

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL012001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/09/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURKE LONG TERM CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>125 CAMELLIA GARDEN STREET MORGANTON, NC 28655</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	<p>Initial Comments</p> <p>Report of Construction Section Biennial Survey by Frank Strickland on 05/09/2017:</p> <p>This facility was first licensed on 02/01/1980 for 24 residents. Based on this information, we are requiring the facility to meet the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the applicable portions of the 2005 Regulations for Adult Care Homes, and the 1978 Edition of the North Carolina State Building Code-Section 409.1(c) Institutional Occupancy.</p> <p>Deficiencies have been cited and A Plan of Correction is required.</p>	C 000		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1- Based on observations, this facility has failed to maintain the cleanliness of walls and adjacent surfaces in the bathing areas.</p> <p>Findings on 05/09/2017: There is mold where the walls meet the tub and window trim is not secured in the "A" Hall Shower Room.</p>	C 164		

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>HAL012001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/09/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURKE LONG TERM CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>125 CAMELLIA GARDEN STREET MORGANTON, NC 28655</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 1	C 189		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1- Based on observations, this facility has failed to maintain the facility's fire safety systems in a safe manner as evidenced by gaps and open penetrations in the fire resistant rated ceilings. Fire resistant rated ceilings must be free of gaps and openings in order to resist the spread of fire and smoke in the event of a fire. Penetrations or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin.</p> <p>Findings on 05/09/2017: There are two 2" Electrical Metallic Tubing (EMT) ceiling penetrations in Exterior Mechanical Room that are not sealed with a fire resistant sealant.</p> <p>2- Based on observations, this facility has failed to maintain the securement of plumbing fixtures.</p> <p>Findings on 05/09/2017: The following locations have toilets that are not secured to the floors: (a) "A" Hall Shower Room (b) "B" Hall Spa</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL012001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/09/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURKE LONG TERM CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>125 CAMELLIA GARDEN STREET MORGANTON, NC 28655</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 2</p> <p>3- Based on observations, this facility has failed to maintain the plumbing equipment in a safe condition.</p> <p>Findings on 05/09/2017: The installation of the new water heater that is located in the Laundry Room has the following deficiencies: (a) The expansion tank is not supported and is resting on the supply lines located above the water heater. (b) The temperature and pressure relief valve does not having piping to a safe location.</p>	C 189		