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
	HAL036013	A. BUILDING: 01 B. WING _____	01/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NEW HOPE	1680 SOUTH NEW HOPE ROAD GASTONIA, NC 28054

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller & Dennis Harrell, conducted on January 9, 2019. Records indicate this facility was first licensed on June 11, 1997 for Eighty-Six (86) 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		
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	1. C 101: a. The door was repaired on 2/16/19. b. The door was repaired on 2/16/19. • The community checked all doors for proper functioning on 2/16/19. • The community maintance →	2/16/19

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Ashton Brown — TITLE: Executive Director — (X6) DATE: 2/12/19

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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 a Delayed Egress Locking System, when last modified. Findings on January 9, 2019: a. Exit near Bedroom 36 - Surveyor attempted to open the door by applying a force greater than 15 pounds to the delayed egress door's releasing device, for more than three seconds. The system did not initiate an irreversible process to release the door. Note: The door did unlock on fire alarm system activation. b. Exit near Bedroom 48 - Surveyor attempted to open the door by applying a force greater than 15 pounds to the delayed egress door's releasing device, for more than three seconds. The system did not initiate an irreversible process to release the door. Note: The door did unlock on fire alarm system activation. 2. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alteration by not having all of the required components for doors equipped with Delayed Egress locking arrangements. This could affect all by potentially delaying exiting in an emergency for more than an acceptable time. Findings on January 9, 2019: a. Dining Room Exterior Exit Door - the instructional sign for the delayed egress locked door is faded. Since it is installed on the glass part of door, it is difficult to read when backlit by the sun. b. Activity Room Exterior Exit Door - the instructional sign for the delayed egress locked door is falling off the door.	C 101	director will check the doors weekly for proper functioning. 2/6/19 2. a. A new sign was placed on 2/1/19. 2/1/19 b. A new sign was placed on 2/1/19. • All instructional signs were checked to ensure compliance. • The community maintance director will check all signs weekly to ensure compliance.	

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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 all commodes 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 January 9, 2019: a. Shower Room across from Library- the commode did not have a hand grip (grab bar).	C 133	C133 ! a. A new grab bar was placed on 2/1/19. • All bathrooms were checked to ensure grab bars were placed. • Community will check montly for grab bars & ensure they are tight and in place.	2/1/19
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, the outside grounds are not maintained in a clean and safe condition. Findings on January 9, 2019: a. Exterior near Bedroom 48 - there are many hard-wired broken pagoda style landscape lights.	C 160	C160 ! a. The Community will remove all hard-wired broken pagoda style landscape lights by 2/23/19.	2/23/19

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C 160	Continued From page 3 Assure that the electrical power is permanently removed from these fixtures or repair.	C 160	• A full 100% audit was conducted around outside grounds for exposed wiring. • Community maintenance director will check grounds monthly for any issues that are not within Compliance.	
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, the Building was not kept in good repair, because some building components are broken or felled to function as original intended or are missing parts. Findings on January 9, 2019: a. Fire Wall - the back leaf's panic device is missing it end cover exposing sharp edges that could tear ones skin	C 164	C164! a. The back leaf panic device end cover was replaced on 1/16/19.	1/16/19
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	C 185	• The Community Checked 100% of doors for Compliance. • The Community maintenance director will check these doors during	

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C 185	Continued From page 4 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, and Maintenance Manager the Facility failed to document the staff response, duration and a short description of what the rehearsal involved. Findings on January 9, 2019: a. The rehearsal records had little to no description of what the rehearsal involved	C 185	Communities routine fire drills. C185! a. The community will give in detail on all fire drills what was rehearsed. • The Communities Executive Director will check fire drill records monthly for compliance. C189! a. The front entrance exit sign was replaced on 2/11/19 and is now in good working order. • The communities maintance director will	2/23/19
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 January 9, 2019: a. Front Entrance - the exit sign did not illuminate on backup power when tested. Exit	C 189		

