

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL014010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 11/15/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE LENOIR		STREET ADDRESS, CITY, STATE, ZIP CODE 1145 POWELL ROAD NE LENOIR, NC 28645			
(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 Biennial Construction Survey by Dennis Harrell on 11-15-2016. Records indicate this facility was first licensed on 6-25-1997, for 82 beds. Based on this information, we are requiring the facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code, Section 409.1, Institutional Occupancy Group I.	C 000			
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 was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include; Items had been stacked all the way to the ceiling in the clean linen room. 2. Based on observation, the facility failed to be maintained free of hazards because of an exit	C 166 12-16-16	C 166 Our Community will be maintained with proper storage and uncluttered so that we are free of all obstructions and hazards. Exit signs will be reviewed to assure proper directions are given in case of emergency evacuations. Our Director of Maintenance will monitor storage and supply areas for 4 weeks and then routinely each month for compliance. A review with team members will be conducted at our next Safety Meeting to assist with monitoring of safe practices.		12/30/16

Division of Health Service Regulation

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

TITLE

(X6) DATE

Mark Mitchell ED

12/15/16

STATE FORM

6800

T2C721

If continuation sheet 1 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL014010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/15/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE LENOIR		STREET ADDRESS, CITY, STATE, ZIP CODE 1145 POWELL ROAD NE LENOIR, NC 28645		
(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 186	Continued From page 1 sign not indicating the proper direction of travel to an exit. Exit signs that lead in the wrong direction could delay an evacuation in an emergency. Finding includes: a. The required exit near bedroom 27 indicated an incorrect direction of travel to the exits.	C 186	Installed new light 12/19/16	
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: Based on a review of documents, the records available onsite included no description of what the rehearsal involved.	C 185	C 185 A short description will be added to each of our Fire Rehearsals indicating the results of said Rehearsal. This will be reviewed with the team after each Rehearsal by the Director of Maintenance. The Director of Maintenance will document the Rehearsal and a copy given to the Executive Director for review. Documentation will be made in accordance with the required Rehearsals.	12/30/16
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.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL014010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/15/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE LENOIR		STREET ADDRESS, CITY, STATE, ZIP CODE 1145 POWELL ROAD NE LENOIR, NC 28645		
(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 2 (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: - Based on observation, many corridor doors are prevented from closing quickly and latching or do not fit properly to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include: - There was a gap of ¼ to ½ inch between the smoke barrier doors near the Business office. - One of the smoke barrier doors near the Business office would not latch when closed. - There was a hole through the door to the med room beside the latchset. - The door to the Business office was wedged open. - The door to bedroom 19 was propped open. - The following doors did not fit the opening properly to resist the passage of smoke: - Dining room, - Soiled linen, - Mechanical room beside bedroom 40, - Bedroom 22, - Bedroom 43. - Based on observation the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction and inoperable or missing ceiling radiation dampers present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:	C 189 12/30/16 C 189 Our Buildings Fire and Safety equipment and barriers will be maintained in a safe and operating condition. All doors and closers will be reviewed by our Director of Maintenance to assure they are in safe and proper working condition. Doors will be unobstructed from closing properly and maintained to assure proper smoke barriers. The Director of Maintenance and Executive Director will monitor on daily rounds to assure compliance. 12/20-16 12/16-16 12/19-16 12/15/16 12/14/16 12/19/16 12/14/16 Adj. latch weather strip Added weather strips		

HAL014010

B. WING

11/15/2016

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE LENOIR

1145 POWELL ROAD NE
LENOIR, NC 28645

(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 3 a. Hole in the wall in the housekeeping closet, b. The sprinkler escutcheon was not tightly fitted to the ceiling complete the one-hour protection in the employee restroom.	C 189	→ Patched 12-20-16	

Division of Health Service Regulation
STATE FORM

6899

T2C721

If continuation sheet 4 of 4