STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL062014	A. BUILDING: **01** B. WING _____	**10/10/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE HAVEN OF STAR ASSISTED LI	**327 FREEMAN STREET STAR, NC 27356**

(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 October 10, 2017. Records indicate this facility was first licensed on September 1, 1981. The facility is currently licensed for 54 Beds including a 32 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 1977 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure, applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1978 (Revision 3) Edition of the North Carolina Building Code, Institutional Occupancy. Deficiencies were cited which require a plan of corrections.	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. Review of records revealed that the facility did not maintain current fire inspection reports. Findings on October 11, 2017: a. The most current fire inspection report was conducted in February of 2016.	C 111		
C 160	Outside Premises-Clean, Safe	C 160		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL062014	A. BUILDING: **01** B. WING _____	**10/10/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE HAVEN OF STAR ASSISTED LI	**327 FREEMAN STREET STAR, NC 27356**

(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 1 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; This Rule is not met as evidenced by: 1. Observations revealed that the outside grounds were not maintained in a safe condition. Railings that are unstable could result in injury to the residents. Findings on October 11, 2017: a. Ramp at the AL front exit - the masonry at the support posts was damaged and breaking off making the handrail extremely loose.	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 facility was not maintained free of unpleasant odors. Findings on October 11, 2017: a. AL Spa - the housekeeping room off of the spa	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL062014	A. BUILDING: **01** B. WING _____	**10/10/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE HAVEN OF STAR ASSISTED LI	**327 FREEMAN STREET STAR, NC 27356**

(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 2 had a strong unpleasant odor. 2. Observations revealed that the facility failed to maintain walls, ceilings and floors clean and in good repair. Findings on October 11, 2017: a. Room 111 bath - there were heavy mildew stains on the floor and wall behind the toilet. b. Room 111 bath - the floor was painted concrete and there were several indentions in the floor where the concrete was spalling. c. Kitchen - the floor has settled along the left side from the entry door to the opposite wall and the vinyl floor is cracked and tearing along the edge of the settlement.	C 164		
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. Observations revealed that the facility was not maintained free of all hazards. Findings on October 11, 2017: a. Room 112 bath - the floor of the bath was covered in water creating a slip hazard. b. SCU right exit door - the glazing in the door is cracked creating a sharp edge that could cause injury to the residents or staff.	C 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL062014	A. BUILDING: **01** B. WING _____	**10/10/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE HAVEN OF STAR ASSISTED LI	**327 FREEMAN STREET STAR, NC 27356**

(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 c. SCU supply closet by the spa - the water shut off valve is in the floor of the closet. There is a large hole in the floor to access the valve. The hole is covered loosely with sheet of metal. The metal was not secure and left openings in the floor exposed.	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 building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on October 11, 2017: a. AL Med Room - a section of trim on the far wall was missing leaving a gap between the ceiling and the adjacent wall. b. Laundry Room - there were three conduit penetrations along the right wall that did not have fire caulk. c. SCU Supply Closet - there is a section of trim falling at the left wall leaving a gap between the ceiling and adjacent wall.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL062014	A. BUILDING: **01** B. WING _____	**10/10/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE HAVEN OF STAR ASSISTED LI	**327 FREEMAN STREET STAR, NC 27356**

(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 d. Right Spa - there is a sealed junction box in the ceiling above the layer of gypsum. The gypsum is cut out compromising the 1 hour assembly rating. e. Left Spa - there is a sealed junction box in the ceiling above the layer of gypsum. The gypsum is cut out compromising the 1 hour assembly rating. 2. 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 October 11, 2017: a. AL Spa - the corridor door drags on the frame and does not close and latch. b. Room 104 - the corridor door drags on the frame and does not close and latch. c. Room 106 - the corridor door drags and does not close and latch. d. Room 114 - the corridor door drags and does not close completely. 3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if exit signs indicating the location of exit paths could not be seen in the event of an emergency evacuation. Findings on October 11, 2017: a. The exit light at the back door of the AL unit was out. This item was corrected at the time of survey. 4. Based on observation there is a failure to	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL062014	A. BUILDING: **01** B. WING _____	**10/10/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE HAVEN OF STAR ASSISTED LI	**327 FREEMAN STREET STAR, NC 27356**

(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 maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps or holes in the door. Findings on October 11, 2017: a. Right side spa - there is a gap in the door at the door hardware. 5. Based on observation there is a failure to install and maintain required plumbing safety devices or equipment. The absence of the plumbing safety devices or equipment could cause the domestic water supply to become contaminated. Findings on October 11, 2017: a. SCU Housekeeping closet - there was not a vacuum breaker for the utility sink.	C 189		