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
	HAL032016	A. BUILDING: 01 B. WING _____	R 04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CHAPEL HILL AL (NC)	2220 FARMINGTON DRIVE CHAPEL HILL, NC 27514

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{C 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Tod Hancock conducted on April 23, 2024. Deficiencies were cited that require a Plan of Correction.	{C 000}		
{C 111}	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have current fire and building safety inspection reports available for review. Findings April 23,2024: a. A copy of the current Fire Official's Annual Inspection report was not available for review. b. A copy of the current fire alarm system inspection report was not available for review. Note: the inspection was conducted recently, and staff were not able to secure a copy of the reports at the time of the survey. c. A copy of the current fire sprinkler system inspection report was not available for review. Note: the inspection was conducted recently, and staff were not able to secure a copy of the reports at the time of the survey.	{C 111}	Reports will be kept on-hand and available for immediate review going forward. 6/30/2024	
{C 135}	Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT	{C 135}		

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{C 135}	Continued From page 1 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; This Rule is not met as evidenced by: 1. Observations revealed that the facility is utilizing the community bathrooms as storage. Findings April 23,2024: a. F Hall Shower Room - the room is being utilized for the storage of maintenance supplies.	{C 135}	All bathrooms/toilet rooms to be cleared of any storage present.	6/30/24
{C 156}	Soil Utility Room SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (j) Soil Utility Room. A separate room shall be provided and equipped for the cleaning and sanitizing of bed pans and shall have handwashing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not have a Soil Utility Room for the cleaning and sanitizing of bed pans. Findings April 23,2024: a. E Hall Housekeeping - a utility sink has been removed from this room and appears to be the only room designated for soiled utility.	{C 156}	Community to establish and maintain a designated area for soiled utility purposes.	6/30/24
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT	{C 164}		

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{C 164}	Continued From page 2 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. Observations revealed that the walls and ceilings were not kept in good repair. Findings April 23,2024: a. E Hall Stairwell - there is a stress crack in the exterior wall running from the ceiling to within 3' of the floor. b. F Hall stair exit vestibule - the wallpaper is pulling away at the seams in several locations. c. A Hall Spa Toilet Room - the ceiling grid is damaged, and the ceiling tile and grid is not properly supported. d. A Hall Spa - there are black mildew spots on the ceiling tile and grid around the supply vent at the tub.	{C 164}	All noted areas of deficiencies to be corrected. Community management to continue rounding monthly to ensure walls, ceilings, and floors are in good repair.	7/15/24
{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	{C 189}		

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{C 189}	Continued From page 3 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 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 April 23,2024: a. Second Level - there is a small hole in the ceiling at the exit sign by the main stairs. b. F Hall Dining - the can light at the door is missing leaving a large opening in the ceiling. c. Maintenance Office - there is an unsealed cable penetration at the back corner of the room. d. E Hall, Room E9 - the sprinkler head in the closet is not centered in the opening leaving a hole in the fire-resistant rated ceiling. e. A Hall stair exit vestibule - the escutcheon ring on the sprinkler head has dropped leaving a gap in the fire-resistant rated ceiling. f. Employee Lounge - the escutcheon ring on the sprinkler head is missing leaving a hole in the fire-resistant rated ceiling. g. Service Hall - the escutcheon ring on the sprinkler head outside of the employee lounge has dropped. h. Service Hall - there is a 2" diameter hole in the ceiling in front of the elevator. i. C Hall Furnace Closets - an orange foam product was used to seal the penetrations which is not an approved fire rated material. One of the applications has over-sprayed onto the heat detector which may delay the detector from activating during a fire.	{C 189}	All notes allos to be written. Management to continue monthly rounds to ensure future deficiencies are proactively addressed.	7/15/24

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{C 189}	Continued From page 4 2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings April 23,2024: b. B Hall Stairwell first level - none of the wall sconces were illuminated at the stairs or exit landing making visibility very low in the event of an evacuation. c. C Hall Exit - none of the lights in the exit vestibule are working to provide illumination during evacuation. 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 April 23,2024: a. D Hall - the exit sign outside of D5 did not illuminate on test. b. E Hall - the exit sign/emergency light over the stair exit door did not illuminate on test. c. The exit sign/emergency light at E1 did not illuminate on test. e. F Hall stair exit vestibule - the exit light did not illuminate on test. g. B Hall - the exit sign at the B Hall doors did not illuminate on test. h. Service Hall - the exit sign outside of the FACP room did not illuminate on test. i. Kitchen - the exit sign at the dishwash area did not illuminate on test. j. B Hall - both exit signs at the exit by Room B8 were not illuminated.	{C 189}	All noted areas to be corrected. Management to begin quarterly tests on exit lights 7/15/24 to ensure they are properly working.	

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{C 189}	Continued From page 5 k. C Hall - the exit sign at the C Hall doors (lobby side) did not illuminate on test. 4. 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 April 23,2024: a. Room D1 - the door is not level and does not latch when closed. c. F10 - the door does not latch when closed. d. B Hall Living Room - the doors are not synchronized to have the door with the astragal close first, so the doors did not close and latch upon activation of the fire alarm. e. A Hall Dining Room - the doors are not synchronized to have the door with the astragal close first, so the doors did not close and latch upon activation of the fire alarm. 5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. To resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops. Findings April 23,2024: a. Room D1 - there is a half inch air space between the top left of the door and the door frame stop. c. Kitchen - there are two 1/4" diameter holes in the door above and below the door hardware. 6. Based on observation and testing there is a failure to maintain the facility's emergency fire alarm system devices and equipment in a safe	{C 189}	All noted deficiencies to be corrected. Will continue monitoring to proactively address ongoing issues. 7/15/24	

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{C 189}	Continued From page 6 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 April 23,2024: c. C Hall Spa - one of the clips on the heat detector has broken causing the detector to hang from its wiring. 7. 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 walls could allow fire and smoke to spread beyond the area of origin. Findings April 23,2024: a. D Hall Laundry Storage - a hole was cut out of the side wall to conduct repairs. The opening has not been sealed. Penetrations in the opening were sealed using a yellow foam product which does not meet the fire-resistant rating for this type of construction. 9. Based on observation there is a failure to maintain the building's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be affected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings April 23,2024: b. B Hall Living Area - there was a chair in front of one of the doors preventing the door from closing during a fire. The chair was moved at the time of survey. 10. Observations revealed that the electrical	{C 189}	All noted deficiencies to be corrected. Will continue to monitor to proactively address moving forward. 7/5/24	

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{C 189}	Continued From page 7 equipment was not maintained in a safe and operating condition. Missing light fixtures leave wires exposed that may cause harm from an electrical shock. Findings April 23,2024: a. A Hall Spa - the light in the shower is missing and the electrical box is open. b. Service Hall outside Kitchen door - the can light is missing leaving a hole. 11. 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. Findings April 23,2024: a. Service Hall Mechanical Room - there are boxes, bins and maintenance equipment stored directly in front of the electrical panels.	{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; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area.	{C 199}		

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{C 199}	Continued From page 8 (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 buildup humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings April 23,2024: a. None of the fans in the facility appear to be working.	{C 199}	Repair to be completed to ensure exhaust fans are operable.	7/15/24