

931124

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 01/24/2018
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NAME OF PROVIDER OR SUPPLIER LANE ST RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 625 LANE STREET BURLINGTON, NC 27217
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(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>Biennial Follow Up Construction Survey report by Frank Strickland on 01/24/2018:</p> <p>Cited deficiencies have been field verified for correction. However, there are outstanding deficiencies that requires corrective action. A new POC is required to be submitted to DHSR-Construction.</p>	{C 000}		
{C 111}	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1- This facility has failed to have current (within the calendar year) required inspection reports maintained on site for review by the surveyor.</p> <p>Findings on 01/24/2018: (a) A current (within the calendar year) fire sprinkler system inspection report was not available on site for review.</p>	{C 111}	<p><i>provided on site 3-7-2018</i></p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Angela Currie Woods</i>	TITLE 3-7-2018	(X6) DATE
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