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 _____	R 10/31/2018

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 Biennial Follow Up Construction Survey by Ed Miller, conducted on October 31, 2018. Deficiencies were cited that will require a new Plan of Correction.	{C 000}		
{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: 4. Based on observation and interview with Maintenance Director, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on October 31, 2018: 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. Interview with facility staff: New hardware has been ordered and will arrive soon.	{C 189}		12/7/18

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mark Mitchell ED		11/30/18

Brookdale Lenoir
Plan of Corrections
for
DHSR Construction Follow-Up Survey on
October 31st, 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 follow up Physical Plant Survey on 10/31/2018. 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.

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. Parts for the door were ordered and awaiting arrival to repair the locking Manual flush bolt. All doors and closers will be reviewed by our Director of Maintenance to assure they are in safe and proper working condition. 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 12/7/2018. See attached info from Bob Erb

Mark Mitchell

From: Hserv10 <hserv10@aol.com>
Sent: Friday, November 30, 2018 5:24 PM
To: Mark Mitchell
Subject: Inactive leaf door hardware

Mark,

The hardware for the inactive leaves of the door for the Bistro and other room has been ordered and should be in sometime next week. I hope to be there later next week for the repair.

Bob Erb
Erb Services/Heritage Services