

FAX 919 733-6592 (W.C. CONSTRUCTION) (1082)

PRINTED: 04/14/2015
FORM APPROVED

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**

(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
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CONSTRUCTION SECTION
APR 27 2015
RECEIVED

C 000 Initial Comments

Report of Biennial Construction Survey by Frank Strickland on 03/13/2015:

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.

A deficiency has been cited and A Plan of Correction 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:
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.

C 189

WE ARE CONTACTING CONSTRUCTION MAN & ELECTRICIAN AND THEY HAVE TO ORDER "SMOKE DAMPER MOTORIZED TYPE" INSTALL TIED TO FIRE ALARM SYSTEM

6/15/2015

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

James C. Fin

TITLE ADMINISTRATOR (X6) DATE 4/27/2015

(828) 433-5875

(2072)

Division of Health Service Regulation

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C 189	<p>Continued From page 1</p> <p>Findings on 03/13/2015:</p> <p>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:</p> <p>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	<p>ELECTRICIAN & CONSTR- -UCTION MAN WILL INSTALL BY ORDER THE CUSTOMIZED UNIT TO MEET YOUR REQUIREMENT.</p>	4/27/2015
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