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 _____	**10/02/2024**

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 a Construction Section Biennial Survey by Tod Hancock, conducted on October 2, 2024. Records indicate this facility was first licensed as a Home for the Aged serving 76 residents, 24 of which reside in the SCU, on May 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. Deficiencies were cited that require a Plan of Correction.	C 000	The following is a summary of plan of correction for Brookdale Reidsville. This plan of correction is in regards to the biennial survey dated 10/2/24. This plan of correction is not to be construed as an admission of or agreement with the fingings and conclusions in the state of deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specfic actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.	
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. Based on an interview with the Executive Director and Maintenance Director the facility failed to maintain in the facility, current (completed within the last twelve months) sanitation and fire and building safety inspection reports available for review. Findings October 2, 2024: a. There was no National Fire Alarm and Signaling Code (NFPA 72) report available for review. b. There was no Standard for the Inspection, Testing, and Maintenance of Water-Base Fire	C 111	Section .0300 Physical plant 10A NCAC 13F .0302 Design and Construction Summit Fire and Security was scheduled to complete the building safety inspection on 10/4/24 prior to inspection on 10/2/24. The inspection was completed on 10/4/24 as scheduled and all documents are on file at facility. Inspection Certificate, Fire Alarm life safety system inspection, Fire Suppression inspection and sprinkler certificate were emailed to surveyor upon completion. Completed 10/4/24	

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C 111	Continued From page 1 Protection System (NFPA 25) report available for review.	C 111		
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 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 October 2, 2024: a. Service Hall Mechanical Room -There are boxes, bins and maintenance equipment stored directly in front of the electrical panels. 2. Observations revealed that the plumbing equipment was not maintained in a safe operating condition. Findings October 2, 2024: a. Kitchen- The ice machine drain does not have a 2" air gap. This hazard was mitigated while the surveyor was on- site. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a	C 189	Section .0300 - physical plant 10A NCAC 13F .0311 Other Requirements 1. Service Hall Mechanical Room- Boxes, bins and maintenance equipment was removed. Completed on 10/7/24 2. a. The ice machine drain was fixed while surveyor was on-site. Completed 10/2/24	

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C 189	Continued From page 2 safe operating condition. The occupants in the smoke compartment could be affected if the fire-resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings October 2, 2024: a. Service Hall Door- The door is being held open with an unapproved device. 4. Based on observation, the buildings' emergency equipment is not maintained in a safe operating condition. This could affect all if they could not promptly find their way to the exit during an emergency. Findings October 2, 2024: a. 300 Hall Exit Door-- The Emergency lights did not illuminate when tested. 5. 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 or walls could allow fire and smoke to spread beyond the area of origin. Findings October 2, 2024: a. Attic Access- 100 Hall- There are openings in the smoke barrier wall.	C 189	Service hall door - device was removed from door. Completed on 10/2/24 300 Hall Exit Door - batteries were replaced in the emergency lights and it now illuminates when tested. Completed 10/2/24 Attic Access - 100 Hall sealed openings in smoke barrier wall. Completed on 10/7/24	