	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (	E CONSTRUCTION D1		E SURVEY PLETED
		HAL001002	B. WING		02/09/2018	
NAME OF F	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
BURLING	TON CARE CENTER		RCH BRIDGE GTON, NC 272	-		
(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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
		l Construction Survey by ucted on February 7, 2018.				
	November 22, 1978 licensed for 12 bed required to meet th Standards and Reg Aged and Infirmed; 2005 Rules for Adu More Beds; and the	at this Facility was licensed on 3. The facility is currently s. Therefore this facility is e 1977 Minimum and Desired gulations for Homes for the the applicable portions of the It Care Homes of Seven or e 1978 North Carolina State itutional Occupancy.				
	Deficiencies were r correction.	noted which require a plan of				
C 101	SECTION .0300 - F 10A NCAC 13F .03 PHYSICAL PLANT The physical plant in care home shall be (2) Except where of licensed facilities on facilities shall meet requirements in effect change in service of renovation, or alterat the requirements for no addition or renovation than those requirem "Minimum and Des Regulations" for "H	01 APPLICATION OF REQUIREMENTS requirements for each adult applied as follows: otherwise specified, existing r portions of existing licensed licensure and code ect at the time of construction, or bed count, addition, ation; however in no case shall or any licensed facility where vation has been made, be less nents found in the 1971 ired Standards and omes for the Aged and Infirm", available at the Division of				
	This Rule is not me	et as evidenced by:				
	ealth Service Regulation	DER/SUPPLIER REPRESENTATIVE'S SIC		TITLE		(X6) DATE

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL001002	B. WING		02/	09/2018
AME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S			
BURLIN	GTON CARE CENTER		RCH BRIDGE GTON, NC 272			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLE
TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE
C 101	Continued From pa	ige 1	C 101			
	meet the requireme Desired Standards for the Aged and In 'basement' areas for without a 1 hour fire fire sprinkler protect Findings on Februa a. Crawl space bel a cabinet section a the crawl space. b. Crawl space bel	nry 7, 2018: ow kitchen had clothing items, nd a wicker basket stored in ow kitchen stairs had a car d numerous boxes of adult				
C 111	SECTION .0300 - F 10A NCAC 13F .03 CONSTRUCTION( f) The facility shall fire and building sa shall be maintained	02 DESIGN AND	C 111			
	not maintain buildir the home and avail Findings on Februa a. The facility did r inspection report in functional and oper b. The facility did r inspection report. c. The Fire Official	ds revealed that the facility did ng safety inspection reports in able for review. ary 7, 2018: not have an annual sprinkler dicating that the system was				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>(</b>	CONSTRUCTION		E SURVEY PLETED
		HAL001002	B. WING		02/	09/2018
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
URLING	GTON CARE CENTER		RCH BRIDGE GTON, NC 272			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC <sup>1</sup>	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 111	Continued From pa	ge 2	C 111			
	have current sprink reports.	ler and fire alarm inspection				
C 160	Outside Premises-0	Clean, Safe	C 160			
	(1) The outside gro					
		et as evidenced by: vealed that the outside maintained in a clean and safe	9			
	blocked with garbag b. The crawl space heavily rotted and d edge. The veneer v green mildew stains door. The holes we enter the crawl space c. Wood deck - a n the deck. The legs causing the chair to	hen steps were partially ge cans and cooking pots. door under the kitchen was amaged along the bottom was buckling and there were along the rotted edges of the ere large enough for pests to				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS	PHYSICAL PLANT 06 HOUSEKEEPING AND				

Division	of Health Service Re	egulation				APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
			A. BUILDING: (	01		
		HAL001002	B. WING		02/	09/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
BURLING	GTON CARE CENTER	<b>)</b>	RCH BRIDGE			
		BURLING	STON, NC 272	217		
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 164	Continued From pa	age 3	C 164			
	<ul> <li>(a) Adult care home</li> <li>(1) have walls, ceil</li> <li>coverings kept clea</li> <li>(2) have no chronii</li> <li>(3) have furniture of</li> <li>(e) This Rule shall</li> <li>facilities.</li> <li>This Rule is not me</li> <li>1. Observations reand floor or floor co</li> <li>and floor or floor co</li> <li>and in good repair.</li> <li>Findings on Februa</li> <li>a. Basement- there</li> <li>basement apartme</li> <li>soaking wet along figround level exit to</li> <li>substantial amount</li> <li>lower portion of the</li> <li>wall finish was determoisture.</li> <li>b. Basement - the</li> <li>moisture.</li> <li>b. Basement - the</li> <li>moisture problems</li> <li>The sheetrock boxis</li> <li>three bedrooms ha</li> <li>sides and bottoms</li> <li>finish is flaking and</li> <li>along the boxing.</li> <li>c. Crawl space bel</li> <li>of the opening has</li> <li>d. Crawl space bel</li> <li>joists and sub-floor</li> </ul>	es shall: lings, and floors or floor an and in good repair; c unpleasant odors; clean and in good repair; apply to new and existing et as evidenced by: evealed that the walls, ceilings overings were not kept clean				
	decay. e. Office - the trim the basement.	is missing around the door to				
)ivision of H	f. Room 2 - the vin ealth Service Regulation	yl tile at the threshold is				
TATE FOR	_		6899 QC	OKC21	lf continu	ation sheet 4 of

