

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2025	
NAME OF PROVIDER OR SUPPLIER BROOKDALE COUNTRY DAY ROAD		STREET ADDRESS, CITY, STATE, ZIP CODE 380 COUNTRY DAY ROAD GOLDSBORO, NC 27530			
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C 000	<p>Initial Comments</p> <p>Report of a Biennial Construction Section Survey by Suzanna Fay conducted on June 19, 2025.</p> <p>This facility was licensed on January 7, 1997 and is currently licensed for 104 Beds. Therefore, this facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1997 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.</p> <p>Deficiencies have been cited and a Plan of Correction is required.</p>		C 000		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(</p> <p>f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Review of records revealed that the facility did not have approved fire and building safety inspection reports.</p> <p>Findings on June 19, 2025:</p> <p>a. The Dry System inspection report on April 1, 2025 stated that the inspection failed as the heads were due for 10 year testing.</p> <p>b. There was not an inspection report available for the Wet System.</p>		C 111		

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

TITLE

(X6) DATE

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C 116	Continued From page 1	C 116		
C 116	<p>Plans Submittals and Approvals</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS</p> <p>(a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents.</p> <p>(b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained.</p> <p>(c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division.</p> <p>(d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained.</p> <p>(e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder.</p>	C 116		

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C 116	<p>Continued From page 2</p> <p>(f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on interview and review of records, it was revealed that the facility undergoing construction to replace the fire alarm system and has not submitted Construction Documents and specifications to the Division of Health Service Regulation/Construction Section. <p>Findings on</p> <ol style="list-style-type: none"> a. The facility has plans and documents with the City of Goldsboro to replace the fire alarm system. The plans have not been submitted to the Division of Health Service Regulation for review and approval. 	C 116		
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:</p> <p>(4) Corridors shall be free of all equipment and other obstructions.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on observation there is a failure to maintain the corridors free of all equipment and other obstructions. Means of egress or exit paths that are obstructed or blocked could delay or hinder emergency evacuation of the occupants 	C 150		

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C 150	Continued From page 3 from the facility. Findings on June 19, 2025: a. Stair by Room 143 - there was an armchair on the landing at both the first and second levels partially blocking the path of egress and creating a potential fall hazard if the occupants tripped over the chair during an emergency evacuation.	C 150		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the exterior was not maintained in a clean and safe condition. Findings on June 19, 2025: a. B Hall - there is a plywood chase outside of the Maintenance Office. The plywood is buckling and the paint is flaking and peeling. There is a microbial growth on some of the boards. b. There is a section of rotten fascia boards at the corner outside of Stair 2. c. There is a section of rotten fascia boards at the corner outside of Stair 1.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 164		

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C 164	<p>Continued From page 4</p> <p>FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p> This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the walls, ceiling and floors were not kept clean and in good repair.</p> <p> Findings on June 19, 2025:</p> <p>a. Kitchen - there are small brown spots on the ceiling where the fans were removed.</p> <p>b. Dining - there is dust on the the corridor walls from the air conditioning vents.</p> <p>c. Health and Wellness - there are cobwebs around the door hinges of the exterior door.</p> <p>d. There are two ceiling tiles with dark brown water stains and black mildew outside of Room 150.</p> <p>e. There are two bowed ceiling tiles outside of Room 148.</p> <p>f. C Hall Laundry - the walls and floor behind the dryer are coated with lint.</p> <p>g. There is a general pattern of exhaust fan grilles with heavy accumulations of dust.</p> <p>h. Women's Guest Bathroom - there is a four inch diameter hole in the wall behind the door where the door handle hit the wall.</p> <p>i. There was a sprinkler leak outside of the Maintenance Office. The paint on the walls has bubbled. There are several stained and damaged tiles. One tile has been removed.</p> <p>j. Maintenance Office - the ceiling finish is bubbled and flaking.</p>	C 164		

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C 164	<p>Continued From page 5</p> <p>k. B Hall Hopper Room - there is a large yellow water stain with spots of microbial growth caused by a leak on the wall to the left of the hopper.</p> <p>l. Spa - there is a leak above the ceiling near the door. There is an eight inch diameter water stain with black spots of microbial growth in the center of the stain.</p> <p>m. Spa - there is a three inch diameter indentation in the floor near the toilet creating a possible trip hazard and causing the vinyl floor to tear.</p> <p>2. Observations revealed that the furniture was not kept in good repair.</p> <p>Findings on June 19, 2025:</p> <p>a. Health and Wellness Office - one of the drawer fronts on the desk has fallen off .</p>	C 164		
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the facility was not maintained free of all obstructions and hazards. Rooms with the door hardware removed endangers the occupants by preventing them from opening the door and traps them inside.</p>	C 166		

