

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>hal041062</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/19/2016</b>
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NAME OF PROVIDER OR SUPPLIER  
**BROOKDALE LAWDALE PARK**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**4400 LAWDALE DRIVE  
 GREENSBORO, NC 27455**

(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
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(C 000) Initial Comments

This report is of a Followup Survey done by Bob Gatchell on January 19, 2016.

The followup survey revealed that all deficiencies have not been completed, therefore a new plan of correction is required.

(C 000)

(C 159) Building Equipment Maintained Safe, Operating

SECTION .0300 - PHYSICAL PLANT  
 10A NCAO 13F .0311 OTHER REQUIREMENTS

(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.

(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

This Rule is not met as evidenced by:  
 11. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head.

Followup Findings on 1-19-2016 include:  
 There were items stored within 3 inches of the sprinkler head in the kitchen supply storage room.

15. Based on observation, the alarm sounding device over an emergency magnetic lock release switch in the dining room did not sound when lifted.

Followup Findings on 1-19-2016 include:  
 The screamer box over the maglock switch is not sounding when removed.

(C 159)

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

*Shirley Kelley* Executive Director 2-8-16

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

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(C 189)	Continued From page 1  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	(C 189)		
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