

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2015
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NAME OF PROVIDER OR SUPPLIER BROOKDALE REIDSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 2931 VANCE STREET REIDSVILLE, NC 27320
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(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	<p>Initial Comments</p> <p>This is a Report of a Biennial Construction Survey done by Bob Getchell and Dennis Harrell on October 8, 2015.</p> <p>This facility was first licensed as a Home for the Aged serving 76 residents, 24 of which reside in the SCU, on or about 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.</p> <p>Deficiencies werre noted which will require a new plan of correction.</p>	C 000		
C 150	<p>Corridors-Free of equipment and Obstructions</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by having corridors obstructed.</p> <p>Findings include: a) The Exit vestibules in the SCU are being used for storage, and one is being used for an office.</p> <p>b) The evacuation path from the left corridor indicates the Exit is out the front door, however the Exit signage in the left corridor directs traffic to go straight through a set of french doors to the Dining Room instead of directing traffic to the</p>	C 150		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 150	Continued From page 1 front door.	C 150		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <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> <p>1. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents if the systems failed to detect smoke or suppress a fire.</p> <p>Findings include:</p> <p>a. The sample tubes for the HVAC duct mounted smoke detectors were dirty in the HVAC unit near the swmoke barrier wall over room 301over room 17.</p> <p>b. Some of the attic sprinkler heads are covered by insulation</p> <p>c. In the biohazard room there are stored items within 18 inches of the sprinkler heads. (Fixed on-site)</p> <p>2. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke</p>	C 189		

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C 189	<p>Continued From page 2</p> <p>compartment of origin.</p> <p>Findings include:</p> <ul style="list-style-type: none"> a. The attic smoke barrier wall over room 103 was penetrated by PVC pipe which was greater than 2 1/2 inches in diameter and was not equipped with a fire collar or other listed protection. b. The 1-hour fire resistance rated kitchen ceiling has unprotected penetrations by pipes near the Ansul system. c. There is an unprotected 2" hole cut in the ceiling of the Dining Room in the light well near the kitchen entrance d. In the Laundry room on the Azelia Hall there is an unsealed ceiling penetration by 4" metal dryer duct e. In the Program Coordinators Office a sprinkler escutcheon has dropped revealing an opening to the attic. f. There is an unprotected penetration in the corridor ceiling outside the Med Room <p>These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814.</p> <p>3. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch.</p> <p>Findings include: The Exit door near room 309 scrubs the frame and will not close and latch,</p>	C 189		