STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041039	A. BUILDING: **01** B. WING _____	**11/07/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH AL (NC)	**1568 SKEET CLUB ROAD HIGH POINT, NC 27265**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on November 7, 2024. This facility was licensed as a Home for the Aged on 08/28/1998 for 102 residents. Therefore, this 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; Section 409 Special Institutional Occupancy-Group I Unrestrained Occupancy. Deficiencies were cited requiring a Plan of Correction.	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; This Rule is not met as evidenced by: 1. Based on observation, the fire sprinkler	C 101		

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C 101	Continued From page 1 system failed to meet the Code requirements in effect at the time of construction or alterations by not having all required areas protected with sprinklers. This could affect all residents, staff, and visitors if smoke/fire was not contained in the Room of origin. Findings on November 7, 2024: a. External, Side Entrance Porch near Bedroom 20 - the fire sprinkler head was missing from the canopy.	C 101		
C 116	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall	C 116		

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C 116	Continued From page 2 require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: 1. Based on observation, interview and review of records, the facility failed to submit construction documents and specifications for review and approval when undertaking construction or remodeling of an Adult Care Home. Findings on November 7, 2024: a. An interview with the Maintenance Director revealed the facility had replaced its fire alarm system. Review of DHSR Construction records revealed that no plans or specifications have been submitted.	C 116		
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	C 160		

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C 160	Continued From page 3 facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation, the outside grounds were not maintained in a safe condition. Findings on November 7, 2024: a. Side Porch near Bedroom 9 - parts of the gypsum skim coat finish were falling off the ceiling.	C 160		
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 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. Based on observation, the mechanical systems were not kept clean and in good repair. Findings on November 7, 2024: a. Bedroom 6 - the exhaust ventilation system grille with its radiation damper had an excessive accumulation of dust/lint. b. Bedroom 27 - the exhaust ventilation system grille with its radiation damper had an excessive accumulation of dust/lint.	C 164		
C 166	Housekeeping-Maintained Free of Hazards	C 166		

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C 166	Continued From page 4 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 Building was not maintained free of hazards because the compressed gas cylinders were not properly secured. They may fall and break their valves off. This would turn the compressed gas cylinder into a dangerous projectile. Findings on November 7, 2024: a. Bedroom 27 - a portable medical oxygen cylinder with a regulator extending beyond its collar guard, was standing up on the floor not properly secured.	C 166		
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:	C 189		

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C 189	Continued From page 5 1. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on November 7, 2024: a. Exit near Resident Program Coordinator Office - the exit sign did not illuminate when tested in backup power mode. b. Corridor Smoke Barrier Wall Exit near Bedroom 40 - the exit sign did not illuminate when tested in backup power mode. 2. Based on observations, the building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in the room of origin. Findings on November 7, 2024: a. Mechanical Room near Bedroom 17 - there were several penetrations sealed with orange foam. Orange foam is not approved to seal penetrations through fire-resistance-rated construction. b. Maintenance Office - there were several penetrations sealed with orange foam. Orange foam is not approved to seal penetrations through fire-resistance-rated construction. 3. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on November 7, 2024: a. Exterior near HVAC Compressor #1 - the wall mounted ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip when the test button was pushed and when tested with a ground fault receptacle tester & circuit analyzer device. b. Exterior near HVAC Compressor #4 - the wall mounted ground-fault circuit-interrupter (GFCI)	C 189		

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C 189	Continued From page 6 electrical power receptacle did not trip when the test button was pushed and when tested with a ground fault receptacle tester & circuit analyzer device. c. Maintenance Office - a multiplug adaptor, without integral overcurrent protection, was attached to an electrical power receptacle. Facility Staff corrected this deficiency before the Construction Surveyor left the site. 4. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This would affect all if fire were not contained in the room of origin. Findings on November 7, 2024: a. Bedroom 19 - a fire sprinkler escutcheon plate had dropped, exposing an opening through the fire-resistance-rated ceiling. b. Bedroom 27 - a fire sprinkler escutcheon plate had dropped, exposing an opening through the fire-resistance-rated ceiling. c. Kitchen, Freezer - a fire sprinkler escutcheon plate had dropped, exposing an opening through the freezer ceiling. 5. Based on observation, the fire safety equipment was not being maintained to ensure safety. This could hamper the staff's ability to extinguish a small fire, permitting it to grow. Findings on November 7, 2024: a. Corridor near Bedroom 3 - the fire extinguisher cabinet door handle was missing one of its attachment screws. b. Bulk Laundry - in March 2024 the portable fire extinguisher had its annual maintenance performed. Since that time only July's monthly in-house/owner inspection was documented. c. Corridor across from Bedroom 43 - in March 2024 the portable fire extinguisher had its annual maintenance performed. Since that time only	C 189		

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C 189	Continued From page 7 March, August and September's monthly in-house/owner inspection were documented. d. Kitchen Back Door - a wall mounted ice bucket blocks access to the kitchen's portable fire extinguisher, mounted at the door. 6. Based on observation, the Building did not have an adequate supply of spare fire sprinkler heads as required by NFPA 13. Findings on November 7, 2024: a. Kitchen, Sprinkler Riser Room - there were no spare fire sprinkler heads in the fire sprinkler head storage box except for ones used in the attic. 7. Based on Observation, the corridor doors were not maintained in a safe and operating condition. Doors were blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on November 7, 2024: a. Resident Program Coordinator Office - a door wedge was holding the corridor door open.	C 189		