Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
			A. BOILDING.		١,	R						
HAL018011		B. WING			02/16/2017							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
BROOKDALE FALLING CREEK 910 29TH AVENUE NE HICKORY, NC 28601												
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE						
{C 000}	{C 000} Initial Comments		{C 000}									
	Report of Follow-up 2-16-2017.	o Survey by Dennis Harrell on										
	Some deficiencies were not corrected. Further action is required.											
(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.											
	1. Based on obseemergency equipmed safe and in operation residents, staff and promptly find their emergency. Findings on Novemb. Exterior porch self-contained emergency on backup power with the contained emergency or backup power with the contain	at end of 600 Corridor - the ergency light did not illuminate when tested. at end of 300 Corridor - the ergency light did not illuminate										

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED					
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NAME OF PROVIDER OR SUPPLIER BROOKDALE FALLING CREEK STREET ADDRESS, CITY, STATE, ZIP CODE 910 29TH AVENUE NE HICKORY, NC 28601										
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{C 189}	on backup power w f. Exterior porch a self-contained eme on backup power w g. Exterior Porte-c emergency light did power when tested. 2. Based on obse safety was not mair condition. This cou fire/smoke if not cor compartment of ori compartm	hen tested. at end of 000 Corridor - the rgency light did not illuminate hen tested. cochère - the self-contained not illuminate on backup rvations, the Building fire ntained in a safe and operating ld expose residents, all to ntained in Room or gin ber 29, 2016: c Coordinator Office - there a cable not firestopped as it resistance-rated ceiling	{C 189}							

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Division of Health Service Regulation STATE FORM