

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE WAKE FOREST		STREET ADDRESS, CITY, STATE, ZIP CODE 611 SOUTH BROOKS STREET WAKE FOREST, NC 27587		
(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 Biennial Survey by Billy S. Bryant and Frank Strickland conducted on 09/29/2016. Records indicate this facility was first licensed on (date). The facility is currently licensed for 70 Beds with a 22 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 (1997 Revision) 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.	C 000		
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. The facility failed to have maintained on site and available for review a current within the calendar year) required inspection report. Finding on 09/29/2016: a. A current fire sprinkler inspection report was not available for review by the surveyor.	C 111		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 164		

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: HAL092032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE WAKE FOREST		STREET ADDRESS, CITY, STATE, ZIP CODE 611 SOUTH BROOKS STREET WAKE FOREST, NC 27587		
(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 1 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. Based on observation the facility failed to keep the ceilings clean. Findings on 09/29/2016: a There is a pattern of return air and exhaust fan grilles clogged with dust. b. There was evidence of mold growth at the return air grille.	C 164		
C 165	Housekeeping and Furnishings-Sanitation Grade SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or more; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:	C 165		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE WAKE FOREST		STREET ADDRESS, CITY, STATE, ZIP CODE 611 SOUTH BROOKS STREET WAKE FOREST, NC 27587		
(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 2	C 166		
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. This Rule is not met as evidenced by: 1. Based on observation the facility is not maintained free from hazards. The building code designated required clearance for electrical equipment must not be encroached upon. Obstructing access to electrical equipment could delay timely operation in an emergency situation. Finding on 09/29/2016: a. Health and Wellness Director Office - Access to the electrical panels is obstructed by items stored in front of the panels. b. Fire sprinkler Room - Access to the electrical panels is obstructed by items stored in front of the panels. 2. Based on observation the facility is not maintained free from hazards. Electrical circuit breaker panels shall have the circuit breakers labeled./identified. Not identifying circuit breakers as to which electrical devices they control could delay timely operation of the breakers in an emergency situation. Finding on 09/29/2016: a. Health and Wellness Director Office - Panel "AA" did not have a circuit breaker schedule	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE WAKE FOREST		STREET ADDRESS, CITY, STATE, ZIP CODE 611 SOUTH BROOKS STREET WAKE FOREST, NC 27587		
(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 3 identifying to which electrical devices the breakers were connected.	C 166		
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 there is a failure to maintain the facility's fire safety systems in a safe manner. Gaps at penetrations or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin. Findings on 09/29/2016: a. Room #209 and Both Exterior Patio Areas - There are gaps between the fire resistant rated ceiling and the fire sprinkler head escutcheon. b. Fire Sprinkler Room - There are gaps around the piping where they penetrate the fire resistant rated ceiling. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Common areas and room doors are required to close completely and latch in the event of a fire. The occupants in the	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE WAKE FOREST		STREET ADDRESS, CITY, STATE, ZIP CODE 611 SOUTH BROOKS STREET WAKE FOREST, NC 27587		
(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 4 facility could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Finding on 09/29/2016: a. The dining room doors are contacting the frame strike plate preventing the door from latching when closed. 3. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device that is used to keep a door open is an impediment to rapidly closing a door to aid in containing smoke or fire. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke or fire to the area of origin. Findings on 09/19/2016: a. Resident Coordinator Office - The door is held open with a kick down hold open device. b. Kitchen - The door to the dining room is held open with a kick down hold open device. 4. Based on observation the facility was not maintained in a safe manner by a failure to maintain electrical emergency/safety related equipment in operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Finding on 09/29/2016: a. Dining Room Entrance - The wall mounted emergency light did not work when tested on battery power. 5. Based on observation and testing there is failure to maintain the facility's emergency fire	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE WAKE FOREST		STREET ADDRESS, CITY, STATE, ZIP CODE 611 SOUTH BROOKS STREET WAKE FOREST, NC 27587		
(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 5 alarm system devices and equipment in a safe operating condition. Failure to maintain fire alarm system devices and equipment in a safe and operable condition could effect all occupants of the facility if the equipment did not function when and as required. Finding on 09/29/2016: a. Activity Room - The room's ceiling mounted smoke detector is detached from the ceiling.	C 189		
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 provide the required exhaust ventilation equipment in a space required to be mechanically exhausted. Finding on 09/29/2016: a. 300 Hall Storage Room - There is no exhaust fan in the room and chemicals are stored in the	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/29/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE WAKE FOREST			STREET ADDRESS, CITY, STATE, ZIP CODE 611 SOUTH BROOKS STREET WAKE FOREST, NC 27587		
(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 6 rom.	C 199			