Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: ((X3) DATE SURVEY COMPLETED		
			B. WING		R		
	HAL041081				10/2	10/20/2016	
	PROVIDER OR SUPPLIER		DDRESS, CITY, S ⁻ WNDALE DRIV				
RICHLAN	ID PLACE		BORO, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	N SHOULD BE COMPLE	
{C 000}	Initial Comments		{C 000}				
	Report of a Follow-Up Construction Survey by Billy S. Bryant conducted on 10/20/2016.						
	Deficiencies cited during the previous Follow-Up from 09/02/2016 remain to be corrected.						
{C 189}	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 Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and					
	fire dampers at the permitted to be omi- required to be sepa Section 409.1.5 - P	et as evidenced by: original construction project, ceiling membrane were itted from areas that were irated by the 1996 NCSBC rotection from Hazardous I with Fire Barriers to the roof					
	Findings on 10/20/2	2016:					
	spaces were not ec dampers. At the tim was not determined penetrations in the	penetrations in the following quipped with ceiling radiation he of the Follow up Survey, it d whether the HVAC ceiling following spaces were inside fire barriers constructed to					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE	E SURVEY PLETED	
		IDENTIFICATION NUMBER.	A. BUILDING: 01			
		HAL041081	B. WING			R 20/2016
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
RICHLAN	ID PLACE		WNDALE DRIV SBORO, NC 27			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN O			
PRÉFIX TAG			PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)		
{C 189}	Continued From page 1		{C 189}			
	a. Clean Linen Room,					
	c. Kitchen d. Med Room					
	e. Salon f. Pantry					
	If radiation dampers are not installed in the listed					
	rooms then verify the rooms have fire barriers to the roof deck and dampers are not required as					
	per the note below					