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>0</b>	CONSTRUCTION 1		E SURVEY PLETED
		HAL001002	B. WING		02/	09/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
BURLING	GTON CARE CENTER		RCH BRIDGE F STON, NC 272			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLET DATE
C 164	Continued From pa	ge 4	C 164			
	right closet door. h. Kitchen - the wa splattered with grea i. Janitor's closet - cracked and broker j. Kitchen, Room 3 has gray stains in fi between the beds in with staff revealed to attempted to clean which caused the g k. Bathrooms - the bathrooms is crack I. Room 4 - the viny	and Room 4 - the vinyl tile ront of the kitchen sink and in the two bedrooms. Interview that one of the residents the floors with a spray cleaner ray stains. ceiling finish in both				
C 185	quarterly on each s requirement of the Enforcement Officia (c) Records of rehe and copies furnishe social services ann include the date an shift, staff members description of what (f) This Rule shall a facilities.	PHYSICAL PLANT 09 PLAN FOR rehearsals of the fire plan hift in accordance with the local Fire Prevention Code al. earsals shall be maintained ed to the county department of ually. The records shall d time of the rehearsals, the s present, and a short the rehearsal involved. apply to new and existing	C 185			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>0</b>	CONSTRUCTION		E SURVEY PLETED
		HAL001002	B. WING		02/	09/2018
AME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE	•	
BURLIN	GTON CARE CENTER		CH BRIDGE I TON, NC 272			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 185	Continued From pa	ige 5	C 185			
	not have records of at the facility for rev	f the quarterly fire rehearsals <i>r</i> iew.				
	the facility. Intervie	ry 7, 2018: he fire rehearsals were not in w with staff revealed that the e log book out of the facility to				
C 189	Building Equipment	t Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER ad all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	maintain the buildin safe condition. Hole through fire resistar	et as evidenced by: vation there is a failure to g's fire safety systems in a es or gaps at penetrations nt rated ceilings could allow pread beyond the area of				
		e is a large hole around the the third bedroom of the				
		cutcheon plate is missing from eaving a gap in the fire				

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (	CONSTRUCTION		E SURVEY PLETED			
		HAL001002	B. WING		02/09/2018				
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	TREET ADDRESS, CITY, STATE, ZIP CODE						
BURLINGTON CARE CENTER       2201 BURCH BRIDGE ROAD         BURLINGTON, NC 27217									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETI DATE			
C 189	Continued From pa	ge 6	C 189						
	added escutcheon throughout the facil several of the plate gaps in the ceiling. tight to the ceiling d ceiling materials ard 2. Based on obser- maintain plumbing equipment in a safe condition. Failure to plumbing devices a manner or in opera	vation there is a failure to piping, plumbing devices and e manner or in operating o maintain or install piping, nd equipment in a safe ting condition could effect cility if the plumbing system							
	dripping leak was o Ceiling material was opening. Further o corroded 2" copper opening. The pipe droplets of water was	ry 7, 2018: h water heaters - a steady bserved coming from above. s on the ground below the bservation revealed a heavily waterline running across the has a 1" gash in the side and ere observed along the pipe. - the control valve on the tub							
	equipment is not m Failure to maintain	vation the mechanical aintained in a safe manner. the equipment could possibly hazardous condition that ants of the facility.							
	metal duct which an coming through the the crawl space. D	ry 7, 2018: ow bathrooms - there is a opears to be a dryer duct floor and dangling loose in ryer ducts should be vented to . There is a vent on the wall							

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>(</b>	ECONSTRUCTION		E SURVEY PLETED		
		HAL001002	B. WING		02/00/2011			
	PROVIDER OR SUPPLIER	L	DDRESS, CITY, S		02/09/2018			
		2201 BU	RCH BRIDGE					
BURLIN	GTON CARE CENTER		GTON, NC 272					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE		
C 189	Continued From pa	ge 7	C 189					
	<ul> <li>accumulation of lint</li> <li>c. Kitchen - the gree</li> <li>exhaust hood was of grease and debris.</li> <li>4. Based on obsermination electrical electrical electrical electrication effect occupants of exits were not illum</li> <li>Findings on Februaria. Corridor to dinini emergency light conheadlights did not with b. The emergency not illuminate when</li> <li>5. Based on obsermed equipment is not micondition. Failure to equipment is not micondition. Failure to equipment in operate during a fire</li> <li>Findings on Februaria. Janitor's closet - from the ceiling by its b. Guest bathroom</li> </ul>	chaust fan vent has a heavy and dust. ease filter in the kitchen completely clogged with vation the facility did not emergency/safety lighting operating condition. This could the facility if egress paths and inated during a power outage. ary 7, 2018: g and kitchen - the existing nsisting of a battery pack and vork. light by the dining room did tested. vation the facility's fire safety aintained in operating o maintain fire safety ting condition could effect cility if the equipment did not e or other emergency. ary 7, 2018: the heat detector is dangling						