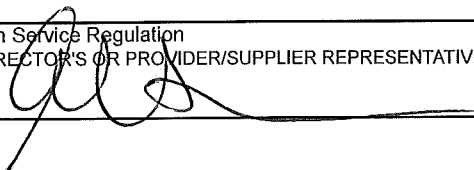


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/22/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE WAKE FOREST		STREET ADDRESS, CITY, STATE, ZIP CODE 611 SOUTH BROOKS STREET WAKE FOREST, NC 27587		
(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 Construction Section Biennial Survey report by Frank strickland on 08/22/2018: This facility was licensed on 08/20/1997 and is currently licensed for 70 Beds with a 22 Bed Special Care Unit. Therefore, this facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1997 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies have been cited and a Plan of Correction is required.	C 000		
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, this facility has not installed hand grips at all commodes. Findings on 08/22/2018: The 300 HALL SPA was recently renovated and no hand grips were provides at the adjacents walls surrounding the corner commode.	C 133	Ordered and replaced.	8/31/18

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



TITLE

Executive Director

(X6) DATE

10/8/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/22/2018
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C 160	Continued From page 1	C 160		
C 160	Outside Premises-Clean, Safe 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-Based on observation, this facility has failed to maintain the grounds in a clean and safe condition. Findings on 08/22/2018: There are overgrown tree limbs on the roofs of the 200 & 400 HALLS that need to be removed.	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- Based on observation, this facility has failed to maintain the interior walls in good condition. Findings on 08/22/2018: There is a hole in the wall above the sink at the	C 164	Limbing will be Completed upon approved. quotes from vendors. Estimated completion 12/31/18 Completed 8/25/18	

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C 164	Continued From page 2 wet bar in Room 211. 2- Based on observation, this facility has failed to maintain the doors in good condition. Findings on 08/22/2018: The exterior exit door in the 400 HALL is damaged severely at the base on the exterior adjacent to Room 403.	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-Based on observation, this facility has failed to be maintained free of all obstructions and hazards. Finds on 08/22/2018: There is a garden hose that is adjacent to a exit door threshold that presents a trip hazard located in the 200 HALL adjacent to Room 212.	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	C 189		

Completed 8/25/18

Division of Health Service Regulation

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C 189	Continued From page 3 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, this facility has failed to install all fire safety components so that it is maintained in a safe and operating condition. Findings on 08/22/2018: The Linen Closet that is located in the 300 HALL SPA is not sprinklered. 2- Based on observation, this facility has failed to maintain life-safety components in a safe and operating condition. Findings on 08/22/2018: The emergency corridor light does not illuminate when tested next to the Dining Room in the 300 HALL. 3- Based on observation, this facility has failed to be maintained in a safe and operating condition. Findings on 08/22/2018: The following one-hour fire rated doors were either wedged open or chairs were positioned to keep them open that allowed the passage of smoke or fire: (a) 100 HALL-Health & Wellness Director's Office (b) 100 HALL-Laundry Room 4- Based on observation, this facility has failed to be maintained in a safe and operating condition. Findings on 08/22/2018:	C 189	Closet removed. Completed 8/21/18 Repaired 8/22/18	

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C 189	Continued From page 4 The door latching hardware is loose for Room 104. 5- Based on observation, this facility has failed to install all fire safety components so that it is maintained in a safe and operating condition. Findings on 08/22/2018: The cross corridor door that is adjacent to Room 301 did not close all the way to the other door to prevent the passage of smoke and/or fire.	C 189	Completed 8/25/18 Completed 8/25/13	