STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
				R			
		HAL001149	B. WING		01/1	1/2017	
NAME OF PROVIDER OR SUPPLIER STREET ADD				STATE, ZIP CODE			
LANE ST	LANE ST RETIREMENT HOME  625 LANE STREET  BURLINGTON, NC 27217						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	( (EACH CORRECTIVE ACTION SHOULD BE CON		(X5) COMPLETE DATE	
D 000	Initial Comments		D 000				
		ensure Section conducted an p survey on January 11, 2017.					
D 074	10A NCAC 13F .03 Furnishings	06(a)(1) Housekeeping And	D 074				
	Furnishings (a) Adult care hom (1) have walls, ceil	06 Housekeeping And es shall: ings, and floors or floor n and in good repair;					
	2567 at Event ID #0 Based on observatifailed to assure wal	et as evidenced by: I out of compliance, see State G7SX11 dated 09/09/2015.  ons and interviews, the facility Is and floors were kept clean for the front hallway, resident					
		6 resident room doors, and 1					
	The findings are:						
	resident rooms hall - The center section six, 12" x 12" floorir 1-1/2" sections alor -Two tiles were mis	n of the hallway flooring had ng tiles with missing 1" to ng the edges. sing 6" triangle corner					
	lying unattached on - The subflooring w missing.	as visible where the tiles were					
	a blackish brown st	secured tiles were coated with icky substance. Irds had brownish black					

Division of Health Service Regulation
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 (X3 A. BUILDING:			X3) DATE SURVEY COMPLETED	
			A. DOILDING.			,	
НА		HAL001149	B. WING		R 01/11/2017		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
LANE ST	RETIREMENT HOME	625 LANE					
	I	BURLING	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 SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
D 074	Continued From page 1		D 074				
	smudges and had a at the corners.  - The hallway walls yellow stains and verwalls.  - The electrical outly resident room #5 wyellow stains and had been stains and had	a blackish brown dusty buildup were splattered with brownish ertical dried drip lines down the et on the wall outside of as coated with brownish ad sticky dust on the top edge.  1/17 at 10:30 am of resident d door had 1/2" to 1" wide x 3' e bottom half of the door. ad deep scratches in the lower ooth sides of the door.					
	room #2 revealed: - The bottom half or numerous scratche curved marks, and the bottom 8" of the - The door frame ha	1/17 at 10:35 am of resident  f the wood paneled door had s and gouges, 8" to 12" black 3' wide scratch marks across e door. ad deep scratches in the lower both sides of the door.					
	bathroom revealed: - The wood paneled black smear marks door The bottom 1-1/2' gouge marks The door frame hamarks on the bottom - The mirror above to 2" high missing rithe mirror A large wall mirror second vanity sink.	d door was coated with greyish across the midsection of the of the door had horizontal and large scratch and gouge n 8" of the frame. the first vanity sink had 1-1/2" eflectionglass at the bottom of					

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STATE FORM 6899 KKD511 If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL001149	B. WING		R 01/11/2017	
NAME OF PROVIDER OR SUPPLIER  LANE ST RETIREMENT HOME  STREET ADD  625 LANE BURLINGT				STATE, ZIP CODE 217		
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 074	brownish yellow sta - The floor moulding edges and corners.  Interview on 1/11/17 revealed: - There were repair tiles had separated; were torn away Some of the floor sticking up on the e - There were lots of - There had been nafter the one sectio was replaced.  Interview on 1/11/17 residents revealed: - Painting needed to the floors needed to - The residents were to do repair work.  Interview on 1/11/17 housekeeper revea - The flooring tiles r were missing She tried to keep of clean, but some sta - She was not sure made in the facility.  Interview in 1/11/17 Supervisor revealed - She was aware th to be done in reside	base and was covered with ins. g had paint missing along the 7 at 2:30 pm with 2 residents is needed for the flooring; the some were missing;, some tiles were coming loose and dges. It is scratched places on doors, or further flooring repairs made in (6') of the front hallway tile 7 at 2:45 pm with 2 additional in the bedone to the hallway walls, is be replaced, it is not aware of anyone coming 7 at 11:15 am with the facility led: in the floors, walls, and corners the floors, walls, and corners when repairs were going to be at 4:30 pm with the facility discrete were repairs that needed ent areas. When repairmen would be	D 074			

Division of Health Service Regulation STATE FORM

6899 KKD511 If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED			
HAL001149	B. WING	_		R 11/2017			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
LANE ST RETIREMENT HOME  625 LANE STREET  BURLINGTON, NC 27217							
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE			
D 074 Continued From page 3 The Administrator was not available for interview.	D 074						

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