

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  R 03/28/2016
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NAME OF PROVIDER OR SUPPLIER  BROOKDALE LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
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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
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{C 000}	Initial Comments  This report is of a Followup Survey done by Bob Getchell on March 28, 2016.  The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	{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 April 7, 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.  <b>10A NCAC 13F .0311 Other Requirements</b>  <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>	
{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: 4. Based on observation, several battery powered emergency lights would not work when tested.  Followup Findings on March 28, 2016 include: Emergency lights are not working in the following locations: f. Accounting office,  6. Based on observation, corridor doors are prevented from closing quickly or are not latching or fitting well enough to resist the passage of fire and smoke.  Followup Findings on March 28, 2016 include: e. The laundry door on the 300 Hall did not fit the opening to be smoke resisting at the top.	{C 189}		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Dawn B. Coats</i>	(TITLE)  <i>Executive Director</i>	(X6) DATE  <i>4/21/16</i>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE LEXINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>161 YOUNG DRIVE LEXINGTON, NC 27292</b>		
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{C 189}	Continued From page 1  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.  Followup Findings on March 28, 2016 include: a) The exit sign in the dining room would not work on battery back-up.	{C 189}	<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>  <ul style="list-style-type: none"> <li>• Indicated battery powered emergency lights will be repaired/replaced to working order.</li> <li>• Indicated doors will close and latch appropriately.</li> </ul> The above items will be completed no later than 4/22/16.	