

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL096014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 11/25/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BROOKDALE BERKLEY BOULEVARD	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 N BERKLEY BLVD GOLDSBORO, NC 27534
---	---

(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

{C 000}

This report is of a Followup Survey done by Bob Getchell on November 25, 2015.

The followup survey revealed that all deficiencies have not been completed, therefore a new plan of correction is required.

{C 133} Bathrooms-Hand Grips

{C 133}

SECTION .0300 - PHYSICAL PLANT  
10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

(e) The requirements for bathrooms and toilet rooms are:

(6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;

This Rule is not met as evidenced by:

1. Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips.

Followup Findings on November 25, 2015:

a. There were loose hand grips (grab bar) at the commodes, and tubs at the following locations to include but not limited to:

ii. Public Restroom commode..

Hand grab bar in the public restroom commode was ressecured with butterfly bolts.

12/4

{C 166} Housekeeping-Maintained Free of Hazards

{C 166}

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

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Mueh* TITLE: Executive Director

(X6) DATE: 1/4/2016

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL096014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  R 11/25/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  BROOKDALE BERKLEY BOULEVARD	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 N BERKLEY BLVD GOLDSBORO, NC 27534
---	---

(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 166} Continued From page 1

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 failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation, grilles and their associated dampers free of hazards.

Followup Findings on November 25, 2015:  
c. In the Commode Room of the Spa, the Ventilation grille and its radiation damper had an excessive accumulation of dust/lint.

{C 166}

Commode Room of the Spa the Ventilation grille and its radiation damper removed and cleaned then replaced. 12/4

{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:  
3. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign did not work or relay directional information properly.

Followup Findings on November 25, 2015:  
b. With the cross-corridor doors near Bedroom 801 closed, there was no Exit sign directing you

{C 189}

A New Exit Sign directing you to egress was installed 12/4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL096014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  R 11/25/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  BROOKDALE BERKLEY BOULEVARD	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 N BERKLEY BLVD GOLDSBORO, NC 27534
---	---

(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 189}	<p>Continued From page 2</p> <p>to egress through the door as shown in the evacuation map and confirmed with Executive Director.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly.</p> <p>Followup Findings on November 25, 2015: a. The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed. Locations of specific examples include but are not limited to: ix. Mech Room 018, x. Corridor near Public Toilets.</p> <p>11. Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly.</p> <p>Followup Findings on November 25, 2015: a. Corridor doors at the following locations had wedges holding the doors open, Locations of specific examples include but are not limited to: iii. Dining Room to Service Corridor, iv. Bedroom 107. c. Corridor door to the Bedroom 407 was blocked open with a chair,</p>	{C 189}	<p>Mech Room 018 and corridor 12/4 Near public toilet emergency light Batteries was replace both lights work.</p> <p>Dining Room to Service Corridor, bedroom, 107 and Corridor door to bedroom Maintenance Tech removed all wedges and chairs. 11/27</p>	
{C 199}	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p>	{C 199}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL096014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  R 11/25/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  BROOKDALE BERKLEY BOULEVARD	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 N BERKLEY BLVD GOLDSBORO, NC 27534
---	---

(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 199}	<p>Continued From page 3</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"> <li>(1) soiled linen storage;</li> <li>(2) soil utility room;</li> <li>(3) bathrooms and toilet rooms;</li> <li>(4) housekeeping closets; and</li> <li>(5) laundry area.</li> </ol> <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"> <li>1. Based on Observation and testing the facility failed to maintain the ventilation system in proper working order.</li> </ol> <p>Followup Findings on November 25, 2015: Fans are back ordered.</p> <p>a. The exhaust ventilation was running but did not remove the required amount of air. Locations of specific examples include but are not limited to:</p> <ol style="list-style-type: none"> <li>i. Bedroom 707,</li> <li>ii. Bedroom 205,</li> <li>iii. Bedroom 302,</li> <li>iv. Bedroom 102,</li> <li>v. Public Restroom near Nurse Station</li> </ol>	{C 199}	<p>Will work on getting email stating Fans are on back order. 2/14/16</p> <p>1/15/16 motor was received today. Maint. personnel will have all motors installed no later than Jan 20, 2016</p>	
---------	---	---------	---	--