

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/15/2018
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NAME OF PROVIDER OR SUPPLIER BROOKDALE NORTHWEST GREENSBORO	STREET ADDRESS, CITY, STATE, ZIP CODE 5809 OLD OAK RIDGE ROAD GREENSBORO, NC 27410
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C 000	Initial Comments Report of a Biennial Section Construction Survey conducted by Suzanna Fay and Frank Strickland on August 15, 2018. This facility was first licensed January 8, 1997 for Eighty-One (81) 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, Group I Unrestrained Occupancy. Deficiencies have been cited and a Plan of Correction is required.	C 000	See Attached Plan of Correction	
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 ceilings were not maintained clean and in good repair. Findings on August 15, 2018: a. Living Room the grille over the piano has blown dust over the ceiling around the vent. The ceiling around the grille is flaking and peeling along one side of the grille.	C 164		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

200221

If continuation sheet 1 of 7

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C 164	Continued From page 1 2. Observations revealed that the facility did not maintain furnishings in good repair. Findings on August 15, 2018: a. Room 31 - the door hardware was loose. This item was corrected at the time of survey. b. Room 36 - the door drags on the frame, making it difficult to close. 3. Observations revealed that the walls were not maintained clean. Findings on August 15, 2018: a. Room 40 - there are brown handprints and stains on the doors and frames leading into the closets, the bathroom and the corridor. There are brown handprints and stains on the walls around the closets, the bathroom and the door to the corridor.	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 obstructions. Exit doors that are difficult to open can obstruct the path of egress in an emergency.	C 166		

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C 166	Continued From page 2 Findings on August 15, 2018: a. Activity Room across from 9 - the exit door is sticking and is difficult to open. b. Exit door by Room 23 - the door sticks and is difficult to open. 2. Observations revealed that the facility was not maintained free of hazards. Findings on August 15, 2018: a. Dining room deck - a number of nails were protruding which could cause a resident to trip or injure their foot. A couple of deck boards were damaged and soft.	C 166		
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: 1. Review of records revealed that the facility did not provide adequate information on the fire rehearsal log sheets. The records shall include a short description of what the rehearsal involved.	C 185		

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C 185	Continued From page 3 Findings on August 15, 2018: a. The log sheets did not contain a brief description of what the rehearsal involved which should include how staff moved residents to a safe location.	C 185			
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 facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on August 15, 2018: a. The emergency lights in the corridor for Rooms 1-17 did not illuminate when tested from Panel C. 2. 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 or walls could allow fire and smoke to spread beyond the area of origin.	C 189			

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C 189	Continued From page 4 Findings on August 15, 2018: a. Riser Room - the flange for the sprinkler riser is not secure to the ceiling and the ceiling at the penetration is damaged leaving a hole in the ceiling. b. Small Dining Room mechanical closet - there are two 3" diameter holes in the wall at the battery pack. c. Main Dining Room mechanical closet - the light switch box is not secure to the wall. d. Kitchen - the escutcheon plate on the sprinkler head near the door has dropped leaving an opening in the ceiling. e. Kitchen - there is an unsealed conduit penetration over the dish sink. f. Mechanical Room B - the fire caulk around the ductwork is separating and falling out leaving a hole in the ceiling around the ductwork. g. Room 27 - there is a hole in through the door at the door knob. h. Laundry - there are several small holes in the wall behind the washer. i. Mechanical Room 300 Hall - the sheetrock tape is coming off at the ceiling around the sprinkler head leaving gaps in the ceiling. The sheetrock at the chase along the right wall is damaged leaving the chase unsealed. There is a hole in the wall where the temperature control wire penetrates. 3. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on August 15, 2018:	C 189		

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C 189	Continued From page 5 a. Kitchen - the pantry door has a kickdown in use. 4. 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 August 15, 2018: a. Kitchen - the kitchen door is on a magnet tied to the fire alarm. The magnet released upon activation of the fire alarm, but the door drags on the floor and does not close automatically. b. Copy Room - the door drags on the frame and does not close automatically. There is a 1/2" gap between the top of the door and the door frame. c. Spa - the door hinge is loose causing the door to drag. d. Room 30 - the door does not latch when closed. 5. Observations revealed that the mechanical equipment is not maintained in a safe and operating condition. Findings on August 15, 2018: a. Dining Room - the vent over the beverage counter has a heavy accumulation of dust. b. Guest Bath across from the Beauty Salon - the exhaust fan grille has a heavy accumulation of dust. c. Laundry Room - the exhaust fans have a heavy accumulation of dust.	C 189		
C 195	Hot Water System	C 195		

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C 195	Continued From page 6 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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. Observations revealed that the hot water temperature was not maintained between 100 and 116 degrees Fahrenheit in two locations. Findings on August 15, 2018: a. The water temperature at the sink in the Beauty Salon and at the Staff Bath across from the Salon was 126 degrees Fahrenheit.	C 195		

Brookdale Northwest Greensboro

The following is summary of the Plan of Correction for Brookdale Northwest Greensboro. This Plan of Correction is in regards to the Construction Section Biennial Survey conducted on August 15th, 2018 and received on August 24th, 2018. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusion in the Statement of Deficiencies, or any related sanctions or fines. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In the document, we have not outlined specific actions in response to each allegation or finding, nor have we identified mitigating factors.

5809 Old Oak Ridge Rd., Greensboro NC

FID #970040 HAL041031

C164 Housekeeping and Furnishings-Clean, Repaired

- 1a) Ceiling paint repaired 8-17-2018
- 2a) door hardware repaired 8-15-2018.
- 2b) door repaired 8-16-2018
- 3a) walls and trim cleaned 9-5-2018

C166 Housekeeping –Maintained Free and Hazards

- 1a) door repaired 8-16-2018
- 1b) door repaired 8-16-2018
- 2a) nails repaired 8-20-2018 boards will be replaced by 9-25-2018

C185 Fire Safety-Rehearsals on each Shift

- 1a) ongoing fire drills will contain a brief description.

C189 Building Equipment Maintained Safe, Operating

1a) emergency lights have been repaired 9-5-2018

2a) Riser room repaired 8-26-2018

2b) wall repaired 8-16-018

2c) light switch box repaired 8-16-2018

2d) sprinkler head repaired 8-16-2018

2e) dish sink conduit repaired 8-17-2018

2f) caulking and ceiling repaired 8-17-208

2g) hole in door repaired 9-5-2018

2h) wall repaired 8-16-2018

2i) Mechanical room repaired 8-17-2018

3a) kick down stop removed 8-20-2018

4a) Kitchen door will be repaired by 9-25-2018

4b) copy room door repaired 8-20-2018

4c) spa door will be repaired by 9-25-2018

4d) door repaired 8-17-2018

5a) vent cleaned 8-20-2018

5b) exhaust fan cleaned 8-20-2018

5c) exhaust fans cleaned 8-20-2018

C125 Hot Water

1a) hot water temp turned down 8-15-2018 will be repaired by 9-25-2018

To assist with compliance , the Executive Director or designee will review monthly preventative maintenance reports completed by the Maintenance Technician and will so monthly walk through of the building with the Maintenance Technician for two months.

Wendi Bailey ED 9.5.2018