		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL001002	B. WING		07/1	5/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BURLING	GTON CARE CENTER		CH BRIDGE TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
		ensure Section conducted an /14/15 with an exit conference 15/15.				
D 287	7 10A NCAC 13F .0904(b)(2) Nutrition And Food Service		D 287			
	(b) Food Preparation Homes: (2) Table service shon-disposable plana knife, fork, spoon containers. Exception individual basis and	04 Nutrition And Food Service on and Service in Adult Care nall include a napkin and ce setting consisting of at least, plate and beverage ons may be made on and shall be based on or preferences of the				
	review, the facility f included a non-disp consisting of at leas	et as evidenced by: ion, interview, and record ailed to assure table service losable place setting st a knife, fork, spoon, and room for all 8 residents. The				
	room on 7/14/15 at The residents we turnip greens, a slict The place setting of a non-disposable cup a non-disposable to the resup their baked ham One of the residence.	were served baked ham, yams, ce of bread and stewed apples. ng for all 8 residents consisted e spoon, paper napkin, os, a non-disposable plate and powl. sidents were observed picking				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL001002	B. WING		07/	15/2015
	PROVIDER OR SUPPLIER GTON CARE CENTER	2201 BUF	DRESS, CITY, S RCH BRIDGE TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 287	their plates. Interviews with resident had nowith meals. Resident had lesince that was all hear Residents did nowith from eating, hear Resident told the was that they start lealong with the meal Resident had now fork, because he going to get one. Interview with the Meal Resident had now fork, because he going to get one. Interview with the Meal Resident had now fork, because he going to get one. Interview with the Meal Resident had now fork to get one. Interview with the Meal Resident had now fork to get one. Interview with the Meal Resident had now fork to get one. Interview with a second to their rooms and lead to the rooms are rooms.	dents ate all of the food on dents revealed: ot been getting a knife or fork earned to eat with a spoon, e had. iot let not having a fork stop just did not think about it. ine staff that was his request handing out knives and forks	D 287			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		HAL001002	B. WING		07/1	5/2015	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
BURLING	BURLINGTON CARE CENTER 2201 BURCH BRIDGE ROAD						
240.15	CLIMANA DV CTA		TON, NC 27		ON	0/5	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
D 287	Continued From pa	ge 2	D 287				
D 306	7/14/15 at 1:05pm r - She was not aw giving the residents consisting of a knife - The staff were a give the residents a - She would assugiven a full set of ta fork and spoon goin 10A NCAC 13F .090 Service 10A NCAC 13F .090 (d) Food Requirem (3) Daily menus for following: (H) Water and Othe served to each reside to other beverages. This Rule is not me Based on observation failed to serve wate to other beverages. Observation of the I 11:45am in the dinir	rare the facility staff was not a full set of tableware e, fork and spoon. The facility were supposed to knife and fork to eat with. The the residents would be bleware consisting of a knife, ig forward. The findings are: The facility staff was not a full was not a full care. The facility is to each resident in addition. The findings are: The findings are:	D 306				
	beverage. - No water was s - There was a wa most of the resident the day. - There was a res	erved to the residents. Ater tank in the dining room, ats got water from throughout sident (Resident #3) that was up and get water on his own					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL001002	B. WING		07/1	5/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BURLINGTON CARE CENTER			CH BRIDGE TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 306	Continued From pa	age 3	D 306			
	Based on observati Resident #3 was no	ion and record review ot interviewable.				
	The FL-2 for Resident stroke on 5/15/15.	ent #3 revealed he suffered a				
	revealed: - Resident #3 ha been the same, he like he was before Staff had to do	MA/SIC on 7/14/15 at 12:05pm ad mini strokes and he had not was no longer independent everything for him now, and ep him in constant eyesight.				
	observation reveale - Water was not always gave us sor - " Most of us co water if we want so	"served with meals, but they mething to drink". uld get up and get our own me " soda bottle with me to refill				
	revealed: - She did not usu the residents She thought ab for the residents an get their own since dining room She did not thir	MA/SIC on 7/14/15 at 11:55am ually put water on the table for bout setting water on the table at then decided, they could just there was a water jug in the about whether Resident #3 water or not, that had not				
	12:00pm revealed: - She did not put residents.	econd MA/SIC on 7/14/15 at water on the table for the get their own water from the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL001002	B. WING		07/	15/2015
	PROVIDER OR SUPPLIER GTON CARE CENTER	2201 BUR	DRESS, CITY, S CH BRIDGE TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 306	water tank when the - The staff gave the day. Interview with the fa 7/14/15 at 1:05pm i - The staff at the serve water with ea - Although some probably get their oplaced on the table residents.	ey are thirsty. Resident #3 water throughout acility Administrator/owner on revealed: a facility was supposed to ch meal. of the residents could wn water, it should have been and offered to all of the ure all of the residents would	D 306			

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