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	HAL063024	A. BUILDING: **01** B. WING _____	**01/28/2025**

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BROOKDALE PINEHURST	**17 REGIONAL DRIVE PINEHURST, NC 28374**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on January 28, 2025. Records indicate this facility was first licensed on February 16, 1998. The facility is currently licensed for 76 Beds including a 19 Bed Special Care Unit. Therefore, the 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 (1998 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 were cited that require 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;	C 101		

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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 28, 2025: a. Front Entry door - the delayed egress signage has been removed from the door. b. Service Hall - the exit door is equipped with delayed egress and the delayed egress signage has been removed from the door.	C 101	Completed 1/28/25. Egress signs placed at doors.	
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the corridors free of all equipment and other obstructions. Corridors must maintain six feet clear for egress. Means of egress or exit paths that are obstructed or blocked could delay or hinder emergency evacuation of the occupants from the facility. Findings on January 28, 2025: a. Corridor by Room 211 - there is a chair in the	C 150		

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C 150	Continued From page 2 corridor that reduces the exit path to less than six feet. The chair was moved at the time of survey.	C 150	Completed 1/28/25. Chair was removed from hallway.	
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 January 28, 2025: a. 100 Hall Exit - both of the gable ends have loose fascia trim. b. 200 Hall Exit - the top sections of exterior siding to the left of the exit were falling off. c. 400 Hall Courtyard - one of the corridor exterior window panes is broken.	C 160	A. Completed 2/28/25. Trim has been secured down. B Completed 2/28/25. Siding has been secured down. C. Window was replaced and completed	
C 162	Outside Premises-Outdoor Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level. This Rule is not met as evidenced by: 1. Observations revealed that not all of the	C 162		

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C 162	Continued From page 3 outdoor walkways were illuminated. Failure to illuminate exit paths can hinder safe evacuation during an emergency. Findings on January 28, 2025: a. Exit by Room 412 - the exterior light at the door did not have a bulb to illuminate the path.	C 162	Complete 2/28/25. Replaced light bulb.	
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. Observations revealed that the walls, ceilings and floors have not been kept clean and in good repair. Findings on January 28, 2025: a. Room 107 Bathroom - all of the cove base has been removed from the walls and is lying on the bathroom floor. b. Room 107 Left Bedroom - the door is rubbing on the frame and pulling the veneer loose from the door. c. 100 Hall Residential Laundry - there is microbial growth on the ceiling and walls of the Chemical Room. d. 100 Hall Residential Laundry - there is microbial growth on the ceiling and walls of the	C 164	A. Completed 3/7/25. Cove base replaced. B. Completed 3/3/25. Door was resessed. C. Completed 1/29/25. Area treated and cleaned.	

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C 164	Continued From page 4 Broom Closet and there is a heavy accumulation of dust on the fan grille. e. 300 Hall Residential Laundry - there is an excessive amount of dust and lint on the exhaust fan and sprinkler head in the closet. f. Exit Vestibule by Room 412 - the face of the interior vestibule door is covered in microbial growth.	C 164	C. Completed 1/29/25. Area treated and cleaned. E. Completed 3/3/25. All areas cleaned. F. Completed 1/29/25. Area treated and cleaned.	
C 166	Housekeeping-Maintained Free of Hazards 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 was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on January 28, 2025: a. 100 Hall Mechanical Room - there are three oxygen bottles stored in a cardboard carrying case. b. Biohazard Room by Dining - there are eight oxygen bottles stored in a shallow plastic beverage container.	C 166	C. Completed 1/29/25. Oxygen to moved to proper storage. C. Completed 1/29/25. Area treated and cleaned.	

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C 185	Continued From page 5	C 185		
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 facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the records for the fire rehearsal logs did not include the shift and a short description of what the rehearsal involved. Findings on January 28, 2025: a. Interview with staff revealed that changes had been made to their log-in system and records of the shifts had been removed. b. There was not a short description of what the rehearsal involved included in the available records.	C 185	Completed 2/28/25. Documentation recorded and stored for review for the fire rehearsal log.	
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	C 189		

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C 189	Continued From page 6 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 interview the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not function during a fire. Findings on January 28, 2025: a. The facility experienced two weather related incidents with the sprinkler system. A sprinkler pipe in the SCU froze and burst approximately two weeks prior to this survey. Residents in the SCU were moved to the AL side of the facility while repairs to the structure are completed. An exterior sprinkler head burst on Friday, January 24, 2025. All sprinkler repairs have been corrected at this time and the system is in working order. The facility is under construction repairs for the water damage. 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 28, 2025: a. Front Entry - there is a small gap in the ceiling at the base of the exit sign. b. Copier Closet - there is a 1" diameter hole in the ceiling.	C 189	Completed 2/28/29. All construction complete. A. Completed 1/29/25. Gap closed. B. Completed 1/29/25. Hole fixed.	

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C 189	Continued From page 7 c. Housekeeping by Room 211 - the escutcheon ring is missing on the sprinkler head leaving a gap in the fire resistant rated ceiling. d. The sprinkler head in the corridor outside of Room 211 is missing its escutcheon ring leaving a gap in the fire resistant rated ceiling. e. Exit by Room 211 - there is a gap in the ceiling at the base of the exit sign. f. Room 202 - the sprinkler head is missing its escutcheon ring leaving a gap in the fire resistant rated ceiling. g. Kitchen Office/Pantry - the return air vent is loose leaving a gap in the fire resistant rated ceiling. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have holes or gaps through the face of the door. Findings on January 28, 2025: a. Men's Guest Bathroom - there is a hole through the door at the door hardware. b. 400 Hall - the interior exit door by Room 403 has a 1/4" diameter hole through the door above the door hardware. 4. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on January 28, 2025: a. Room 211 - the light in the kitchenette is missing its globe. 5. 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	C 189	C.&D. Work to be completed by Summit on return visit. Completion to be determined by schedule availability of Summit Fire. E. Completed 1/29/25. F. Work to be completed by Summit on return visit. Completion to be determined by schedule availability of Summit Fire. G. Completed 2/28/29. Air vent corrected. A. Completed 2/28/25. B. Completed 1/29/25. A. Completed 2/28/25. Globe replaced.	

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C 189	Continued From page 8 exits were not illuminated during a power outage. Findings on January 28, 2025: a. Dining - the emergency light did not illuminate on test. b. Employee Lounge - the emergency light did not illuminate on test. 6. 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 28, 2025: a. The exit sign outside of Room 409 did not illuminate on test.	C 189	A.& B. Work to be completed by Summit on return visit. Completion to be determined by schedule availability of Summit Fire. A. Work to be completed by Summit on return visit. Completion to be determined by schedule availability of Summit Fire.	
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.	C 199		

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C 199	Continued From page 9 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 28, 2025: a. 100 Hall Residential Laundry - the fans in the laundry area, the chemical closet and the broom closet are not working.	C 199	A. MD to have completed on 3/9/25. Ordered necessary parts.	