STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL001149 07/29/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **625 LANE STREET** LANE ST RETIREMENT HOME **BURLINGTON, NC 27217** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This report is of a biennial construction survey done by Bob Getchell on July 29, 2015. This facility was first licensed as a Home for the Aged serving 12 ambulatory residents on March 26, 1993. Therefore the facility must meet the 1991 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1991 NC State Building Code(s) section 409.1 for a Group I-Institutional Unrestrained Occupancy. Deficiencies were noted which will require a new plan of correction. C 111 C 111 Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on observation, current reports were not available at the time of the survey. Findings include: The following reports were not available at the time of the survey: a) Sanitation report. b) Fire Marshalls Report. C 126 Bedrooms-Windows C 126 SECTION .0300 - PHYSICAL PLANT

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		HAL001149	B. WING		07/29/2015	
<u> </u>				STATE, ZIP CODE	0112	3/2013
		625 I ANF				
LANE SIR	RETIREMENT HOME	BURLING	TON, NC 27	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFICIENCY)	D BE	(X5) COMPLETE DATE
C 126	Continued From pa	ge 1	C 126			
1 E (() () () () () () () () () () () () ()	OA NCAC 13F .036 ENVIRONMENT d) The requiremer g) Each resident be with one or more with operable and well lip operable and be provided indow opening may opening to inhibit reference in the belief inch sill height; and this Rule is not me opening to inhibit reference in the belief inch sill height; and this Rule is not me opening include: The the following local opening include: The following local opening i	ots physical ots for the bedroom are: dedroom shall be ventilated indows which are maintained ghted. The window area shall east eight percent of the floor ded with insect screens. The day be restricted to a six-inch disident elopement or suicide. De low enough to see ded and chair, with a maximum and et as evidenced by: Vation, egress from all areas in a safe manner by having hat will not remain open. The window will not stay open titions: won't stay open s won't stay open, s won't stay open,				
C 160	Outside Premises-C	Clean, Safe	C 160			
1 E (I (i fa	The outside groacilities shall be made on dition;					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED	
	HAL001149		B. WING		07/29/2015	
NAME OF F				CTATE ZID CODE		
NAME OF F	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
LANE ST	RETIREMENT HOME	625 LANE				
TI.		BURLING	TON, NC 27	217		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION SHOULD		(X5) COMPLETE
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		DATE
.,		•		DEFICIENCY)		
C 160	Continued From no	ugo 2	C 160			
C 100	Continued From pa	ige z	C 100			
		vation, the outside premesis				
	was not maintained	I in a safe manner.				
	Findings include:					
		n the left side of the facility has				
		by the adjacent bushes of the path of egress from the				
	building.	of the path of egress from the				
	bulluling.					
	b) The exit ramp o	n the left side of the facility has				
		the boards creating cut and				
	trip hazards.					
	'					
	c) The exit ramp on the back of the facility has					
		by the adjacent bushes				
	•	of the path of egress from the				
	building.					
	-IV The	a the chearle of the feedlife has 20				
		n the back of the facility has i)				
		the boards creating cut and ne boards that are worn, loose				
		oose and missing pickets.				
	and rollen, and my	oose and missing pickets.				
C 464	Hayaaka sabsa sa s	Funnishings Olean Danning	C 164			
C 104	nousekeeping and	Furnishings-Clean, Repaired	C 164			
	SECTION .0300 - F	PHYSICAL PLANT				
		06 HOUSEKEEPING AND				
	FURNISHINGS	oo Hoodeneel IIIoniib				
	(a) Adult care home	es shall:				
		ings, and floors or floor				
		in and in good repair;				
		c unpleasant odors;				
		clean and in good repair;				
		apply to new and existing				
	facilities.					
						
	This Rule is not me					
		vation, the facility furnishings				
	were not maintainie	ed in good repair.				

