NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

November 12, 2024
Cameron Gregory, Campus Executive Director (via email only)
Brookdale Chapel Hill
2230 Farmington Drive
Chapel Hill, NC 27517

RE: Brookdale Chapel Hill – ACH Biennial Follow-up Construction Survey
2230 Farmington Drive
Chapel Hill (Durham County)
FID #970542

Dear Mr. Gregory:

On **October 16, 2024**, a Biennial Follow-up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is not in substantial compliance due to uncorrected deficiencies. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a **Signed Plan of Correction** must be submitted.

Plan of Correction (POC)

A POC for the deficiencies must be submitted November 27, 2024.

Your POC for the deficiencies must contain the following:

- What corrective action(s) will be accomplished by the facility to correct the deficient practice;
- How you will identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State. Any completion date greater than **15** days from date of survey requires a written waiver from DHSR – Construction Section.

- Corrective action must begin immediately.

Your Signed Plan of Correction can be:

Mailed to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Faxed to: (919) 733-6592

Emailed to: DHSR.Construction.Admin@dhhs.nc.gov

Please do not hesitate to call us if you have questions or if we can be of further assistance.

Sincerely,

Tod Hancock

Tod Hancock
Biennial Institutional Engineering Surveyor
DHSR – Construction Section

cc: DHSR – Adult Care Licensure Section
City Building Inspection Department – with attachment (via email only)
Durham County DSS – with attachment (via email only)

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
	HAL032019	A. BUILDING: 01 B. WING _____	R 10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CHAPEL HILL	2230 FARMINGTON DRIVE CHAPEL HILL, NC 27514

(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 Construction Section Biennial Survey by Tod Hancock conducted on October 16, 2024. Deficiencies have been cited and a Plan of Correction is required.	{C 000}		
{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. Observations revealed that the outside premises were not maintained in a clean and safe condition. Findings on October 16, 2024: a. Front portico - the sprinkler head at the entry is missing its escutcheon ring leaving a large gap around the head allowing pests to enter the ceiling. b. Front portico - the finishing tape on the porch ceiling over the entry door is peeling. c. Right Front, A Hall - there is a section of the roofing shingles, approximately 1' x 6' that is detached and sliding down the roof.	{C 160}	NOED deficiencies to be corrected. Community to witness audit to ensure ongoing compliance. 12/31/24	
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	{C 164}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032019	A. BUILDING: 01 B. WING _____	R 10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CHAPEL HILL	2230 FARMINGTON DRIVE CHAPEL HILL, NC 27514

(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 164}	Continued From page 1 (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, ceilings and floors were not kept clean and in good repair. Findings on October 16, 2024: a. B Hall Spa Toilet Room - the ceiling around the supply vent is flaking and peeling. b. Kitchen Office - the right wall that was damaged during a sprinkler leak is under repair. c. Kitchen Pantry - there are black mildew spots on the supply vent, on the ceiling around the supply vent and on the walls near the supply vent. The sheetrock ceiling is cracked around the supply vent behind the door. d. Kitchen - the door facing the door to the service hall is dirty and the paint is bubbled and flaking. e. C Hall Front Exit Vestibule - the wall base is missing. f. C Hall Laundry - there is an excessive amount of debris behind the dryer. g. C Hall End Exit Vestibule - there are small piles of dead insects around the perimeter of the vestibule. h. C Hall End Exit Vestibule - the paint on the interior side of the exterior door is flaking and peeling. i. Sunroom - the finishing tape is pulling away along the Living Room wall causing the paint to flake and leaving gaps in the ceiling. j. Activity Room - the carpet at the threshold is unraveling, creating a trip hazard.	{C 164}	All noted areas of deficiency to be complete. Community to await residents moving forward to avoid repeat occurrences.	12/31/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032019	A. BUILDING: 01 B. WING _____	R 10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CHAPEL HILL	2230 FARMINGTON DRIVE CHAPEL HILL, NC 27514

(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 164}	Continued From page 2 2. Observations revealed that the furnishings were not kept in good repair. Findings on October 16, 2024: a. B Hall Spa Toilet Room - the recessed toilet paper dispenser is not secure on the wall. b. There is a general pattern of door closers missing their protective covers leaving the internal mechanisms exposed.	{C 164}	- Deficiencies to be corrected.	12/31/24
{C 188}	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on observation not all electrical outlets in wet locations at sinks, bathrooms and outside of building have functioning ground fault interrupters. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection. Findings on October 16, 2024: a. D Hall Spa Toilet Room - the outlet at the sink is not a GFCI outlet.	{C 188}	- GFCI outlet to be installed.	12/31/24
{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}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032019	A. BUILDING: 01 B. WING	R 10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CHAPEL HILL	2230 FARMINGTON DRIVE CHAPEL HILL, NC 27514

