Brookdale Lenoir
Plan of Corrections
for
DHSR Construction Biennial Survey on
September 12, 2018
Updated response 10/25/2018

The following is the Plan of Correction for Brookdale Lenoir. This Plan of Correction is in regards to the Statement of Deficiencies concerning our Physical Plant Survey on 9/12/2018. 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 of finding, nor have we identified mitigating factors.

C101: Section .0330 –Physical Plant 10A NCAC 13F.0301 Physical Plant

Brookdale Lenoir will meet the physical plant requirements of construction related to the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm". Our Delayed Egress Locking system will be reviewed for proper working conditions to meet these standards to alarm when 15 pounds of pressure is applied and the Exit sign will be added as noted during our survey. The Director of Maintenance and Executive Director will oversee the needed repairs and the Director of Maintenance will monitor monthly for compliance of proper working conditions of all equipment. Completion Date by 10/26/2018.

C150: Section .0300 – Physical Plant 10A NCAC 13F. 0305 Physical Environment

Our Corridors and Exits will be free of any items that may block or obstruct a safe egress from our community. Deficiencies were corrected at the time of the survey. Ongoing monitoring will be conducted by the Executive Director, Management team and the staff of the community for daily compliance. Corrective action will be taken immediately should an obstruction to egress be noted by anyone. Completion Date by 10/26/2018.

C 166 Section .0300 Physical Plant 10A NCAC 13F .0306 Housekeeping and Furnishings

Our Community will be maintained with proper storage and uncluttered so that we are free of all obstructions and hazards. Portable O2 cylinders will be stored in a metal stand or chained correctly to the walls. The broken toilet paper holder has been fixed. Our Director of Maintenance will monitor storage and supply areas for 4 weeks and then routinely each month for compliance. A review with team members will be conducted at our next Safety Meeting to assist with monitoring of safe practices. Completion Date by 10/26/2018.

C 185 Section .0300 – Physical Plant 10A NCAC 13F. 0309 Plan for Evacuation

Fire Rehearsals will be conduct per shift each quarter with a short description added to each of our Fire Rehearsals indicating the results of said Rehearsal. This will be reviewed with the team after each Rehearsal by the Director of Maintenance. The Director of Maintenance will document the Rehearsal and a copy given to the Executive Director for review. Documentation will be made in accordance with the required Rehearsals and reviewed during our Safety Committee Meeting. Completion Date by 10/26/2018.

C 189 Section .0300 – Physical Plant 10A NCAC 13F. 0311 Other Requirements

Our Buildings Fire and Safety equipment and barriers will be maintained in a safe and operating condition. Brookdale contractors and Maintenance Director will make needed corrections to our smoke/fire barriers to meet code. Maintenance Director has reviewed all closets and storage area to ensure that the 18 inch sprinkler safety clearance is being met. Storage areas have been cleared of items obstructing electrical panels and all proper protection of electric power is in place. All Exit Signs will be reviewed for proper egress directions as well as proper illumination. All doors and closers will be reviewed by our Director of Maintenance to assure they are in safe and proper working condition. Doors will be unobstructed from closing properly and maintained to assure proper smoke barriers. Fire Barriers will be reviewed to assure areas are secure from the spread of fire or smoke. The Director of Maintenance and Executive Director will monitor on daily rounds to assure compliance. Safety Committee will add to their review process for added assurance of compliance monitoring. Completion Date by 10/26/2018.

C 191 Section .0300 – Physical Plant 10A NCAC 13F. 0311 Other Requirements

Our community will advise Staff, Residents, and Family Members that unvented fuel burning room heaters and electric heaters are prohibited from uses in our community. The Director of Maintenance will inspect our community for any such items and have them removed. The staff will be educated concerning such items to support ongoing monitoring. The Director of Maintenance will monitor monthly and each new move in for such items for removal from the community. Completion Date by 10/26/2018.

C199 Section .0300 – Physical Plant 10A NCAC 13F. 0311 Other Requirements

The community will maintain the ventilation system in proper working order for the exhausting of odors and air movement. Exhaust motors will be inspected for proper working order and replaced as needed to maintain a proper working order of air being exhausted from the community. Monthly monitoring will be conducted by the Director of Maintenance to assure proper working order of the Exhaust System. Completion Date by 10/26/2018.

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
	HAL014010	A. BUILDING: 01 B. WING _____	09/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LENOIR	1145 POWELL ROAD NE LENOIR, NC 28645

(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 Dennis Harrell, conducted on September 12, 2018. Records indicate this facility was first licensed on 6-25-1997, for 82 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	See attached description of Plans to Correct and Completion Dates:	
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 does not meet code requirements for Delayed Egress Locking System, when last modified. Findings on September 12, 2018: a. Front Exit - a force greater than 15 pounds applied to the delayed egress door's releasing device, for more than three seconds, did not initiate an irreversible process to release the door. The door did unlock on fire alarm system activation. b. Bistro Exit - a force greater than 15 pounds applied to the delayed egress door's releasing device, for more than three seconds, did not initiate an irreversible process to release the door. The door did unlock on fire alarm system activation. 2. Based on observation, the Building did not meet the code requirements in effect at the time of initial Licensing or alteration, by not providing all 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 September 12, 2018: a. Smoke Barrier Wall near Dinning - there is no exit sign on Lobby side, directing you to egress through the double egress cross-corridor door as shown in the evacuation map. The corridor is 43 feet long.	C 101		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are:	C 150		