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AND DIAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
		HAL001149	B. WING		07/2	9/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
LANE ST	RETIREMENT HOME	625 LANE BURLING	STREET TON, NC 27	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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
C 164	Continued From pa	ge 3	C 164				
	maintained in the foa) Room 6 has brodrawers, b) Room 5 has a codrawer, c) Room 4 has an d) Room 3 has i) a a chest of drawers broken headboard, e) Dining Room ha worn tables and characteristics. Based on observation of the corridor doors, b) In the corridor and corridor doors, b) In the corridor and corridor doors, b) In the corridor and corridor doors, c) Room 6. d) Room 5, e) Room 4, f) Room 3 g) Room 2, h) Room 1 i) Laundry room, j) Men's bathroom k) main corridor neally Living Room.	ken handle on chest of hest of drawers with a broken end table missing the handle,, n endtable missing handles, ii) with loose handles, iii) a and iiii) blinds not secured. is i) a broken chair, and ii) airs. vation, the facility floors were cood condition. The floor tile is damaged in the athroom near the cross t the left Exit, near room 1, ear service hall					
C 189	Building Equipment	Maintained Safe, Operating	C 189				
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
	HAL001149		B. WING		07/29/2015	
NAME OF I				STATE, ZIP CODE	1 0172	0/2010
LANE ST	RETIREMENT HOME	625 LANE				
		BURLING	TON, NC 27	217		
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C 189	Continued From pa	ge 4	C 189			
	care home shall be operating condition (k) This Rule shall facilities with the ex	umbing equipment in an adult maintained in a safe and . apply to new and existing ception of Paragraph (e) ly to existing facilities.				
	maintained in a safe the fire-resistance r	ration, the building was not be manner by not maintaining rating of building components. I residents by not containing the room or smoke				
	corridor doors at ropenetration by a spb) Room 5 has a chas a gap revealing c) Room 4 has a hd) Room 2 has an closet ceiling e) Room 1 has i) at that has a gap reveunprotected penetration to the Living Room ii) has a door with a g) The Electrical / Nunprotected penetratii) unprotected penetratii) unprotected penetratii) unprotected penetratii) The Laundry roofeet, has had the classification of the Laundry roofeet unprotected unprotected of the Laundry roofeet unprotected unprotected of the Laundry roofeet unprotected unprotec	loset sprinkler escutcheon that gan opening to the attic. ole in the wall, unprotected penetration in the closet sprinkler escutcheon aling an opening to the attic, ii) ations in the ceiling, and iii) ations in the wall. i) has a hole in the wall, and a closer that is wedged open dechanical room has i) ations in the ceiling, and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
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NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE			
		625 LANE		5 <u></u>			
LANE ST	RETIREMENT HOME		TON, NC 27	217			
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C 189	Continued From pa	ge 5	C 189				
	been tested in acco	rifire stop system that has ordance with ASTM E-814.					
	were not maintaine						
	corridor doors i) a to floor, and ii) there is	bathroom by the cross oilet is coming loose from the sono anti siphon device on the mounted on the tub.					
	components were r	vation, the facility interior not maintained operable by id not close completely and					
	issues: a) Bedroom 5 door b) Bedroom 3 i) has door scrubs frame a	The following doors have won't close and latch, is a loose door knob, and ii) the and will not close and latch, or has damaged hinges and ttch,					
		vation, the facility electrical intained in a safe manner					
	b) Room 1 has twoc) The Womens BaGFCI outlet that willd) The Mens Bathroutlet that will not tr	oom near room 1 has a GFCI					
	5. Based on observas not maintained	vation, the Emergency Lighting operable.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
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C 189	Continued From pa	ge 6	C 189			
	Findings include: a) The emergency	light at room 5 is not working				
	6. Based on observation, the building fire protection equipment was not installed in accordance with the Codes and Rules in effect at the time the facility was first licensed. This would affect all residents if the equipment failed to detect smoke and activate the fire alarm.					
	Findings include: a. At the end of the fire alarm test the cross corridor door magnets could not be reset.					
	Plan of Protection to leave doors closed and unobstructed until technician comes and manually resets doors.					
C 199	Exhaust Ventilation		C 199			
	provided with exhautwo cubic feet per requirement does repetive these specified spatches specified spatches specified linen sto (2) soil utility room (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the experiment of the specified speci	and this Paragraph shall be ust ventilation at the rate of minute per square foot. This not apply to facilities licensed by, with natural ventilation in inces: rage; toilet rooms;				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE COMP	SURVEY LETED
	HAL001149		B. WING		07/2	9/2015
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LANE ST	RETIREMENT HOME	625 LANE BURLING	STREET TON, NC 27	217		
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C 199	This Rule is not me 1. Based on observentilation was not this Rule. Findings include:	et as evidenced by: vation, the building exhaust maintained in accordance with is not working in the Womens	C 199			

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