Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED						
		HAL029006	B. WING		03/2	२ 28/2016					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
BROOKDALE LEXINGTON 161 YOUNG DRIVE LEXINGTON, NC 27292											
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE					
{C 000}	Initial Comments		{C 000}								
	This report is of a F Getchell on March	followup Survey done by Bob 28, 2016.									
		y revealed that all deficiencies ected, therefore a new plan of ed.									
{C 189}	Building Equipment	Maintained Safe, Operating	{C 189}								
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 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.										
		et as evidenced by: vation, several battery y lights would not work when									
		on March 28, 2016 include: re not working in the following e,									
	prevented from clos	vation, corridor doors are sing quickly or are not latching h to resist the passage of fire									
	e. The laundry doo	on March 28, 2016 include: r on the 300 Hall did not fit the se resisting at the top.									

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED							
					F							
		HAL029006	B. WING		03/2	8/2016						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4.64 YOUNG DRIVE												
BROOKDALE LEXINGTON 161 YOUNG DRIVE LEXINGTON, NC 27292												
(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}	Continued From page 1		{C 189}									
(C 109)	8. Based on obsermaintained in a safi sign not working on Followup Findings	vation, the facility failed to be e condition because of an exit battery back-up. on March 28, 2016 include: the dining room would not	[C 109]									

6899

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