

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  02/02/2016	
NAME OF PROVIDER OR SUPPLIER  BROOKDALE LEXINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292		
(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 Biennial Construction Survey by Dennis Harrell and Bob Getchell on 2-2-2016.  Records indicate this facility was first licensed or submitted for licensure on 2-13-1997, for 76 residents. Based on this information we are requiring the facility to meet the 1996 "Homes for the Aged and Disabled - Minimum Standards and Regulations", applicable portions of the 2005 Rules for Adult Care Homes for Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code; Section 409.1 Group I, Unrestrained Occupancy.	C 000	The following is a summary of the Plan of Correction for Brookdale Lexington. This Plan of Correction is in regards to the Corrective Action Report dated February 19, 2016. 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.	
C 133	Bathrooms-Hand Grips  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: Based on observation, the hand grips provided at the shower and the toilet in the spa on the 300 Hall were loosely mounted to the wall. Loose handgrips could cause a resident to fall.	C 133	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;	2/5/16
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	C 185	Indicated hand grip will be repaired/replaced.	

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

*Don B. Catts*

TITLE

*Executive Director*

(X6) DATE

*3/4/16*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  02/02/2016	
NAME OF PROVIDER OR SUPPLIER  BROOKDALE LEXINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292		
(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 185	<p>Continued From page 1</p> <p>requirement of the local Fire Prevention Code Enforcement Official.</p> <p>(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.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Finding includes: Fire drills were not done on all shifts in all quarters.</p>	C 185	<p><b>10A NCAC 13F .0309 Plan For Evacuation</b></p> <p><b>(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.</b></p> <p><b>(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.</b></p> <p><b>(f) This Rule shall apply to new and existing facilities.</b></p> <ul style="list-style-type: none"> <li>• Fire plan rehearsals will be completed appropriately on a quarterly basis on each shift.</li> </ul>	2/27/16
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: 1. Based on observation, the facility was not maintained in a safe condition because of an incomplete and damaged fire alarm system.</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  R. WING _____	(X3) DATE SURVEY COMPLETED  02/02/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  BROOKDALE LEXINGTON	STREET-ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
---	---

(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>Based on interview, lightning struck the building on 12-24-2015 and severely damaged the fire alarm system. Most of the smoke detectors throughout the building had been removed and the wiring "jumped" to restore continuity of the wiring. A fire watch was underway but was not being done according to the NC Fire Prevention Code in that the fire watch person was the SIC who had other duties along with the fire watch. The fire watch personnel can have no other duties that may distract them from the fire watch. A Plan of Protection was instituted in which the facility agreed to:</p> <p>a. Immediately begin to conduct the fire watch properly and to continue until the fire alarm system is repaired.</p> <p>b. Have the fire alarm system repaired/replaced and working properly no later than 2-12-2016.</p> <p>2. Based on observation, the facility was not maintained in a safe condition because of Delayed-egress doors not working properly. Delayed egress doors are required to unlock upon activation of the fire alarm system. When the fire alarm system was activated, the egress doors did not unlock. Additionally, Delayed egress doors are required to sound a signal and open 15 seconds after attempting to open the door. The Delayed egress door near room 109 would sound a signal but would not open as required:</p> <p>A Plan of Protection was instituted in which the facility agreed to:</p> <p>a. Immediately begin to conduct 2 fire watches with 2 people and to continue until the Delayed egress door system is repaired.</p> <p>b. Train all staff on using the override keypads adjacent to the Delayed egress doors during an emergency.</p> <p>c. Have the Delayed egress door system</p>	C 189	<p><b>10A NCAC 13F .0311</b> <b>Other Requirements</b></p> <p><b>(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.</b></p> <p><b>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</b></p> <ul style="list-style-type: none"> <li>When community is performing "Fire Watches" the only duties performed by the designated person doing the fire watch will only be performing those duties.</li> <li>Community Fire Alarm system will be in working order no later than 2/12/16.</li> <li>Indicated egress doors will unlock with the activation of the fire alarms no later than 2/12/16.</li> </ul>	<p>2/12/16</p> <p>2/12/16</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL028006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  02/02/2016
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  BROOKDALE LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27282
---	---

