

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL012001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2015
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NAME OF PROVIDER OR SUPPLIER BURKE LONG TERM CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 125 CAMELLIA GARDEN STREET MORGANTON, NC 28655
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(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	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Frank Strickland on 03/13/2015:</p> <p>Information obtained from the DHSR database indicates that this facility was either first licensed or submitted for licensure on 02/01/1980 for 24 residents. Based on this information, we are requiring the facility to meet the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the applicable portions of the 2005 Regulations for Adult Care Homes, and the 1978 Edition of the North Carolina State Building Code-Section 409.1(c) Institutional Occupancy.</p> <p>A deficiency has been cited and A Plan of Correction is required.</p>	C 000		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1-Based on observations, the facility has failed to maintain the building fire safety features. This could effect the safety of staff and all residents by not containing smoke and/or fire in the compartment of origin.</p>	C 189		

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

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C 189	<p>Continued From page 1</p> <p>Findings on 03/13/2015: a. The facility has return-air grilles in the ceilings of the exit access corridor that do not have any fire dampers (ceiling radiation dampers) in place for the openings at the time of survey.</p> <p>2-Based on observations, currently the facility is using the exit access corridor as a return-air plenum that can effect the safety of staff and all residents by not containing smoke and/or fire in the compartment of origin.</p> <p>Findings on 03/13/2015: a. The facility is using the exit access corridor as a return-air plenum making it likely that smoke will migrate into the exit access corridor if the system is moving air during a fire/smoke event. At the time of survey, it was not determined whether or not the HVAC shuts down and stops moving air upon activation of the fire alarm system.</p>	C 189		