the Aged serving 38 residents in a Special Care Unit on May 20, 1997. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code(s) (1997 Revision) section 409.1, Institutional Occupancy. Physical plant deficiencies were noted which require a plan of correction.	C 000	See attachment	
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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: 1. Based on observation, the building failed to	C 101		

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C 101	Continued From page 1 meet NC State Building Code at the time of initial Licensing by not having properly working delayed egress. This could affect all residents, staff and visitors by potentially delaying exiting in an emergency for more than an acceptable time. Findings on April 22, 2015: a. The delayed egress door(s) do not have the required signage saying, "PUSH UNTIL ALARM SOUND, DOOR CAN BE OPENED IN 15 SECONDS" at the following locations to include but not limited to: i. Front Door. 2. Based on observation, the facility failed to meet NC State Building Code at the time of initial Licensing by not providing a fully sprinkled building. This deficiency affects all residents, staff and visitors by not providing the protection fire sprinklers provide. Findings on April 22, 2015: a. The Furnace Room on D-Wing was not protected by the automatic fire sprinkler system.	C 101	See attachment	
C 133	Bathrooms-Hand Grips 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; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips. This deficiency affects all residents who use these unstable	C 133		

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C 133	Continued From page 2 fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on April 22, 2015: a. There were loose hand grips (grab bar) at the commodes, tubs and showers in the following locations to include but not limited to: i. A-Wing Shower Room commode	C 133	See attachment	
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path from the residents' rooms to the outside. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on April 22, 2015: a. A unattended medication cart was stationed in the C-Wing Corridor near Med room and Dining decreasing its width to 48 inches.	C 150		
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;	C 164		

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C 164	Continued From page 3 (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. Based on Observation, the facility failed to maintain the walls and ceiling in a clean and well maintained manner. This could affect all residents, staff and visitors if the facility is unclean and dirty by spreading germs and producing odors. Findings on April 22, 2015: a. The floor was sticky at the following locations to include but not limited to: i. Bathroom to Bedroom B3,	C 164	See attachment	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 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. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation, grilles and their associated dampers. This could affect all residents, staff and visitors if in the event of a fire the dampers do not close completely to contain the fire within the room of origin. Findings on April 22, 2015: a. The return HVAC and ventilation grilles, and their radiation dampers have an excessive	C 166		

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C 166	Continued From page 4 accumulation of dust/lint thought the Facility. 2. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This rule is not being met because facility equipment is not being maintained in a safe operating manner. This would affect all residents, staff and visitors, if equipment in disrepair created a fire. Findings on April 22, 2015: a. A refrigerator with a faded electrical cord was plug into an electrical power outlet in the Program Coordinators Office. b. An electrical power outlet in the floor was missing it cover plate in the Family Room between C and D wings.	C 166	See attachment	
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on April 22, 2015: a. Through-out the building, including the "K" extinguisher in the kitchen, there was no documentation of the portable fire extinguisher's monthly inspections on the annual maintenance	C 183		

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C 183	Continued From page 5 tags for the five months between October and February inclusive.	C 183		
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. Based on Record review, and interview with Maintenance Tech the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not having trained staff and cooperative residents when there is a need to evacuate the building. Findings on April 22, 2015: 1. There was no documentation of third shift's rehearsal for the first quarter, and second shift ' s rehearsal for the fourth quarter for the last twelve months. 2. The fire plan rehearsal records provided only a limited description of what the rehearsal involved.	C 185	See attachment	

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C 188	Continued From page 6	C 188	See attachment	
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to maintain in a safe manner, the electrical power receptacles in wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on April 22, 2015: a. The ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester at the following locations to include but not limited to: i. Courtyard between B and B Wings.	C 188		
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: 1. Based on observation, interview with	C 189		

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C 169	Continued From page 7 Maintenance Tech and review of documents, the Building was not maintained in a safe and operating condition, because maintenance had not been perform in a timely manner leaving the facility without proper fire sprinkler protection. This would affect all residents, staff and visitors, by not providing the protection fire sprinklers provide. Findings on April 22, 2015: a. Examination of the fire sprinkler riser revealed the accelerator had been by-passed by Sprinkler personal on 3- 27-2015. The Fire Marshal of city of Durham was contacted with this information and a Fire Watch was implemented stating at 12:30 PM on 4-22-2015. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke to the fire compartment of origin. Findings on April 22, 2015: a. One of the leafs, of the cross-corridor double-egress pair of doors on the D-Wing corridor, had an astragal that hits the door frame and did not completely close, producing gaps that exceed acceptable clearances when the fire alarm system released the doors b. The back leaf, of the cross-corridor double-egress pair of doors near Bedroom A5, was warped and did not fit into the doorframe, producing gaps that exceed acceptable clearances when the fire alarm system released the doors. c. The left leaf, of the cross-corridor double-egress pair of doors on the D-Wing corridor, was warped and did not fit into the doorframe, producing gaps that exceed	C 169	See attachment	

