

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/29/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD</b> <b>BURLINGTON, NC 27217</b>
---	---

(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  Report of a Follow-Up Construction Survey by Ed Miller on September 29, 2016.  The following deficiencies cited during Follow-Up Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction. A new citation was added.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;  This Rule is not met as evidenced by: 1. Based on observation, the Building does not meet the requirements found in the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, because the usage of these areas for storage is not allowed without a 1 hour fire-resistance rated ceiling and fire sprinkler protection..	{C 101}		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/29/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD</b> <b>BURLINGTON, NC 27217</b>
---	---

(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 101}	Continued From page 1  Followup Findings on September 29, 2016:  a. Unfinished Basement - The provider's plan was to remove all storage from the unfinished basement and return the use to crawlspace as originally designed. At the time of follow up, Storage is mostly removed.  b. Basement Apartment - all three rooms off the living area were being used to store quantities of combustible material that exceeds what is considered typical of a residence; extra wood furniture, boxes of books/paper, client items etc.  This is not in conformance with the 1967 Building Code permitting Institutional basements used for combustible storage to be provided with a 1 hour fire resistance rated ceiling and automatic sprinklers.	{C 101}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 2. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair.  Followup Findings on September 29, 2016:	{C 164}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/29/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(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 164}	Continued From page 2  bb. Back Bathroom - tub was stained cc. Back Bathroom - around the tub the grout was falling out of the wall tiles.	{C 164}		
{C 189}	Building Equipment Maintained Safe, Operating  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.  This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe and operating condition, because in some spaces the fire protection equipment was missing.  Followup Findings on September 29, 2016:  There were no audible fire alarm notification devices in the entire lower level.:  4. Based on observation, the Building was not maintained in a safe and operating condition.  Followup Findings on September 29, 2016:  a. Basement Stair Door - the door closure on the stair door could not completely close and latch its leaf into its doorframe.  6. Based on observation and testing, the	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/29/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(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 189}	<p>Continued From page 3</p> <p>Building was not maintained in a safe and operating condition, because the combination exit sign/emergency light, did not work.</p> <p>Followup Findings on September 29, 2016:</p> <p>b. Corridors -new emergency lights have been installed in addition to the existing. The existing emergency lighting system is comprised of a battery pack and multiple headlights, none of which are functioning. Remove none functioning battery pack and headlight or fix then so they function.</p> <p>10. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated construction invalidated its integrity.</p> <p>Followup Findings on September 29, 2016:</p> <p>e. Basement kitchen - there was a 12 x 12 hole through the fire-resistance-rated ceiling assembly,</p> <p>11. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler heads were impaired, exposing openings through the fire-resistance-rated construction.</p> <p>Followup Findings on September 29, 2016:</p> <p>a. Entire Building - the fire sprinkler escutcheon plates were missing,</p> <p>16. Based on Observation and interview with Manager, the Building was not maintained</p>	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/29/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD</b> <b>BURLINGTON, NC 27217</b>
---	---

(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 189}	Continued From page 4  accessible for inspection. This will prevent any deficiency that may be discovered with regular inspections from being corrected. Findings on September 29, 2016: a. Basement and Basement Apartment - there were no keys onsite to allow access into this area.	{C 189}		