AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
			B. WING			C 08/03/2018
	AME OF PROVIDER OR SUPPLIER STREET AD			DRESS, CITY, STATE, ZIP CODE		
		380 CO	UNTRY DAY RC			
BROOKL	ALE COUNTRY DAY	GOLDS GOLDS	BORO, NC 275	30		
(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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
	Construction Section Complaint Survey report by Frank Strickland on 08/03/2018:		у			
	The Complaint alleged that the facility suffered substantial water damage from the recent rains in the area.		in			
	currently licensed for was surveyed for con- Rules for Licensing Seven or More Beo the 1996 (1997 Rev Carolina Building C Occupancy, and the	ensed on 01/07/1997 and is or 104. Therefore, this facility onformance with the 2005 of Adult Care Homes of Is and applicable portions of vision) Edition of the North code(s), Institutional e 1996 Rules for Licensing of of Seven or More Beds in f initial licensure.				
	observations revea	substantiated and field led minimal physical damage ces of the facility due to				
C 160	Outside Premises-	Clean, Safe	C 160			
	(1) The outside gro					
	1-Based on observ have not been main	et as evidenced by: ation, the outside grounds ntained to prevent water acility under flooding				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096026		. ,			(X3) DATE SURVEY COMPLETED C 08/03/2018		
		IDENTIFICATION NOWBER.	A. BUILDING: (A. BUILDING: 01			
		B. WING					
AME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE			
BUUKL	DALE COUNTRY DAY	ROAD	OUNTRY DAY RC				
		GOLD	SBORO, NC 275				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
C 160	Continued From pa	ige 1	C 160				
	outside Room 142 collapsed drainage removing large amo b. The site is not gr of water from enter Multi-Purpose and c. The site has bern	basin on site that is located that is filled with earth and he piping that is not capable of ount of water. Traded to prevent large amount ing the facility at the Dining Room area. This that are roughly two feet t traps water outside Rooms	nts				
C 164	Housekeeping and	Furnishings-Clean, Repaire	d C 164				
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND)				
	1-Based on observ	et as evidenced by: ation, this facility failed to ke repair walls and flooring.	pt				
	subjected to water	ons are areas that were migration due to recent rrently under restoration and 06	1				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: HAL096026		IDENTIFICATION NUMBER.	A. BUILDING: 01			
		B. WING			C 08/03/2018	
IAME OF I	PROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, S	TATE, ZIP CODE		
BROOKE	DALE COUNTRY DAY	' ROAD	OUNTRY DAY RO SBORO, NC 275			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE COMPLE THE APPROPRIATE DATE	
C 164	Continued From page 2		C 164			
	(c) Rooms 121 to 1 (d) Rooms 141 to 1 (e) Front Administra (f) Exterior Dining (g) Multi-purpose R	150 ators Office Room walls				
	ealth Service Regulation					

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