

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/28/2015
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NAME OF PROVIDER OR SUPPLIER
BROOKDALE HIGH POINT NORTH

STREET ADDRESS, CITY, STATE, ZIP CODE
**1564 SKEET CLUB ROAD
HIGH POINT, NC 27265**

(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 Follow-Up Construction Survey by Ed Miller on August 28, 2015. The following deficiencies cited during the July 9, 2015, Follow-up Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	(C 000)	<p>CONSTRUCTION SECTION SEP 22 2015 RECEIVED</p>	
(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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: Based on observation, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components of doors equipped with Special Locking Arrangements. This could effect all occupants who would need to evacuate through the door(s) if the exit were obstructed.	(C 101)		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Catherine Amstutz

TITLE
ED

(X6) DATE
9/22/15

See Attachment

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER BROOKDALE HIGH POINT NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1564 SKEET CLUB ROAD HIGH POINT, NC 27265
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(C 101)	Continued From page 1 Findings on July 9, 2015: a. The exit door at the kitchen service corridor has a magnetic lock installed and there is not an emergency release switch provided. This is not in accordance with the NC State Building Code requirement to have an emergency release switch located within 3 feet of the locked door.	(C 101)	CONSTRUCTION SECTION SEP 22 2015 RECEIVED	
(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: 9. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings in the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a timely manner and cannot contained fire in the Room or compartment of origin. Findings on July 9, 2015: a. The fire sprinkler escutcheon plate had dropped down from the ceiling at the following locations to include but not limited to: i. Corridor outside of Spa 2.	(C 189)		

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BROOKDALE HIGH POINT NORTH

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(C 199)	Continued From page 2	{C 199}		
(C 199)	Exhaust Ventilation	{C 199}		
	<p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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:</p> <ol style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. <p>Findings on March 26, 2015:</p> <ol style="list-style-type: none"> a. The exhaust fan was not running, at the following locations to include but not limited to: <ol style="list-style-type: none"> i. Bedroom 9. ii. Bedroom 15 			

- o What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- o 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.
- o Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.
 - Corrective action must begin immediately

To expedite this process, please fax your plan of correction to this office at 919-733-6592.

If you have any questions concerning the instructions contained in this letter, please contact me.

Sincerely,

Ed Miller
Architect
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment
Guilford County DSS - with attachment

Clare Bridge of Highpoint HA Biennial Survey

The following is a summary of the Plan of Correction for Clare Bridge of Highpoint. This Plan of Correction is in regards to the Construction Section Biennial Survey conducted on April 26th, 2015 and received on September 22, 2015. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement 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 specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

1564 Skeet Club Rd., Highpoint NC, 27265

FID #980269 Hal041033

C101 Physical Plant

2.
 - a. Will provide a means of emergency egress per code by August 31st, 2015

C189 Building Maintained Safe Operating

1.
 - a. Will repair or replace Escutcheon plate August 31,2015
 - i. Will repair or replace light fixture by July 1st, 2015

C199 Exhaust

1. g.. Will repair or replace exhaust by August 31, 2015
2. Will repair or replace exhaust by August 31, 2015
3. Will repair or replace exhaust by August 31, 2015
4. Will repair or replace exhaust by August 31, 2015
5. Will repair or replace exhaust by August 31, 2015

To assist with compliance, the Executive Director or designee will review monthly preventative maintenance reports completed by the Maintenance Technician and will do a monthly walk through of the building with the Maintenance Technician for two months,