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C 150	Continued From page 2 (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on September 12, 2018: a. Exit near Bedroom 13- the exit is blocked with a concrete smoker's urn behind the door. Deficiency corrected before Construction Surveyors departed site. b. Exit near Bedroom 43- the exit is blocked with a large plant and wheel chair sitting in front of the door. Deficiency corrected before Construction Surveyors departed site.	C 150		
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, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on September 12, 2018: a. Med Room - serval portable medical oxygen cylinders are standing up on the floor in a plastic	C 166		

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C 166	Continued From page 3 crate, not physical secured in racks, stands or by chains. 2. Based on Observation, the Building was not maintained free of hazards, because general maintenance was not being done or had not been completed. This could affect all residents, staff, and visitors if items are broken or partially removed and left where they could injure all. Findings on September 12, 2018: a. Restroom near Dining - the mounting bracket for a broken toilet paper holder remains attached to the wall. This bracket has rough and sharp edges, which could cause injury.	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. Based on Record review and interview with Executive Director & Maintenance Technician, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on September 12, 2018:	C 185		

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C 185	Continued From page 4 a. In the 2nd quarter for the last 12 months, no rehearsal was performed during 1st shift. 2. Based on Record review and interview with Executive Director Maintenance Technician the Facility failed to document a short description of what the rehearsal involved. Findings on September 12, 2018: a. The rehearsal records did not included a short description of what the rehearsal involved for most of the year.	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 building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on September 12, 2018: a. Exit near Bedroom 6 - the exit sign did not illuminate on backup power when tested. b. Right Activity Room - the exit sign to the corridor have both chevron directional indicators punch-outs removed, indicating that you should turn left and right to exit, but the way out is	C 189		

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C 189	Continued From page 5 straight. c. Sales & Marketing Office - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. 2. Based on observation, the Building was not maintained in a safe and operating condition, because obstruction impeded egressing to a public way. This would affect all if they could not promptly exit during an emergency. Findings on September 12, 2018: a. Bistro Exit - the exit door could only open about 75 degrees instead of the full 90 degrees required. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on September 12, 2018: a. Right Smoke Barrier - the back leaf, of the double-egress cross-corridor doors, did not latch when the fire alarm system released the doors. 4. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on September 12, 2018: a. Dining Room - two of the four corridor doors have gaps between the face of the doors and the stops on their doorframes. b. Dining Room - the corridor door next to the Restroom is missing its strike plate, therefore the door cannot latch into its frame to be smoke tight. c. Med Room - there are two 1/4 inch diameter holes through the corridor door beside the door handle.	C 189		

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C 189	Continued From page 6 d. Storage near Employee Restroom - there are two 1/4 inch diameter holes through the corridor door beside the door handle. e. Left Activity Room - the inactive leaf of the corridor doors is equipped with a manual flush bolt, which does not automatically latch into its frame when both leafs are closed. f. Bedroom 11 - the corridor door has a zero to 3/8 inch gap between the face of the door leaf and the bottom of the header doorstop. g. Bedroom 16 - the corridor door has a zero to 1/2 inch gap between the face of the door leaf and the bottom of the header doorstop. h. Bedroom 20 - the corridor door has a zero to 1/2 inch gap between the face of the door leaf and the bottom of the header doorstop. i. Bedroom 29 - the corridor door has a zero to 3/8 inch gap between the face of the door leaf and the bottom of the header doorstop. j. Bedroom 18 - the corridor door did not latch into its frame when closed. k. Right Activity Room - the pair of corridor doors did not latch into their frame when closed. 5. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all if smoke/fire is not contained in the room of origin. Findings on September 12, 2018: a. Laundry - the escutcheon plate on a sprinkler pipe has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. b. Bedroom 14 Window Closet - the fire sprinkler escutcheon plate does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. c. Mech Room near 26 Window Closet - the fire sprinkler escutcheon plate does not cover the complete hole through the fire-resistance-rated	C 189		

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C 189	Continued From page 7 ceiling that allows the spread of smoke and heat. d. Lobby - the fire sprinkler escutcheon plate has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. 6. 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 12, 2018: a. Mech Room near Bedroom 26 - there is a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Mech Room near Bedroom 26 - there is a fire collar not fitted tightly to the PVC pipe as it penetrates the fire-resistance-rated ceiling assembly. c. Lobby - there is a 18 inches x 48 inches hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 7. Based on observations, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler heads' spray cannot reach are area of a room. Findings on September 12, 2018: a. Clean Linen - items are being stored within the area 18 inches below the fire sprinkler head. 8. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on September 12, 2018: a. Storage near Bedroom 10 - many items are stored in front of the electrical panels, limiting the required 36-inches by 30-inches minimum clear working space. b. Bedroom 17B - there are two multiple plug	C 189		

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C 189	Continued From page 8 adaptor without integral overcurrent protection plugged into two separate electrical power receptacles. c. Storage near Bedroom 34 - there is an electrical power light switch missing its cover plate. 9. Based on observation the Building was not maintained in a safe, in good operating condition and Code compliant because doors took more opening force than allowed by North Carolina State Building Code. Findings on September 12, 2018: a. Bedroom 42 - the corridor door hits its doorframe, requiring more than 30 pounds of force to open the door.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 failed to prevent the use of portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if heater is the ignition source of a fire. The danger increases if used by resident or	C 191		

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C 191	Continued From page 9 combustible material is near. Findings on September 12, 2018: a. Business Office - a portable electric heater was found in this room.	C 191		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on September 12, 2018: a. Soiled Linen in Laundry - the required exhaust ventilation system did not work. b. Employee Restroom - the required exhaust ventilation system did not work. c. Employee Restroom - the required exhaust ventilation system did not work and there was odor.	C 199		

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