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
	HAL079007	A. BUILDING: 01 B. WING _____	10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE REIDSVILLE	2931 VANCE STREET REIDSVILLE, NC 27320

(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 Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 10-10-2019. Records indicate this facility was first licensed as a Home for the Aged serving 76 residents, 24 of which reside in the SCU, on 5-22-1997. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code (1997 Rev), Section 409.1, Group I Unrestrained Occupancy..	C 000		
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: Based on observation, the corridor handrails failed to meet the Rule listed above. Findings on 10-10-2019; There was no handrail provided for 16 feet on one side of the corridor in two separate areas of the 200 Hall.	C 148	Section .0300 - Physical Plant 10A NCAC 13F .0305 Physical Environment (g) 2. MEP Construction Installed handrails on 200 hall on both sides to meet requirements.	
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and	C 150		

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C 150	Continued From page 1 other obstructions. This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Finding on 10-10-2019: There were chairs and carts stored in the corridor near room 402 reducing the clear width to about 3.33 feet.	C 150	(g) 4. We moved extra med-cart to different location. We also reduced the amount of furniture in clare bridge to give the 6 feet clearance required.	
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, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings on 10-10-2019; a. One set of smoke barrier doors in Special Care latch to each other but not automatically to the frame when activated by the fire alarm system. b. One smoke barrier door in Special care near	C 189	Section .0300 - Physical Plant 10A NCAC 13F .0311 Other Requirements 1. a. After conversation with surveyor the set of smoke barrier doors in the special care unit do not have to latch.	

ED 11-12-19

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C 189	Continued From page 2 the Dining room did not close completely and latch when activated by the fire alarm system. Note; This deficiency was corrected during the survey. c. The 3/4 hour door to the laundry in Special Care does not latch when closed. d. The 3/4 hour door to the laundry in Special Care does not fit the opening properly to be resistant to the passage of smoke. e. The double doors to the TV lounge drag and do not close and latch when activated by the fire alarm system. f. When the double doors to the TV lounge are closed manually, there is a gap of 5/16 inch between the doors. g. The latchsets have been removed on both sets of the double doors to the main Dining room. The doors must positively latch when closed. h. There is a gap of 1/2 inch between one set of double doors to the main Dining room. i. The door to the service corridor will not latch when closed. j. The door to room 406 will not latch when closed. k. The latchset is loose on the door to room 407. 2. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings on 10-10-2019; a. Items had been stacked all the way to the ceiling in the maintenance room. b. Items had been stacked to within 1 inch of the ceiling in the pantry. c. Items had been stacked to within 3 inches of the ceiling in the Biohazard room.	C 189	Section .0300- Physical Plant 10A NCAC 13F .0311 Other Requirements Continued: 1. b. corrected during the survey. 1. c. and d. Door was bolted to frame to be resistant to the passage of smoke. Door will be replaced during renovation in 2020. 1. e. and f. we adjusted door hinges to reduce the gap between the two doors to meet requirements. Installed spring loaded chain bolts at top of doors to ensure they latch when closed. 1. g. Installed spring loaded chain bolts at top of doors to ensure they latch when closed. 1. h Adjusted door hinges to correct. 1. i. installed new latch plate to correct. 1 j. installed new latch plate and adjusted door to correct. 1 k. tightened door lock and installed new latch plate. 2. a., b. and c. items were removed to meet the 18" required distance.	

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C 189	Continued From page 3 3. Based on observation, there were GFCI type receptacles that would not trip when tested. GFCI type receptacles that do not work properly present a shock or electrocution risk. Malfunctioning receptacles were located; a. At the back door, b. At the exit from 200 Hall.	C 189	3. a.and b. installed a new GFCI	
	4. Based on observation, the required one-hour fire rated ceiling was compromised in a location. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Finding on 10-10-2019: Ceiling damaged around a large flue in the main electrical room.		4. we will repair the penetration with fire caulk and 5/8 fire rated sheet rock.	
	5. Based on observation the required one-hour fire rated ceilings were compromised in locations by improperly fitting sprinkler escutcheons. Improperly fitted sprinkler escutcheons present the possibility that a fire that begins in one space can quickly spread to the attic and could delay activation of the sprinkler system. Improperly fitted sprinkler escutcheons on 10-10-2019: a. Closet off room 212, b. Room 402.		5. a. repaired with fire caulk 5. b. repaired with oversized escutcheons.	
	6. Based on observation, a ceiling fan was not maintained on the screened in porch off the breakroom. Finding on 10-10-2019; The blades had sagged to only 6 feet 2 inches above the floor.		6. Removed fan blades to comply with 6 feet 2 inch requirements.	

gge 1, ED 11-12-19