(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 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 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 October 16, 2024: a. The fire alarm panel is in trouble mode. The interview with staff revealed that there is a faulty duct detector on C Hall. b. D Hall Exit Vestibule - the smoke detector is completely covered with masking tape. 2. 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 October 16, 2024: a. The exit sign over the front entry door is not illuminated. 3. Based on observation, the facility's fire safety systems are not maintained in a safe condition. Failure to maintain fire safety systems in a safe condition could affect occupants of the facility if the system did not provide the required fire-resistant rated protection. Excessive dust built up on the radiation dampers could delay their response in closing during a fire. Findings on October 16, 2024:	{C 189}	-Deficiencies to be corrected will audit routinely moving forward. 12/5/24 -Sign to be fixed to be illuminated 12/31/24	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032019	A. BUILDING: 01 B. WING _____	R 10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CHAPEL HILL	2230 FARMINGTON DRIVE CHAPEL HILL, NC 27514

(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 189}	Continued From page 4 a. There is a general pattern of excessive dust accumulating on the radiation dampers in the mechanical ducts and in the exhaust fan vents. 4. 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 October 16, 2024: a. B Hall Laundry - the sprinkler head is missing its escutcheon ring leaving a hole in the fire-resistant rated ceiling. b. Beauty Salon - the escutcheon ring on the back sprinkler head has dropped leaving a gap in the fire-resistant rated ceiling. c. D Hall Spa - there are three small 1/2" diameter holes in the ceiling at the exhaust fan grille. d. B Hall Exit Vestibule (end of hall) - the sprinkler head is missing its escutcheon plate. e. Kitchen - the ceiling is under repair where the sprinkler system leaked and damaged part of the ceiling. 5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition as evidenced by doors with inoperable automatic self-closing hardware. Occupants of the facility could be affected if rooms required to have self-closing hardware did not close to limit smoke or the spread of fire to the area of origin. Findings on October 16, 2024: a. B Hall Laundry - the door closer between the Laundry Room and the Spa was removed from the door so the 45-minute door does not	{C 189}	-NOTED deficiencies to be corrected. Routine audits to be conducted moving forward to ensure ongoing compliance 12/31/24 -Door closer to be replaced 12/31/24	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032019	A. BUILDING: 01 B. WING _____	R 10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CHAPEL HILL	2230 FARMINGTON DRIVE CHAPEL HILL, NC 27514

(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 189}	Continued From page 5 automatically close and latch. 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 October 16, 2024: a. Room B-2 - the latching device on the door does not fully extend so that the door does not latch when closed. b. Service Hall (plans indicate a bathroom) - the door hardware is broken off of the door across from the Staff Toilet and the door cannot be opened. 7. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on October 16, 2024: a. B Hall - the emergency electrical outlet on the back side of the smoke barrier doors is taped over. 8. 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 or doors could allow fire and smoke to spread beyond the area of origin. Findings on October 16, 2024: a. Kitchen - the door to the service hall has 1/4" diameter holes above and below the door hardware. b. C Hall Training Room - there are 1/4" diameter	{C 189}	-Hardware with note deficiency to be corrected 12/31/24 -Tape to be removed 12/15/24	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032019	A. BUILDING: 01 B. WING _____	R 10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CHAPEL HILL	2230 FARMINGTON DRIVE CHAPEL HILL, NC 27514

(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 189}	Continued From page 6 holes through the door above and below the door hardware. c. D Hall Furnace - there is a hole, approximately 3" x 12", in the left side corridor wall.	{C 189}	-Note deficiency to be repaired	12/5/24
{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. (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 on October 16, 2024: a. Guest Bath - the exhaust fan was not working. b. There was a pattern of exhaust fans not working on A Hall. c. A Hall Spa - the exhaust fan is not working. d. A Hall Housekeeping and Laundry - the exhaust fan vents have a piece of cardboard laying over the opening, preventing them from	{C 199}	-Exhaust fans not working to be accessed. will test them and will move forward to ensure this is being checked for compliance	12/31/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032019	A. BUILDING: 01 B. WING _____	R 10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CHAPEL HILL	2230 FARMINGTON DRIVE CHAPEL HILL, NC 27514

(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 199}	Continued From page 7 operating as needed. e. C Hall Spa - the exhaust fan in the Toilet Room is not working.	{C 199}		