STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
HAL001149		B. WING		R 01/14/2016		
NAME OF	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 01/1	4/2010
	FRETIREMENT HOME	625 I ANF	, ,			
LANE 3	RETIREMENT HOME	BURLING	TON, NC 27	217		ı
(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 APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 000}	Initial Comments		{C 000}			
	This is a Report of a by Greg Cates on J	a Followup Survey conducted anauary 14, 2016.				
		usly cited deficiencies have not d will require further action,				
{C 126}	Bedrooms-Window	s	{C 126}			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (d) The requirements for the bedroom are: (9) Each resident bedroom shall be ventilated with one or more windows which are maintained operable and well lighted. The window area shall be equivalent to at least eight percent of the floor space and be provided with insect screens. The window opening may be restricted to a six-inch opening to inhibit resident elopement or suicide. The windows shall be low enough to see outdoors from the bed and chair, with a maximum 36 inch sill height; and This Rule is not met as evidenced by: 1. Based on observation, the bedroom windows were not maintained operable by having bedroom windows that will not remain open. Findings on January 14, 2016: The window will not stay open in the following locations: a) Room 5 b) Room 4 c) Room 3 d) Room 2 e) Staff bedroom					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED			
HAI 004440		B. WING		R 01/14/2016			
HAL001149					U1/1	4/2010	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
LANE ST	RETIREMENT HOME	625 LANE BURLING	STREET TON, NC 27	217			
(V4) ID	STIMMADA STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION)NI	(VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE	
{C 160}	Continued From pa	ge 1	{C 160}				
{C 160}	Outside Premises-0	Clean, Safe	{C 160}				
	(1) The outside gro						
	This Rule is not me 1. Based on observ was not maintained	vation, the outside premesis					
	Findings on January 14, 2016:						
	b) The exit ramp on the left side of the facility has nails backing out of the boards creating cut and trip hazards.						
		n the back of the facility has the boards creating cut and					
	Additional Findings	on January 14, 2016:					
	side of the facility at the wood badly wea	n the exit ramp on the left re in poor condition, with athered and paint peeling sed all along the rails.					
{C 164}	Housekeeping and	Furnishings-Clean, Repaired	{C 164}				
	SECTION .0300 - F 10A NCAC 13F .030 FURNISHINGS (a) Adult care home	06 HOUSEKEEPING AND					

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Division of Health Service Regulation								
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED				
				R				
HAL001149		B. WING		01/14/2016				
			1		<u> </u>	4/2010		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
I ANE ST	RETIREMENT HOME	_ 625 LANI	STREET					
LANE	INCHINCINICINI HOME	BURLING	STON, NC 27	' 217				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)		
PREFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE		
TAG	REGULATORT OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	FRIAIE	DATE		
{C 164}	Continued From pa	ige 2	{C 164}					
	(1) have walls ceil	ings, and floors or floor						
		in and in good repair;						
		c unpleasant odors;						
		clean and in good repair;						
		apply to new and existing						
	facilities.	appry to men and omening						
	This Rule is not me	et as evidenced by:						
		vation, the facility furnishings						
	were not maintainie	ed in good repair.						
	Followup Findings on January 14, 2016:							
	Furnishings were not maintained in the following							
	locations:							
	a) Room 6 has broken handle on chest of							
	drawers							
	Additional Finding:							
	•	de tables is missing pulls/						
	handles.	de tables is imissing pulis/						
	nanalos.							
	b) Room 5 has a c	hest of drawers with a broken						
	drawer							
	Additional finding o	n January 14, 2016:						
	_							
		tables have broken drawers						
	and/or drawer slide	S						
	c) Room 4 has a bedside table missing the handle,,							
	d) Room 3	sia sina da sa dia s						
	i) a bedside table missing handles,							
		rs with loose handles,						
	iii) a broken headbo	วลเน						
	a) The Dining Poo	m tabletops are worn, with						
	the finish deteriorat							
	מוכ ווווסוו עכוכווטומו	ou						

STATE FORM 6899 If continuation sheet 3 of 6 WOOM23

_ ` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION IDENTIFICATION NOWBER.		A. BUILDING: 01		R		
		HAL001149	B. WING			4/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
LANE ST	RETIREMENT HOME		STREET STON, 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 APPROPROPRIES OF THE PROPROPROPRIES OF THE APPROPRIES	D BE	(X5) COMPLETE DATE
{C 164}	Continued From pa	ge 3	{C 164}			
	Based on obser- not maintained in gradings on Janaur					
		s damaged in the following ile loose and/or curling at the				
	 a) At the corridor be corridor doors, b) In the corridor and c) Room 6. d) Room 5, e) Laundry room, f) Men's bathroom g) main corridor ne h) Living Room. 	near room 1,				
{C 189}	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and	{C 189}			
	maintained in a safe	et as evidenced by: ation, the building was not e manner by not maintaining ating of building components.				

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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	
HAL001149		B. WING		R 01/14/2016		
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 0 11/1	-1/2010
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 APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
{C 189}	has a gap revealing f) The Living Room is wedged open g) The Electrical / Nunprotected penetrah) The Laundry roofeet, has had the cli) The Dining Room 2. Based on obserwere not maintaine Findings on Janaur a) In the Womens corridor doors, the toilet is lefloor. 3. Based on obsercomponents were rhaving doors that dlatch. Findings on Janaur The following doors that dlatch. Findings on Janaur The following doors the frame and will not close and latch.	y 14, 2016 loset sprinkler escutcheon that an opening to the attic has a door with a closer that Mechanical room has ations in the ceiling and wall. om, which exceeds 100 square oser removed from the door in door is wedged open vation, the plumbing fixtures d in a safe manner. y 14, 2016: bathroom by the cross cose at the attachement to the vation, the facility interior not maintained operable by id not close completely and y 14, 2016: s have issues: In to Bedroom 3 rubs against	{C 189}	DEFICIENCY)		
	Additional Finidng on Janaury 14, 2016: b) The door is crakced and broken and does not					

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appear to be repairable toclose, latch, and

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED				
				R					
		HAL001149	B. WING		01/1	4/2016			
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
LANE ST	RETIREMENT HOM	E 625 LANE BURLING	TON, NC 27	7217					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE			
{C 189}	Continued From pa	age 5	{C 189}						
	maintain the rating	of the door.							
	does not appear to and maintain the ra	_							
		vation, the facility electrical aintained in a safe manner							
	Findings on Janaur	ry 14, 2016:							
	d) The Mens Bath outlet with a broker	room near room 1 has a GFCI n coverplate.							

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