

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL070005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/06/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE ELIZABETH CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 401 HASTINGS LANE ELIZABETH CITY, NC 27909
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller conducted on December 6, 2016.</p> <p>Records indicate this facility was first licensed as a Home for the Aged on August 20, 1997. The facility is currently licensed for a total capacity of seventy-six, beds, which includes a twenty-two bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of 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 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.</p> <p>Deficiencies were cited that require a Plan of Correction.</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(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: 1. Based on record review, and interview with Executive Director and Maintenance Director, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects all by preventing any deficiency that may be discovered with annual inspections from being corrected.</p>	C 111		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 111	Continued From page 1 Findings on December 6, 2016: a. NFPA 72 "National Fire Alarm and Signaling Code" requires annual Inspection, Testing, and Maintenance of your Fire Alarm Systems. The last annual inspection was performed in October 13, 2015.	C 111		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (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 keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on December 6, 2016: a. Employed Break Room - the ceiling tiles were stained.	C 164		
C 166	Housekeeping-Maintained Free of Hazards 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 hazards; (e) This Rule shall apply to new and existing facilities.	C 166		

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C 166	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on December 6, 2016: a. Bedroom 302 Bathroom - the connection of the commode to the floor was loose.</p> <p>2. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on December 6, 2016: a. SCU Spa - the tub had a shower wand with hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.</p>	C 166		
C 183	<p>Fire Extinguishers</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to</p>	C 183		

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C 183	Continued From page 3 grow larger. This would affect all residents, staff and visitors by not identifying emergency equipment not in proper working order. Findings on December 6, 2016: a. Service Hall near Kitchen - the last annual maintenance check of the portable fire extinguishers was last performed in 15 months ago..	C 183		
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the building failed to properly post and maintain the evacuation maps. This would affect all residents, staff and visitors by not providing proper guidance during an emergency. Findings on December 6, 2016: a. SCU - in the SCU the mounted evacuation maps have not been reinstalled since painting was completed.	C 184		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	C 189		

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C 189	<p>Continued From page 4</p> <p>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>1. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on December 6, 2016:</p> <p>a. 300 Hall Laundry Closet - the fire sprinkler head had been painted over and may not function when needed.</p> <p>2. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on December 6, 2016:</p> <p>a. 100 Hall Laundry Closet - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat.</p> <p>b. Bedroom 302 Both Closets - the fire sprinkler escutcheon plates were missing, exposing openings through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>3. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect</p>	C 189		

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C 189	<p>Continued From page 5</p> <p>residents, staff and visitors if they could not promptly find their way to an exit during an emergency.</p> <p>Findings on December 6, 2016:</p> <p>a. Corridor near Bedroom 302 - the wall-mounted self-contained emergency light did not illuminate on backup power when tested.</p> <p>b. Corridor near Bedroom 202 - the wall-mounted self-contained emergency light did not illuminate on backup power when tested.</p> <p>4. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin</p> <p>Findings on December 6, 2016:</p> <p>a. Employed Break Room - the one-hour fire-resistance-rated gypsum ceiling assembly had deteriorated to a point where the tape and joint compound between the sheets had disappeared.</p> <p>b. Main Electrical Room - there was an open-ended 1 ½ inch sleeve with a cable bundle penetrating the fire-resistance-rated ceiling assembly.</p> <p>c. Kitchen - there was a one inch hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>d. Kitchen - there were gaps around the commercial kitchen hood's fire suppression system conduits that penetrated through the fire-resistance-rated ceiling assembly.</p> <p>e. Telephone Equipment Room - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>5. Based on observation, the building's emergency equipment was not maintained in a</p>	C 189		

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C 189	<p>Continued From page 6</p> <p>safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency.</p> <p>Findings on December 6, 2016:</p> <p>a. 100 Hall Back - the exit sign on corridor had a chevron graphic removed indicating that you should turn left but the way out is straight.</p> <p>b. SCU Corridor Entrance from Assisted Living - when the cross-corridor doors close, there are no Exit signs visible to direct you to exit through any door.</p> <p>6. Based on Observation, fire rated doors of hazardous areas were not being maintained in a safe and operating condition.</p> <p>Findings on December 6, 2016:</p> <p>a. Pantry Room - the 100 plus square feet storage room had a door propped open with kickdown doorstop.</p> <p>b. Pantry Room - the 100 plus square feet storage room had a door that appears to be missing its fire-resistance-rated label.</p> <p>c. Kitchen to Dining - the self-closing door did not close and latch on its own power.</p> <p>7. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke of the fire in the compartment of origin.</p> <p>Findings on December 6, 2016:</p> <p>a. 300 Hall Smoke Barrier Wall - the cross-corridor double-egress pair of doors had warped and do not fit into the doorframe, producing gaps that exceed acceptable clearances when the fire alarm system released the doors.</p>	C 189		

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C 189	Continued From page 7 8. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on December 6, 2016: a. Beauty Shop - the corridor door's latch bolt was retracted, not allowing the door to latch. b. SCU Parlor - the corridor door did not latch into its frame when closed. c. Bedroom 408 - the corridor door did not latch into its frame when closed. d. Bedroom 406 - the corridor door did not latch into its frame when closed.	C 189		
C 199	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.	C 199		

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C 199	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. <p>Findings on December 6, 2016:</p> <ol style="list-style-type: none"> a. 100 Hall Laundry - the exhaust ventilation system did not work, allowing a build-up of odors. b. 100 Hall Men Room - the exhaust ventilation system did not work, allowing a build-up of odors. c. 100 Hall Women Room - the exhaust ventilation system did not work, allowing a build-up of odors. 	C 199		
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