Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING _ HAL001149 10/26/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **625 LANE STREET** LANE ST RETIREMENT HOME **BURLINGTON, NC 27217** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report of a Biennial Follow Up Construction Survey by Billy S. Bryant conducted on 10/26/2017. There are deficiencies cited from the Biennial Construction Survey that remain to be corrected. {C 111} Must Have Current San. & Fire Safety Reports {C 111} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. The facility failed to have current (within the calendar year) required inspection reports maintained on site for review by the surveyor. Findings on 10/26/2017: a. A current (within the calendar year) fire sprinkler system inspection report was not available for review by the surveyor at the the time of the survey. {C 133} Bathrooms-Hand Grips {C 133} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents:

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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	(a) Adult care home										
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		e of all obstructions and									
	hazards;										
	facilities.	apply to new and existing									
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	This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to maintain the building free of hazards.										
	Findings on 10/26/2										
		eiling mounted light fixture is									
	not secured to the	ceiling.									
{C 189}	Building Equipment	Maintained Safe, Operating	{C 189}								
	SECTION 0200 F	DUVEICAL DI ANT									
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER										
	REQUIREMENTS	II OTTLE									
		d all fire safety, electrical,									
		umbing equipment in an adult									
		maintained in a safe and									
	operating condition										
	(k) This Rule shall	apply to new and existing									
		ception of Paragraph (e)									
	which shall not app	ly to existing facilities.									

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
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