

931124

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001149</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/26/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LANE ST RETIREMENT HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>625 LANE STREET BURLINGTON, NC 27217</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}	Initial Comments  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 000}		
{C 111}	Must Have Current San. & Fire Safety Reports  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 111}		
{C 133}	Bathrooms-Hand Grips  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;	{C 133}	<i>Completed 1-24-2018</i>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Angela Currie Woods*  
TITLE  
*1-24-2018*  
(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001149</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/26/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LANE ST RETIREMENT HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>625 LANE STREET BURLINGTON, NC 27217</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 133}	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide a commode accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures.</p> <p>Finding on 10/26/2017: a. Resident Restroom adjacent to Room #1: The commode does not have hand grip (grab bar) installed.</p>	{C 133}	<p><i>Completed</i> <i>1-24-2018</i></p>	
{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: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to keep walls clean and in good repair.</p> <p>Finding on 10/26/2017: a. Women's Bathroom- The tub/shower wall has several missing ceramic tiles.</p> <p>2. Based on observation the building mechanical systems are not kept clean and in good repair. Findings on 10/26/2017: a. Women's Bathroom - The ventilation grille with</p>	{C 164}	<p><i>Completed</i> <i>1-24-2018</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001149</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/26/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LANE ST RETIREMENT HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>625 LANE STREET BURLINGTON, NC 27217</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 164}	Continued From page 2  its radiation damper has an excessive accumulation of dust/lint.  b. Men's Bathroom - The ventilation grille and its radiation damper has an excessive accumulation of dust/lint.	{C 164}	<i>Completed 1-24-2018</i>		
{C 166}	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to maintain the building free of hazards.  Findings on 10/26/2017: a. Bedroom 2 - A ceiling mounted light fixture is not secured to the ceiling.	{C 166}		<i>Completed 1-24-2018</i>	
{C 189}	Building Equipment Maintained Safe, Operating  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.	{C 189}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001149</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/26/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LANE ST RETIREMENT HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>625 LANE STREET BURLINGTON, NC 27217</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 3</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observations, the building fire safety systems were not maintained in a safe and operating condition. This could expose occupants to fire/smoke if not contained in room or compartment of origin.</p> <p>Findings on 10/26/2017:</p> <p>a. Smoke Barrier Office side - The exit sign did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>b. Resident's Restroom, Adjacent to Room #1 - The fire sprinkler escutcheon plate did not cover the penetration through the fire-resistant-rated ceiling.</p> <p>Based on observation two of the five openings in the fire resistant rated ceiling at the fire sprinkler heads had been repaired.</p> <p>Based on an interview with the facility's staff person who accompanied the surveyor he did not know why the repairs had not been completed and also did not know when the person hired to do the work would return to finish the repairs.</p> <p>2. Based on observation, the facility failed to maintain the electrical system in a safe and operating condition.</p> <p>New Finding on 10/07/2017:</p> <p>a. Dining Room - One of the 2 x 4 light fixtures has had the lens removed and the socket where the light bulb is inserted is damaged.</p> <p>3. Based on observations, the building handrails, and guardrails are not maintained in a safe</p>	{C 189}	<p><i>Completed</i> <i>1-24-2018</i></p> <p><i>Completed</i> <i>1-24-2018</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001149</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/26/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LANE ST RETIREMENT HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>625 LANE STREET BURLINGTON, NC 27217</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 4  condition. Poor maintenance of handrails and guardrails can diminish the intended safety these items provide.  New Finding on 10/26/2017: a. Side Exit Ramp - The old guard rail has been removed and installation of a new guardrail is in progress.	{C 189}	<i>Completed 1-24-2018</i>	
{C 199}	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation the facility failed to maintain the exhaust ventilation in working order.  Finding on 10/26/2017: a. Women's Bathroom - The exhaust fan did not work when switched on..	{C 199}	<i>Completed 1-24-2018</i>	