STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL001149 07/31/2018 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 CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of Construction Section Complaint Survey by Dennis Harrell on 7-31-2018. The Complaint alleged the following conditions: 1. Crawl space access doors not closed well and the locks broken or missing, 2. Soffit missing at one corner, 3. Birds nesting in the attic, 4. Soffit sagging in another area, 5. Ramp decking worn and damaged, 6. A portion of the floor in the men's common bathroom soft and spongy. 7. An infestation of rats. Records indicate this facility was first licensed as a Home for the Aged serving 12 ambulatory residents on 3-26-1993. Therefore, the facility must meet the 1991 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1991 NC State Building Code(s) section 409.1 for a Group I-Institutional Unrestrained Occupancy. Most of the allegations were substantiated. C 160 Outside Premises-Clean, Safe C 160 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: Based on observation the outside premises were not maintained clean and safe. Findings on 7-31-2018;

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

TITLE (X6) DATE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL001149	B. WING		07/	31/2018	
NAME OF PROVIDER OR SUPPLIER LANE ST RETIREMENT HOME STREET ADDRESS, CITY, STATE, ZIP CODE 625 LANE STREET 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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
C 160	a. There was a tras overflowing with ca Trash was on the g Note; This deficien survey. b. There were mar	sh can at the front porch ns and candy wrappers. round all around the trash can. bey was corrected during the ny beverage crates piled on the rear storage building.	C 160				
C 166	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND	C 166				
	not maintained unc obstructions. Finding on 7-31-20 A five gallon plastic exit path from the re	ion, an exterior exit path was luttered and free of					
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and pli care home shall be operating condition	11 OTHER Ind all fire safety, electrical, Indumbing equipment in an adult Indumbination maintained in a safe and	C 189				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMP	COMPLETED			
		HAL001149	B. WING	<u></u>	07/3	1/2018		
NAME OF I	PROVIDER OR SUPPLIER	etheet an	DDECC CITY (STATE, ZIP CODE				
NAIVIL OI I	- NOVIDEN ON SUFFEIEN			STATE, ZIF GODE				
LANE ST	RETIREMENT HOME	625 LANE	_	2247				
			TON, NC 27			I		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE		
TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROI		DATE		
				DEFICIENCY)				
C 189	Continued From page 2		C 189					
0.00	μ. 3.		0.00					
		ception of Paragraph (e)						
	which shall not app	ly to existing facilities.						
	This Rule is not me	at as evidenced by:						
		vation, the main building was						
	not maintained in a							
	Findings on 7-31-20							
		it was missing at the right front						
		ng. Missing soffit allows birds						
		he attic. There was evidence						
	of bird nesting materials visible at the openng. b. A section of soffit was sagging at the right rear							
	corner of the building. Sagging soffit will							
	eventually fall and leave an opening if not							
	repaired.							
	c. Both plywood crawl space doors were partially rotted away and found not closed well. Poorly							
		doors allow vermin and other						
	•							
	pests to enter the crawl space. d. Hole by the gas line where it penetrates the							
	foundation wall. Poorly sealed openings in the							
	foundation wall allow vermin and other pests to							
	enter the crawl space.							
	•							
		vation, the adjacent storage						
		aintained in a safe condition.						
	Findings on 7-31-20							
		awl space doors were partially						
		and not closed well. Poorly						
		doors allow vermin and other						
	pests to enter the c	is in the foundation wall where						
	bricks were missing							
		s dug under the foundation						
		cans, probably by rats or other						
		ough rats were not observed						
		nterview with residents and						
		t rats are regularly seen at the						
		Staff also stated that an						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL001149	B. WING		07/3	1/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DDRESS, CITY, STATE, ZIP CODE			
LANE ST	LANE ST RETIREMENT HOME 625 LANE STREET BURLINGTON, NC 27217					
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	CTION SHOULD BE COMPLET O THE APPROPRIATE DATE	
C 189	Continued From page 3		C 189			
	exterminating company is due to arrive on 8-1-2018.					
	exterminating company is due to arrive on					

6899

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