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C 189	Continued From page 5 signs must work on backup power to provide directions during power outages. 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 January 9, 2019: a. Mechanical Room near Bedroom 4 - there are 3 holes not firestopped as they penetrate the smoke tight wall assembly. b. Maintenance Tech Office - a leak has deteriorated the one-hour fire-resistance-rated gypsum ceiling assembly to a point where there is a hole in the ceiling. c. Housekeeping/Soiled - there is a hole not firestopped as it penetrates the smoke tight wall assembly. d. Resident Restroom across from Bedroom 29 - there is a hole beside the light switch not firestopped as it penetrates the smoke tight wall assembly. e. Kitchen Housekeeping - a leak has deteriorated the one-hour fire-resistance-rated gypsum ceiling assembly to a point where there is a hole in the ceiling. f. Kitchen Hood Suppression System - there is a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. g. Mechanical near Med Prep - there is a gap around a cable, hole around a pipe and a hole in a corner not firestopped as they penetrate the fire-resistance-rated ceiling assembly. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the fire rated doors in a Firewall did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff	C 189	audit all exit signs monthly during routine fire drills. 2. a. Fixed on 2/6/19. 2/6/19 b. Fixed on 2/1/19. 2/1/19 c. Fixed on 2/1/19. 2/1/19 d. Fixed on 2/6/19. 2/6/19 e. will be fixed by 2/23/19. 2/23/19 f. Fixed on 2/1/19. 2/1/19 g. Fixed on 2/6/19. 2/6/19 • The Community Conducted a 100% audit to Check all ceilings & walls for issues. • The Community will monitor the situation by auditing it monthly.	

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C 189	Continued From page 6 and visitors by not containing smoke/fire in the fire compartment of origin. Findings on January 9, 2019: a. Firewall - the back leaf of the cross-corridor double-egress doors did not latch when the fire alarm hold open devices released. 4. Based on observations, the Building is not being maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler discharge pattern cannot reach all areas of a room. Findings on January 9, 2019: a. Storage Closet near Bedroom 51 - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. 5. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on January 9, 2019: a. Business Office Manager Office - corridor door does not latch into its frame when closed. b. Bedroom 37 - the corridor door is broken near the bottom hinge. c. Med Prep - the corridor door has a 1/8 inch gap between the strike side of the door and its doorframe's stop. d. Clean Linen - the corridor door has a zero to 1/2 inch gap between the top of the door and the bottom of the doorframe's stop. e. Bedroom 18 - the corridor door has a zero to 3/8 inch gap between the top of the door and the bottom of the doorframe's stop. f. Corridor near Small Dining - there is a gap around the exit sign base not firestopped as it penetrates the fire-resistance-rated ceiling assembly.	C 189	3. a. The doors latch was fixed on 1/23/19 • The Community will Check the doors latch & all similar doors during routine fire drills. 4. a. The items were removed on 1/10/19. • The Community will audit all Storage Closets weekly to ensure proper clearance Compliance. 5. a. Fixed 1/22/19 b. Fixed 1/22/19 c. Fixed 1/23/19 d. Fixed 1/23/19 e. Fixed 1/24/19 f. Fixed 1/24/19	1/23/19 1/10/19 1/22/19 1/22/19 1/23/19 1/23/19 1/24/19 1/24/19

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C 189	Continued From page 7 6. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room of origin. Findings on January 9, 2019: a. Kitchen - the fire sprinkler head is missing part of its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. b. Mechanical near Bedroom 18 - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. 7. Based on observations and interview with Manager, the Building did not have adequate supply of spare fire sprinkler head as required by NFPA 13. Findings on January 9, 2019: a. Sprinkler Riser Room - There are no spare fire sprinkler heads, of the Room type, in the fire sprinkler head storage box.	C 189	• The community will audit all doors weekly for proper compliance. 6. a. The fire sprinkler head will be repaired by 2/23/19. b. Fixed on 2/5/19. • The community will check all sprinkler heads monthly to ensure compliance. 7. a. Spare heads were placed in the sprinkler riser room on 2/11/19. • The community will ensure appropriate spares are in riser room during routine fire drills.	2/23/19 2/5/19 2/11/19,