

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 01/24/2024
NAME OF PROVIDER OR SUPPLIER BROOKDALE WAKE FOREST		STREET ADDRESS, CITY, STATE, ZIP CODE 611 SOUTH BROOKS STREET WAKE FOREST, NC 27587		
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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on January 24, 2024. This facility was licensed on August 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 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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Delayed egress doors shall have a sign provided on the door located above and within 12 inches of the release device reading: PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS. Findings on January 24, 2024: a. Exit by Room 212 - the exterior door is equipped with delayed egress and does not have the sign indicating to push until alarm sounds. b. MCU - the main entry door at AL Dining does not have the signage indicating to push until alarm sounds. 2. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Rooms open to the corridor are required to be protected by automatic smoke detection. Findings on January 24, 2024: a. Employee Breakroom - the door to the corridor has been removed and the room does not have automatic smoke detection.	C 101		
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	C 164		

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C 164	Continued From page 2 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. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair. Findings on January 24, 2024: a. B Hall - the corridor is under repair from water damage when a worker stepped on a domestic water line. The lines are being replaced as they have aged and are leaking. b. A Hall Laundry - there is an excessive amount of lint, clothing and trash behind the washers and dryers. c. Beauty Shop - there is a large brown water stain at the back wall and the ceiling appears to be bowing. d. C Hall Laundry - there is an excessive amount of lint and clothing behind the dryers. The trim around the duct clean out is broken and lint is blowing out around the access panel onto the wall. e. C Hall Biohazard Room off of Laundry - the ceiling is spotted with yellow water stains and the finish is flaking off. f. There is a pattern of excessive accumulations of dust on return air vents, exhaust fans and radiation dampers. g. Room 406 Bath - a 12" hole has been cut into the wall behind the toilet and has not been patched.	C 164		
C 166	Housekeeping-Maintained Free of Hazards	C 166		

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C 166	Continued From page 3 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 facility is not maintained free from hazards. If the code required clearance of 36" in front of electrical breaker panels is not maintained it could delay timely operation of the breakers in an emergency situation. Findings on January 24, 2024: a. Kitchen - service carts are stacked in front of the electrical panels.	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	C 185		

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C 185	Continued From page 4 facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the facility was not conducting fire rehearsals on each shift for each quarter. Findings on January 24, 2024: a. There was not a fire rehearsal on the third shift in the second quarter of 2023. b. There was not a fire rehearsal on the third shift in the third quarter of 2023.	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 and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be affected if the equipment failed to alert the occupants in case of a fire. Findings on January 24, 2024: a. The FACP is in trouble mode. The hall smoke detector outside of Room 201 has been removed as water from a leak in the domestic water lines	C 189		

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C 189	Continued From page 5 damaged the head. 2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on January 24, 2024: a. Men's Guest Bath - the escutcheon ring on the sprinkler head is missing leaving a gap in the fire resistant rated ceiling. b. A Hall Laundry - both of the covers for the vents opening off of the chase wall are off leaving the ductwork exposed. c. Beauty Shop - one of the screws for the vent near the back wall is backing out causing the vent to hang and leaving a hole in the fire resistant rated ceiling. d. Riser Room - a 2' x 3' hole has been cut into the ceiling to conduct repairs. e. Riser Room - there is a ceiling penetration at the back wall that appears to have been cut for a larger pipe and there is a large opening around the smaller penetration. f. Riser Room - the fire caulking material around two of the 4" water pipes has pulled away from the ceiling and shifted down the pipes which leaves gaps in the fire resistant rated ceiling. g. Multi-Purpose Room - the escutcheon ring is loose on the sprinkler head near the door. h. MCU - the exit sign just inside at the entry door has a hole in the ceiling at the base of the sign. i. MCU Laundry - there are two 1" holes in the ceiling where a light was replaced. j. MCU Alcove across from Room 410 - the sprinkler head is missing its escutcheon ring. k. MCU Living Room - the escutcheon ring on	C 189		

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C 189	Continued From page 6 the sprinkler head near the window is missing. l. Kitchen - there are gaps in the ceiling around the sprinkler head near the dishwashing area. 3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on January 24, 2024: a. The exit sign/light outside the Business Coordinator's Office did not illuminate on test. b. Service Hall - the exit sign/light outside of the Kitchen is not illuminated. c. MCU - the exit sign/light to the right just inside the MCU entrance did not illuminate on test. d. The exit sign/light over the exit door in the vestibule outside of Room 409 has been removed. 4. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps through fire resistant rated walls or doors could allow fire and smoke to spread beyond the area of origin. Findings on January 24, 2024: a. Maintenance Closet - there are two 1/4" diameter holes through the door above and below the door hardware. b. Dining Service Office - there are two 1/4" diameter holes through the door above and below the door hardware. c. MCU Storage - there are two 1/4" diameter holes through the door above and below the door hardware. 5. Based on observation there is a failure to	C 189		

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C 189	Continued From page 7 maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on January 24, 2024: a. C Hall - temporary heater units are placed at attic access panels to protect the water lines while they are being repaired. One of the units was in front of the cross corridor doors at C Hall preventing the doors from closing during a fire alarm. The unit was moved at the time of survey. 6. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on January 24, 2024: a. MCU Dining - the hinges on the corridor doors are loose and the doors do not close and latch into each other.	C 189		
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;	C 199		

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C 199	Continued From page 8 (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. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on January 24, 2024: a. Men's Guest Bathroom - the exhaust fan is not working. b. C Hall Spa - the fan is not working. c. There is a pattern of exhaust fans in utility areas not working.	C 199		