Division of Health Service Re STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED R	
		hal041062	B. WING			19/2016
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S			
BROOKD	ALE LAWNDALE PA	RK	VNDALE DRIV BORO, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLET DATE
{C 000}	Initial Comments		{C 000}			
	This report is of a Followup Survey done by Bob Getchell on January 19, 2016.					
	The followup survey revealed that all deficiencies have not been completed, therefore a new plan of correction is required.					
{C 189}	Building Equipmen	t Maintained Safe, Operating	{C 189}			
	mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex	other and all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	11. Based on obse maintained in a saf	et as evidenced by: ervation, the facility was not e condition because of too close to a fire sprinkler				
	There were items s	on 1-19-2016 include; stored within 3 inches of the le kitchen supply storage room.				
	device over an em	ervation, the alarm sounding ergency magnetic lock release room did not sound when				
	The screamer box sounding when ren					

PY7W22

Division of Health Service Regulation   STATEMENT OF DEFICIENCIES   AND PLAN OF CORRECTION   (X1) PROVIDER/SUPPLIER/CLIA   IDENTIFICATION NUMBER:   hal041062		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
					R	
		B. WING	01/	01/19/2016		
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
BROOKE	DALE LAWNDALE PA	RK	WNDALE DRIV SBORO, NC 27			
(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) COMPLET DATE
{C 189}	Continued From pa	age 1	{C 189}			
	16. Based on observation, the ice machine drain line extends into the floor drain.					
	Followup Findings on 1-19-2016 include; The drain line is resting on the drain cover					
sion of H	ealth Service Regulation		6899 D	Y7W22	If continu	ation sheet 2