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
	HAL036013	A. BUILDING: 01 B. WING	01/26/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Frank Strickland, conducted on January 26, 2017. Records indicate this facility was first licensed on June 11, 1997 for Eighty-Six (86) 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 Deficiencies were cited that require a Plan of Correction.	C 000	The following is the Plan of Correction for **Brookdale New Hope.** This Plan of Correction is in regards to the Statement of Deficiencies dated January 26, 2017. 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. **10A NCAC 13F .0301** The delayed egress lock on all exit doors were adjusted on 1/26/17 to remain unlocked when the fire alarm is silenced. The Maintenance Technician or designee will check for proper function on a monthly basis as preventative maintenance and enter into the TELS system for tracking.	
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		

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe and operating condition, by not having properly working delayed egress system. This could affect all residents, staff and visitors by potentially delaying exiting in an emergency for more than an acceptable time. Findings on January 26, 2017: a. Exit near Bedroom 47 - the delayed egress lock, did not initiate the irreversible process to unlock. This is not in conformance with the Code Requirement that the process begin in 3 seconds and is irreversible. b. All Exits - these delayed egress locking doors reenergizes when the fire alarm is silenced.	C 101	**10A NCAC 13F .0306** On 1/27/17 new bolts were installed the toilet in apartment 33 was reattached to floor. Toilets will be checked by Maintenance Technician or designee quarterly for proper securement. By 3/10/17 the stained tiles in the shower room near apartment 31 will be replaced.	
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. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair. Findings on January 26, 2017: a. Bedroom 33 - the connection of the commode to the floor was loose.	C 164	**10A NCAC 13F .0301** On 1/26/17 the magnet on the delayed egress lock was adjusted and now imitates the process to unlock on exit door near apartment 47.	

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C 164	Continued From page 2 2. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on January 26, 2017: a. Shower Room near Bedroom 31 - the vinyl floor tiles were stained around the commode.	C 164	**10A NCAC 13F .0306** On 1/26/17 the oxygen room was cleaned out and all oxygen tanks were placed in an appropriate structure. The Maintenance Technician or designee will check the oxygen room weekly to ensure that all oxygen tanks are stored in an appropriate structure. The exhaust fan damper in the bathroom of apartment 29 was cleaned on 1/27/17. Housekeeping or designee will clean the exhaust fan damper in apartments weekly during their regular cleaning. The HVAC returned was cleaned in the Executive Directors office on 2/9/17. The Maintenance Technician or designee will clean all common area HVAC returns and exhaust fan dampers on a monthly basis.	
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 Building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on January 26, 2017: a. Oxygen Room - four portable medical oxygen cylinders were stored standing up not secured to the structure. 2. Based on Observation, the facility failed to maintain the building in an uncluttered, clean and orderly manner. Findings on January 26, 2017: a. Bedroom 29 Bathroom - the exhaust fan with their radiation dampers have an excessive	C 166		

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C 166	Continued From page 3 accumulation of dust/lint. b. Executive Directors Office - the HVAC return grille and their radiation damper had an excessive accumulation of dust/lint.	C 166	**10A NCAC 13F .0310** The GFIC electrical power receptacle on the left porch was replaced on 2/16/17 and now trips. GFIC electrical power receptacles will be checked monthly by the Maintenance Technician or designee to ensure they trip.	
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 provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff and visitors by not providing ground fault protection to these devices. Findings on January 26, 2017: a. Left Porch - 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.	C 188	**10A NCAC 13F .0311** There will be an additional illuminated exit signed installed on the other side of the fire doors in the cross-corridor near apartment 43 by 3/10/17.	
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	**10A NCAC 13F .0311** On 2/21/17 hole was patched around fire sprinkler escutcheon plate and plate was replaced in the therapy room. On 2/21/17 hole was patched around fire sprinkler escutcheon plate and plate was replaced in the mechanical room near the laundry room.	

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C 189	Continued From page 4 This Rule is not met as evidenced by: 1. Based on observation, the Building did not meet the code requirements in effect at the time of initial Licensing, by not providing all the required exits or exit access doors with exit signs. This could affect residents, staff and visitors by not providing egress directions for a prompt evacuation of the building. Findings on January 26, 2017: a. The Cross-Corridor doors near Bedroom 43 - there was no exit signs on either side of the door directing you through these doors. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the doors protecting the opening in the Firewall had excessive gaps between leafs that could not restrict fire and smoke. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on January 26, 2017: a. Firewall Left Side - the cross-corridor double-egress pair of doors when closed had excessive gap between leafs, ¼ inch to ¾ inch. 3. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on January 26, 2017: a .Exit near Sunroom - the exit sign did not illuminate on backup power when tested. 4. Based on observation, the interior doors were not maintained in a safe and operating condition.	C 189	**10A NCAC 13F .0311** There was an illuminated exit signed installed on 2/23/17 in the cross-corridor near apartment 43. The fire doors on the left side of the building were adjusted on 2/21/17 and now there is only a ¼ of an inch gap between the leaves. The Maintenance Technician or designee will check the fire doors for gaps monthly during fire drills. The illuminated exit sign near the sunroom was fixed on 2/1/17 and now illuminates while on backup power. The exit sign will be checked biannually for illumination during emergency light testing by the Maintenance Technician or designee. On 1/27/17 the screw was removed and the strike plate was replaced for the door of apartment 35. All interior doors will be checked by the Maintenance Technician or designee monthly during elopement drills to ensure they latch.	

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C 189	Continued From page 5 Findings on January 26, 2017: a. Bedroom 35 - the corridor door did not latch into its frame when closed because a screw was in the strike. 5. .Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on January 25, 2017: a. Therapy Room - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. b. Mech Room near Landry - the fire sprinkler escutcheon plate did not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. c. Landry - the fire sprinkler escutcheon plate did not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. d. Oxygen Room - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat e. Corridor near Bedroom 18 - the fire sprinkler escutcheon plate had dropped down and would not cover the complete hole through the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat 6. Based on observation, the electrical system was not being maintained safe. Findings on January 26, 2017: a. Corridor near Bedroom 16 - the light fixture was missing.	C 189	On 2/21/17 hole was patched around fire sprinkler escutcheon plate and plate was replaced in the laundry room. On 2/21/17 the fire sprinkler escutcheon plate was raised and reattached to ceiling in the oxygen room. On 2/21/17 hole was patched around fire sprinkler escutcheon plate and plate was replaced in the corridor near apartment 18. The Maintenance Technician or designee will do rounds monthly to ensure all escutcheon plates meeting the ceiling without any space. On 2/17/17 light fixture near apartment 16 was replaced and in working order.	