

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL013019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/07/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE CONCORD PARKWAY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2452 ROCK HILL CHURCH ROAD NW CONCORD, NC 28027</b>
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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>Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on August 7, 2025.</p> <p>There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.</p>	{C 000}		
{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>2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on August 7, 2025: Memory Care/SCU:</p> <p>b. Room 60 - the sprinkler head has dropped in the Bedroom leaving a hole in the fire-resistant rated ceiling.</p> <p>c. Room 60 - there is a large opening around the sprinkler head in the closet and the head does not have an escutcheon ring.</p> <p>l. Dining Service Area - the escutcheon ring on</p>	{C 189}		

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

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{C 189}	<p>Continued From page 1</p> <p>the sprinkler head is missing leaving a hole in the fire-resistant rated ceiling.</p> <p>3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage.</p> <p>Findings on August 7, 2025: AL Building: c. Wellness Office - the battery for the emergency light battery pack was installed in the battery pack of the Mechanical Room near the Office but the system is not working and will need to be repaired or replaced.</p>	{C 189}		