Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
71101211	OF CONTRECTION	DENTIL IO/THOM NOMBER.	A. BUILDING:	01				
		HAL049029	B. WING		F 07/1	≀ 6/2015		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STATE, ZIP CODE					
140 CARRIAGE CI LIB DRIVE								
BROOKDALE CHURCHILL MOORESVILLE, NC 28117								
(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 APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE		
{C 000}	Initial Comments		{C 000}					
	Report of Follow-up Ed Miller on 7-16-2	Survey by Dennis Harrell and 015.						
	11-4-2014, have be	ted to the Complaint Survey of en corrected. No further egarding the Complaint.						
	Please notify Denni HA-3107 is comple	s Harrell when project te.						
{C 116}	Plans Submittals and Approvals		{C 116}					
	care home is plann Documents and spe by the applicant or the Division for revi preliminary step to final plan approval, and Design Develo submitted for appro submission of Cons (b) Approval of Cons pecifications shall prior to licensure. A Documents shall ex building permit for to obtained. (c) If an approval ex shall be issued by the Construction Documents of the construction co	tion or remodeling of an adult ed, two copies of Construction ecifications shall be submitted appointed representative to ew and approval. As a avoid last minute difficulty with Schematic Design Drawings pment Drawings may be eval prior to the required struction Documents. Instruction Documents and be obtained from the Division Approval of Construction Approval of Construction expire after one year unless a the construction has been expires, renewed approval the Division, provided revised ments meeting all current and standards are submitted appointed representative and						

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

(X6) DATE TITLE

Division of Health Service Regulation

AND PLAN OF CORRECTION IDENTIFICATION NUM	MBER: A DUMBING A	CONSTRUCTION	(X3) DATE SURVEY COMPLETED							
	A. BUILDING: (01								
HAL049029	B. WING		R 07/16/2015							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
RECOKDALE CHURCHILL 140 CARRIAGE CLUB DRIVE										
BROOKDALE CHURCHILL MOORESVILLE, NC 28117										
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY F REGULATORY OR LSC IDENTIFYING INFORMAT	ULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDERICIENCY)	D BE COMPLETE							
licensing requirements are maintained. (e) Completed construction or remodelir conform to the requirements of this Sectincluding the operation of all building sysshall be approved in writing by the Division to licensure or occupancy. Within 90 day following licensure, the owner or licensed submit documentation to the Division that built" drawings have been received from builder. (f) The applicant or designated agent ship the Division when actual construction or remodeling starts and at points when corresponded in the Division when actual construction. This Rule is not met as evidenced by: As of the day of the follow up survey, pro HA-3107 was in progress but was not ye completed.	on tems and on prior ys e shall t "as the all notify nstruction									

6899

Division of Health Service Regulation STATE FORM