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C 166	Continued From page 6 Findings on June 19, 2025: a. Exercise Room - there is no interior door hardware on the double doors and the doors cannot be opened from inside the room if fully closed.	C 166		
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 requirement of the local Fire Prevention Code Enforcement Official. (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. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on review of records, the facility is not conducting fire rehearsals on each shift each quarter and the logs did not list the shift. Findings on June 19, 2025: a. The records available listed a time but did not indicate the shift. b. Available records showed only one fire drill conducted on the first shift for the fourth quarter of 2024. c. The available records showed only one fire drill conducted on the first shift in the first quarter of 2025.	C 185		

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C 185	Continued From page 7 d. The available records showed two rehearsals on the second shift in May for the second quarter of 2025.	C 185		
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: 1. Based on observation and interview there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be affected if the equipment failed to alert the occupants in case of a fire. Findings on June 19, 2025: a. The Fire Alarm Control Panel is in trouble mode. Interview with staff revealed that there has been ongoing issues with the panel and they will be replacing the system. They are waiting on review and permits from the City of Goldsboro. The system was tested and appeared to be functioning. The facility is currently undergoing a fire watch. b. The alarm was not sounding in the back halls of all three halls. It was not sounding in C Hall on the second floor. The alarm could not be heard	C 189		

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C 189	<p>Continued From page 8</p> <p>in several wings when the fire doors closed.</p> <p>2. Based on observation there is a failure to maintain the building's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be affected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin.</p> <p>Findings on June 19, 2025:</p> <ul style="list-style-type: none"> a. All of the cross corridor doors were held open using wedged devices. Interview with staff revealed that the hold open devices were not operating and the local fire official had allowed them to use the wedges. At the time of survey, all of the magnetic hold open devices were working and the wedges were removed. b. Chapel - the door was being held open with a wedge. c. Room 128 - the door was held open with a wedged device. <p>3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition as evidenced by doors with inoperable automatic self closing hardware. Occupants of the facility could be affected if rooms required to have self closing hardware did not close to limit smoke or the spread of fire to the area of origin.</p> <p>Findings on June 19, 2025:</p> <ul style="list-style-type: none"> a. The closer was disabled on the fire door to the B Wing and the door did not automatically close and latch when released by the fire alarm. b. Exercise Room - the closer on the right hand door was disabled and the door did not close and latch. 	C 189		

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C 189	<p>Continued From page 9</p> <p>4. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition due to sprinkler heads being obstructed could affect occupants in the fire compartment if the sprinkler head could not suppress a fire.</p> <p>Findings on June 19, 2025:</p> <ul style="list-style-type: none"> a. The sprinkler head outside the front door is loaded with cobwebs and debris which may prevent the head from operating in a timely manner. b. C Hall Laundry - the sprinkler head was loaded with lint which may prevent the head from operating in a timely manner. <p>5. 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 could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on June 19, 2025:</p> <ul style="list-style-type: none"> a. Front Living Room - the escutcheon ring on the sprinkler head near the corridor wall is on upside down leaving a hole in the fire resistant rated ceiling. b. Activity Room - there is one unsealed cable penetration over the desk area. c. Riser Room - there is a 1" diameter hole in the ceiling. d. C Hall - repairs are underway due to a leak above the ceiling near Room 225. There is an unsealed cable penetration where the MiFi box was moved and the sprinkler head is missing its escutcheon ring. e. Maintenance Office - the ceiling hatch was 	C 189		

