

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL049021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/05/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE PEACHTREE 2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2814 PEACHTREE ROAD</b> <b>STATESVILLE, NC 28625</b>
--	---

(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}	Initial Comments  Report of Follow-up Survey by Dennis Harrell on 3-5-2015.  Not all deficiencies were corrected. Further action is required.	{C 000}		
{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: 3- Based on observations, the facility failed to ensure that the one-hour rating of the ceiling was maintained. These deficiencies could directly affect all residents, personnel, and visitors to the facility by possibly permitting the spread of fire or smoke beyond the room of origin.  Findings on 3-5-2015:  b- There is a hole in the ceiling for a data line in the Resident Care Coordinator ' s Office that is larger than the cable and is not protected with fire caulk.	{C 189}		

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