Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>			(X3) DATE SURVEY COMPLETED					
		1141.040007	B. WING		R						
HAL043027			B. WINO		02/24/2016						
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE							
GREEN LEAF CARE CENTER 2041 NC 210 NORTH LILLINGTON, NC 27546											
(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					
{C 000}	Initial Comments		{C 000}								
		Up Survey by Billy S. Bryant ucted on 02/24/2016.									
	Deficiencies noted during the Biennial Survey on 10/30/2015 remain to be corrected.										
{C 189}	89) Building Equipment Maintained Safe, Operating		{C 189}								
	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									
	maintain the facility safe operating cond that do not complet required to complet event of a fire in ord smoke or the spread the facility could be	ation there is a failure to a fire safety equipment in a dition as evidenced by doors ely close and latch. Doors are ely close and latch in the der to resist the passage of d of fire. All the occupants in effected if doors do not latch so as to limit the spread of									
	to the corridor did n c. "A" & "B" Hall - resistant rated door	2016: 3-11 - The door from the room ot completely close and latch. The cross corridor fire is did not completely close and did from their magnetic hold									

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

(X6) DATE TITLE

Division of Health Service Regulation

MAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2041 NC 210 NORTH LILLINGTON, NC 27546   COMPLETED  GREEN LEAF CARE CENTER  COMPLETED  TAG  CONSTRUCTION SHOULD BE COMPLETED  GREEN LEAF CONDITION OF CONSTRUCTION SHOULD BE CROSS-REPERMENTED TO THE APPROPRIATE COMPLETED  COMPLETED  TAG  CONSTRUCTION OF CONSTRUCTION OF CONSTRUCTION SHOULD BE CROSS-REPERMENTED TO THE APPROPRIATE COMPLETED  COMPLETED  TAG  COUNTY TO THE CONSTRUCTION OF CONSTRUCTION OF CONSTRUCTION SHOULD BE CROSS-REPERMENTED TO THE COMPLETED  CROSS-REPERMEN	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							
NAME OF PROVIDER OR SUPPLIER  GREEN LEAF CARE CENTER  C(X4) ID PREFIX TAG  C(EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  CROSS-REFERENCED TO THE APPROPRIATE  (EACH DEFICIENCY)  (C189)  Continued From page 1  open devices.  4. Based on observation there is a failure to install and maintain plumbing piping in a safe condition. Failure to maintain or install plumbing piping in a safe condition the domestic water supply became contaminated.  Finding on 02/24/2016: a. The ice maker drain is resting on the floor drain and does not have a minimum 2" gap between the discharge point of the drain pipe and the floor				D. WING									
C 189   Continued From page 1   Open devices.			HAL043027	B. WING		02/2	4/2016						
Cach													
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open devices.  4. Based on observation there is a failure to install and maintain plumbing piping in a safe condition. Failure to maintain or install plumbing piping in a safe condition could effect all occupants of the facility if because of the unsafe condition the domestic water supply became contaminated.  Finding on 02/24/2016:  a. The ice maker drain is resting on the floor drain and does not have a minimum 2" gap between the discharge point of the drain pipe and the floor	PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE						
	{C 189}	open devices.  4. Based on observinstall and maintain condition. Failure to piping in a safe con occupants of the fa condition the dome contaminated.  Finding on 02/24/20 a. The ice maker drand does not have the discharge point	ration there is a failure to plumbing piping in a safe or maintain or install plumbing idition could effect all cility if because of the unsafe stic water supply became	{C 189}	BEI KIENCI )								

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