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C 189	<p>Continued From page 10</p> <p>opened to conduct repairs and is still open leaving a 36" square hole in the ceiling.</p> <p>f. Second Floor B Hall - the escutcheon ring on the sprinkler head outside of Room 212 has dropped leaving a gap in the fire resistant rated ceiling.</p> <p>6. 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 June 19, 2025:</p> <p>a. Activity Room - the emergency light did not illuminate on test.</p> <p>b. Kitchen - the emergency light at the back door did not illuminate on test.</p> <p>c. Health and Wellness Office - the emergency light did not illuminate on test.</p> <p>d. Emergency light #33 on C Hall near the Beauty Shop did not illuminate on test.</p> <p>e. Emergency light #35 by Room 132 did not illuminate on test.</p> <p>f. Emergency light #47 in Stairwell 4 did not illuminate on test.</p> <p>g. Emergency light #34 by Room 128 did not illuminate on test.</p> <p>h. Emergency light #38 on C Hall did not illuminate on test.</p> <p>i. B Hall - the emergency light by Housekeeping did not illuminate on test.</p> <p>j. Emergency light B19 outside of Room 217 did not illuminate on test.</p> <p>7. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the</p>	C 189		

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C 189	<p>Continued From page 11</p> <p>event of an emergency evacuation.</p> <p>Findings on June 19, 2025:</p> <ul style="list-style-type: none"> a. The exit sign over the smoke barrier door by Room 225 did not illuminate on test. b. Stair 1 - the exit light at the exterior door did not illuminate on test. <p>8. Observations revealed that the electrical equipment was not maintained in a safe and operating condition.</p> <p>Findings on June 19, 2025:</p> <ul style="list-style-type: none"> a. Kitchen Pantry - the lens cover was missing from the overhead ceiling light. b. The exterior flood light outside of Stair 1 is dangling from its wires. c. Corridor outside of Room 208 - the corridor light was removed leaving an open junction box and four one inch holes in the ceiling. The facility is waiting for a new light. <p>9. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection.</p> <p>Findings on June 19, 2025:</p> <ul style="list-style-type: none"> a. Kitchen - staff are not conducting and documenting monthly in-house checks on the kitchen hood suppression system. b. Staff are not conducting and documenting monthly in-house inspections on the fire extinguishers. <p>10. Observations revealed that the plumbing equipment was not maintained in operating</p>	C 189		

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C 189	<p>Continued From page 12</p> <p>condition.</p> <p>Findings on June 19, 2025:</p> <p>a. C Hall Laundry - the faucet on the utility sink is corroded and the base of the faucet is damaged and broken. The sink basin is dirty and covered with a black residue.</p> <p>11. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not function during a fire.</p> <p>Findings on June 19, 2025:</p> <p>a. C Hall near smoke barrier doors - the smoke detector has been removed as it was damaged during a leak above the ceiling.</p> <p>b. Room 233 - the smoke detector has been removed from its base.</p> <p>c. Room 109 - the smoke detector was removed from the room and is sitting on the corridor handrail.</p> <p>d. Second Level outside of the Elevator Equipment Room - due to a leak above the ceiling the smoke detector was damaged and has been removed from its base.</p> <p>12. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on June 19, 2025:</p> <p>a. Room 233 - the door does not fully close and latch.</p>	C 189		

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NAME OF PROVIDER OR SUPPLIER BROOKDALE COUNTRY DAY ROAD		STREET ADDRESS, CITY, STATE, ZIP CODE 380 COUNTRY DAY ROAD GOLDSBORO, NC 27530		
(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 13</p> <p>13. Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection.</p> <p>Findings on June 19, 2025: a. B Hall First Floor Residential Laundry - both of the GFCI outlets are bad.</p> <p>14. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin.</p> <p>Findings on June 19, 2025: a. The left hand door of the cross corridor doors by Room 123 did not latch when both doors released at the same time.</p>	C 189		
C 193	<p>Ovens, Ranges in Activity or Res. Rooms</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances.</p> <p>(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</p>	C 193		

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C 193	<p>Continued From page 14</p> <p>resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff.</p> <p>(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.</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. Observations revealed that the ovens, ranges and cook tops located in resident activity areas were not begin supervised and were not locked.</p> <p> Findings on June 19, 2025:</p> <p>a. Activity Room - the locking feature on the stove was not engaged and there were no staff present in the room. One resident was observed coming into the room and getting a drink from the refrigerator. The oven was locked at the time of survey.</p>	C 193		
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</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>	C 199		

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C 199	<p>Continued From page 15</p> <p>(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:</p> <p>1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up of humidity that can cause mildew and slick areas and prevents the dissipation of odors.</p> <p>Findings on June 19, 2025:</p> <p>a. Men's Guest Bathroom - the exhaust fan is not working.</p> <p>b. B Hall Residential Laundry, First Floor - the exhaust fan is not working.</p> <p>c. Spa - the exhaust fan is not working.</p>	C 199		