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
	HAL079007	A. BUILDING: 01 B. WING _____	09/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE REIDSVILLE	2931 VANCE STREET REIDSVILLE, NC 27320

(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 Ed Miller and Frank Strickland conducted on September 20, 2017. Records indicate this facility was first licensed as a Home for the Aged serving 76 residents, 24 of which reside in the SCU, on May 22, 1997. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code (1997 Rev), Section 409.1, Group I Unrestrained Occupancy.. Deficiencies were cited that require a Plan of Correction.	C 000	The following is a summary of the Plan of Correction for Brookdale Reidsville. This Plan of Correction is in regards to the Corrective Action Report dated October 12, 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, nor have we identified mitigating factors.	
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; This Rule is not met as evidenced by:	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Executive Director 10/23/17

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C 101	Continued From page 1 1. Based on observation, the Building failed to meet the Code requirements in effect at the time of construction or alterations by not having all required areas protected with sprinklers. This could affect all residents, staff, and visitors if smoke/fire is not contained in the Room of origin. Findings on September 20, 2017: a. Bedroom 111 Window Closet - there was no automatic fire sprinkler protection inside this space.	C 101	1a. Identified designated space will have an automatic sprinkler protection system installed.	
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 provide shower, accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on September 20, 2017: a. Spa - the shower did not have a hand grip (grab bar).	C 133	1a. Designated shower will have a hand grip installed.	
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	C 164		

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C 164	Continued From page 2 (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 building mechanical systems is not kept clean and in good repair. Findings on September 20, 2017: a. Public Restrooms near Dining - both ventilation grilles with their radiation dampers have an excessive accumulation of dust/lint.	C 164	1a. Designated ventilation grilles/ radiation dampers will be cleared of dust/lint.	
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, the building's emergency equipment was not maintained in a safe and operating condition. Findings on September 20, 2017: a. Bedroom 202 Closet - items are stored within 18 inches below the fire sprinkler head. b. Corridor outside Maintenance Manager Office - the ceiling mounted exit sign, has no chevron	C 189	1a. Designated areas will have items cleared allowing for 18 inches of clearance. 1b & 1c. Designated Exit Signs will be repaired/replaced.	

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C 189	Continued From page 3 directional indicators punch-outs removed, to direct you to the front of the building. c. Public Restroom near Bedroom 100 - the exit sign did not illuminate on backup power when tested. d. Bedroom 111 Corridor Closet - the fire sprinkler escutcheon plate does not cover the complete hole through the fire-resistance-rated ceiling, allowing the spread of smoke and heat. e. Med Room - the fire sprinkler escutcheon plate does not cover the complete hole through the fire-resistance-rated ceiling, allowing the spread of smoke and heat. f. Bedroom 306 Living 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. g. Storage Room across from Bedroom 411- 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. 2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room of origin. Findings on September 20, 2017: a. Corridor near Bedroom 110 - the attic access door in the ceiling would not close and latch properly, leaving a gap on the latch side not firestopped. b. Exterior Sprinkler Riser Room - there is an open-ended sleeve with a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. Exterior Sprinkler Riser Room - the escutcheon plate on the water heater flue did not cover the hole through the fire-resistance-rated ceiling assembly not firestopped.	C 189	1d. Designated escutcheon plates will be repaired/replaced. 1e, 1f, 1g. Designated escutcheon plates will be repaired/replaced. 2a. Designated attic access door will be repaired/replaced. 2b. Designated open ended sleeve with cable bundles exposed will have approved firestop material installed. 2c. Designated escutcheon plates will be repaired/replaced.	

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C 189	Continued From page 4 d. Exterior Sprinkler Riser Room - there is an open joint between the fire-resistance-rated ceiling assembly and the wall construction not firestopped. 3. Based on Observation, the corridor doors are not maintained in a safe and operating condition. Findings on September 20, 2017: a. Med Room - the corridor door is only equipped with a dead bolt lockset and cannot automatically latch into it frame. b. Resident Program Coordinator - the corridor door had a wedge holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. 4. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on September 20, 2017: a. East Side Exit from MC - 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 189	2d. Designated joint between ceiling and wall will have an approved firestop material installed. 3a. Designated door will have a latch set device installed. 3b. Door wedge was removed. 4a. Designated Ground Fault Circuit Interrupter will be repaired/replaced. The Executive Director/Maintenance Technician will review items noted for necessary completion and/or repair, on or before 10/27/17. The Executive Director/Maintenance Technician will do bimonthly building surveillances observing for any items that need attention/repair, assuring they are maintained in a safe operating condition for the next 3 months, and then randomly thereafter.	