(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 3</p> <p>repaired and working properly no later than 2-12-2016.</p> <p>3. Based on observation, the facility was not maintained in a safe condition because of smoke barrier doors not working properly. Smoke barrier doors must close upon activation of the fire alarm system. When the fire alarm system was activated, the smoke barrier doors did not close. Smoke barrier doors that do not close properly could allow smoke and fire to travel throughout the facility quickly.</p> <p>4. Based on observation, several battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Findings include the following malfunctioning lights:</p> <ul style="list-style-type: none"> <li>a. Corridor near room 101,</li> <li>b. Corridor near the front desk,</li> <li>c. Corridor near room 306,</li> <li>d. Corridor near room 404,</li> <li>e. Corridor near room 408,</li> <li>f. Accounting office,</li> <li>g. Sprinkler riser room.</li> </ul> <p>5. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:</p> <ul style="list-style-type: none"> <li>a. PVC conduit penetrations (2 each 2 1/2 inch) not properly sealed through the smoke barrier wall above room 101.</li> <li>b. PVC penetration (2 inch) not properly sealed</li> </ul>	C 189	<ul style="list-style-type: none"> <li>• Associates will be trained on the use of the override keypad for designated doors.</li> <li>• Indicated smoke barrier doors will be repaired/replaced to allow appropriate closure when fire alarm is activated.</li> <li>• Indicated battery powered emergency lights will be repaired/replaced to working order.</li> <li>• Indicated compromised One Hour fire rated walls/ceilings will be repaired.</li> <li>• Indicated PVC conduit will be repaired/replaced.</li> <li>• Indicated sprinkler escutcheons will be repaired/replaced.</li> <li>• Indicated doors will close and latch appropriately, to include appropriate latches installed as indicated.</li> <li>• Indicated magnetic gate will be repaired/replaced.</li> </ul>	<p>2/12/16</p> <p>2/12/16</p> <p>2/12/16</p> <p>2/29/16</p>



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL029006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/02/2016</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE LEXINGTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>161 YOUNG DRIVE LEXINGTON, NC 27292</b>
--	---

(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 5</p> <p>7. Based on observation, the Special Care courtyard gate was equipped with a magnetic lock. The gate had sagged to the point that the magnet would not keep the gate locked closed. The courtyard is not a path of egress but the lock must work properly to prevent elopement.</p> <p>8. Based on observation, the facility failed to be maintained in a safe condition because of an exit sign not working on battery back-up. Exit signs that do not work properly could delay an evacuation in an emergency. Finding includes: The exit sign in the dining room would not work on battery back-up.</p> <p>9. Based on observation, several of the sprinkler heads in the attic above the 300 Hall were covered with insulation. Obstructed sprinkler heads could delay activation of the sprinkler system in a fire.</p> <p>10. Based on observation there was a barrel bolt latch on the inside of the door to the mechanical room on the 200 Hall. Latching hardware that can only be operated from one side of the door, such as barrel bolt latches, present the possibility that someone could be trapped in the room. Note: This deficiency was corrected during the survey.</p> <p>11: Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Finding includes: A portable medical oxygen cylinder was stored in unapproved in no rack or container in room 102.</p>	C 189		<p>2/29/16</p> <p>2/12/16</p> <p>2/29/16</p> <p>2/12/16</p> <p>2/2/16</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL029006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/02/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE LEXINGTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>161 YOUNG DRIVE LEXINGTON, NC 27292</b>
--	---

(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 188	Continued From page 6  12. Based on observation, a gable end vent had fallen out over the kitchen. Gaps in the building perimeter allow birds and other pest to enter the attic.	C 188		2/12/16
C 193	Ovens, Ranges in Activity or Res. Rooms  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (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: Based on observation, the range in the Community Center was not being used but was not locked in the off position to prevent unsupervised use. The room was unattended by staff. An energized range in an unsupervised room presents a significant danger to the residents.	C 193	<b>10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner.</b>	2/2/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL028006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/02/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE LEXINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>161 YOUNG DRIVE LEXINGTON, NC 27292</b>		
(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 C 199	Continued From page 7 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.  This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; a. The exhaust system was not working in the AL laundry. b. The exhaust system was not working in the AL janitor closet. c. The exhaust system was not working in the public bathroom.	C 199 C 199	<b>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</b>  • Indicated range will be locked in the off position when not in use.  <b>10A NCAC 13F .0311 Other Requirements</b> <b>(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:</b> <b>(1) soiled linen storage;</b> <b>(2) soil utility room;</b> <b>(3) bathrooms and toilet rooms;</b> <b>(4) housekeeping closets; and</b> <b>(5) laundry area.</b>	3/11/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL029006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/02/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE LEXINGTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>161 YOUNG DRIVE LEXINGTON, NC 27292</b>
--	---

(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	Continued From page 7	C 199		
C 189	<p>Exhaust Ventilation</p> <p><b>SECTION .0300 - PHYSICAL PLANT</b> <b>10A NCAC 13F .0311 OTHER REQUIREMENTS</b></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: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area.</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: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; a. The exhaust system was not working in the AL laundry. b. The-exhaust system was not working in the AL janitor closet. c. The exhaust system was not working in the public bathroom.</p>	C 189	<p><b>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</b></p> <ul style="list-style-type: none"> <li>Designated exhausts will be repaired/ replaced to assure good working condition.</li> </ul> <p>The Executive Director/ Maintenance Technician will review items noted for necessary completion and/or repair.</p> <p>The Executive Director/ Maintenance Technician will do bimonthly building surveillances <u>observing for any items that need attention/repair</u>, assuring they are maintained in a safe operating condition for the next 3 months, and then randomly thereafter.</p>	3/11/16

*Cont #2*