5/20/15 RHD

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C 189	Continued From page 8 acceptable clearances when the fire alarm system released the doors. 3. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on April 22, 2015: a. The HVAC grille penetrating the fire-resistant-rated ceiling assembly did not have radiation damper at the following locations to include but not limited to: i. Maintenance Shop, b. The HVAC grille penetrating the fire-resistant-rated ceiling assembly and them the finished ACT ceiling may not have a radiation damper because there was no access door for inspection/maintenance at the following locations to include but not limited to: i. Center return in Kitchen., c. There were gaps around sprinkler pipe that penetrated through the fire-resistance- rated ceiling assembly at the following locations to include but not limited to: i. Furnace Room on A-Wing, d. The Maintenance Shop had an open ended ¾ inch EMT and a 1 ½ inch metal sleeve penetrating through the fire-resistance-rated ceiling assembly that had no firestopping sealant inside them. e. A conduit stopped short of the fire-resistance-rated ceiling assembly, exposing the cables and holes through the ceiling assembly at the following location to include but not limited to: i. Administer Assistant Office,	C 189	See attachment	

5/20/15 (DL)

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C 189	Continued From page 9 4. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on April 22, 2015: a. Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in November 2014, there has been no record keeping of the monthly inspections. 5 Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign, did not work or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on April 22, 2015: a. The exit sign did not work on normal power at the following locations to include but not limited to: i. Rear Kitchen door. 6. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a timely manner and cannot contained fire in the Room of origin. Findings on April 22, 2015: a. The fire sprinkler escutcheon plate did not cover the complete hole through the ceiling at the	C 189	See attachment	

5/20/15 (KD)

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C 189	Continued From page 10 following locations to include but not limited to: i. Laundry D-Wing. b. The fire sprinkler escutcheon plate was missing at the following locations to include but not limited to: i. Closet to Toilet Room near Program Coordinator Office 7. Based on observations, the Building was not maintained in a safe and operating condition, because some fire sprinkler heads have obstructed. This could affect all residents, staff and visitors if fire is not contained in Room or compartment of origin. Findings on April 22, 2015: a. In the Bedroom A8 both fire sprinkler head near the window were (loaded) covered with lint. 8. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safely. This would affect all staff, by allowing unsafe conditions to persist. Findings on April 22, 2015: a. Many items are being stored directly in front of the electric panels/switch gear and transfer switch, encroaching upon the required clear working space at the following locations to include but not limited to: i. Program Coordinators Office ii. Sprinkler Riser Room b. The electrical panel had open slot were breaker was removed or a blank fell out at the following locations to include but not limited to: i. Panel A in the Health and Wellness Director Office. 9. Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by	C 189	See attachment	

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C 189	Continued From page 11 devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on April 22, 2015: a. Corridor door to the Family Room (Between A & B Wing) was wedged open, near sink, b. Kitchen Pantry Room door was tied open. 10. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components are failing to function as original intended or are missing. This could affect all residents, staff and visitors if a component does not work or is not Findings on April 22, 2015: a. There were no door handles to the doors at the following locations to include but not limited to: i. A-Wing Shower Room Dirty Linen Closet.	C 189	See attachment	
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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:	C 191		

5/20/15 CKW

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032019	A. BUILDING: 01 B. WING _____	04/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CHAPEL HILL	2230 FARMINGTON DRIVE CHAPEL HILL, NC 27514

(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 191	Continued From page 12 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This could affect all residents, staff and visitors if heater were the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on April 22, 2015: a. A portable electric heater was found in the Executive Director Office.	C 191		
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; (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. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on April 22, 2015: a. The exhaust ventilation did not remove the	C 199	See attachment	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032018	A. BUILDING: 01 B. WING	04/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CHAPEL HILL	2230 FARMINGTON DRIVE CHAPEL HILL, NC 27514

(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 199	Continued From page 13 required CFM ' s of ventilation from the following locations to include but not limited to: i. Toilet Room near Program Coordinator Office. ii. The A-Wing Laundry Closet iii. Housekeeping Closet in Laundry B-Wing. iv. Housekeeping Closet in the Kitchen Pantry. 2. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not having ventilation in areas where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on April 22, 2015: a. There was no ventilation to the following locations to include but not limited to: i. A-Wing Shower Room Dirty Linen Closet. Provider move hamper to a soiled Linen closet with ventilation while Survey was on site.	C 199	See attachment	