	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	CONSTRUCTION		E SURVEY PLETED
	OF CORRECTION	IDENTIFICATION NOMBER.	a. Building: <b>(</b>	)1		
	HAL001002 B. WI		B. WING			R 19/2018
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
BURLING	TON CARE CENTER			-		
(X4) ID	SUMMARY ST		ID ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLET DATE
{C 000}	Initial Comments		{C 000}			
		al Follow Up Construction r, conducted on Septermber				
		iencies from the Biennial y remain to be corrected.				
{C 101}	Existing Licensed F	Fac- No less than '71 Rules	{C 101}			
	PHYSICAL PLANT The physical plant care home shall be (2) Except where of licensed facilities of facilities shall meet requirements in effi- change in service of renovation, or alter the requirements for no addition or renov than those requirer "Minimum and Des Regulations" for "H	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 ments found in the 1971 fired Standards and omes for the Aged and Infirm", available at the Division of				
	1. Based on obser meet the requirement Desired Standards for the Aged and In 'basement' areas for	et as evidenced by: vation, the building does not ents of the 1971 Minimum and and Regulations for Homes firm because the usage of or storage is not allowed e-resistant rated ceiling and ction.				
	Findings on Septer	nber 19, 2018:				

DIVISION	of Health Service Re	egulation				
	IT 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		R 09/19/201	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
	GTON CARE CENTER		CH BRIDGE F			
BOILEIN		BURLING	TON, NC 272	17		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
{C 101}	Continued From pa	ge 1 the 02/09/2018 Biennial	{C 101}			
	survey revealed the had clothing items, basket stored in the 2018 this space wa not have a key to a corrections. On Jun locked and on site s access the area to three request were this announced insp address were used September 19, 201 survey revealed tha kitchen has the follo being stored: two be	e crawl space below kitchen a cabinet section and a wicker e crawl space. On April 19, s locked and on site staff did ccess the area to verify the 20, 2018, this space was staff did not have a key to verify correction, even though made to have keys on site for bection. Two separate email and a telephone call. On 8, the Biennial Follow-up at the crawl space below bwing combustible material ed covers, a tall cabinet, two large framed wall				
	survey revealed Cra had a car seat, a do of adult diapers stor 2018 this space wa not have a key to a corrections. On Jun locked and on site s access the area to three request were this announced insp address were used September 19, 201 survey revealed the stairs has the follow being stored: lawn of gallon of gasoline in	the 02/09/2018 Biennial awl space below kitchen stairs by bed and numerous boxes red in the space. On April 19, s locked and on site staff did ccess the area to verify the 20, 2018, this space was staff did not have a key to verify correction, even though made to have keys on site for bection. Two separate email and a telephone call. On 8, the Biennial Follow-up e Crawl space below kitchen <i>v</i> ing combustible material equipment with about 1/2 in a can, fertilizer, a large f clothing, bedding materials ed boxes.				

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		HAL001002 B. WING			두 09/1	9/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BURLING	GTON CARE CENTER		CH BRIDGE			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
{C 111}	Continued From pa	ge 2	{C 111}			
{C 111}	Must Have Current	San. & Fire Safety Reports	{C 111}			
	fire and building sat	02 DESIGN AND				
		ds revealed that the facility did g safety inspection reports in				
	survey revealed Th annual sprinkler ins the system was fun code. On April 19, have access to this not respond to atten her. On June 20, 20 access to this repoi Staff had most of th preformed on 9/18/ referenced in the re comments. In addit sprinkler inspection	0, 2018: the 02/09/2018 Biennial e facility did not have an spection report indicating that ctional and operating per 2018, Staff on site did not report. The administrator did mpts from the staff to contact 018, Staff on site did not have rt. On September 19, 2018, he report for the inspection 2017. Provide DHSR the letter eport so we can review the ion provide a new annual report as it is now over a year ction was performed.				
	The facility did not l inspection report, o inspection report. T there is an emerger Room. (The fire spi	Fire Official Report revealed: have an annual fire alarm r the an annual fire sprinkler he report also revealed that ncy light out near the Dining rinkler inspection report was e with the exception on the				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED
			A. BUILDING: <b>(</b>	11		
		HAL001002	B. WING			R <b>19/2018</b>
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BURLING	GTON CARE CENTER		RCH BRIDGE I GTON, NC 272			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
{C 160}	Outside Premises-0	Clean, Safe	{C 160}			
	SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT					
	<ul><li>(m) The requireme</li><li>(1) The outside gro</li></ul>	ents for outside premises are: bunds of new and existing aintained in a clean and safe				
		et as evidenced by: vealed that the outside maintained in a clean and safe	e			
	heavily rotted and d edge. The veneer of green mildew stains door. The holes we enter the crawl space d. The door to the delaminating at the at the bottom of the	e door under the kitchen was lamaged along the bottom was buckling and there were s along the rotted edges of the ere large enough for pests to ce. basement apartment was edges and there was a hole e door. The top edge of the en pulled away and now rain				
{C 164}	Housekeeping and	Furnishings-Clean, Repaired	{C 164}			
	<ul><li>coverings kept clea</li><li>(2) have no chronid</li><li>(3) have furniture c</li></ul>	06 HOUSEKEEPING AND es shall: ings, and floors or floor n and in good repair;				

STATE FORM

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		E SURVEY PLETED
		HAL001002	B. WING		R 09/19/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
		2201 BU	RCH BRIDGE	ROAD		
BURLING	GTON CARE CENTER	BURLING	GTON, NC 27	217		
(X4) ID			ID	PROVIDER'S PLAN OF CO		(X5) COMPLETE
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH		DATE
				DEFICIENCY)		
{C 164}	Continued From pa	ge 4	{C 164}			
	facilities.	0				
	lacinues.					
	This Rule is not me	et as evidenced by:				
		vealed that the walls, ceilings				
		overings were not kept clean				
	and in good repair.					
	Findings on Spepte	omber 19, 2018 <sup>.</sup>				
		report from the 02/09/2018				
	Biennial survey revealed there is a moisture					
		ement apartment. The living				
		baking wet along the outside				
		d level exit to the stair wall.				
		antial amount of mold or				
		wer portion of the wall above wall finish was deteriorating				
		ure. On April 19, 2018 This				
		and on site staff did not have a				
		rea to verify corrections. On				
		space was locked and on site				
		key to access the area to				
		en though three request were				
		on site for this announced				
		barate email address were ne call. On Septermber 19,				
		p survey revealed there is a				
		the basement apartment.				
		pet was soaking wet along the				
	outside wall from th	e ground level exit to the stair				
		substantial amount of mold or				
		wer portion of the wall above				
	due to heavy moist	wall finish was deteriorating				
		report from the 02/09/2018				
		ealed the A/C ducts are				
		e problems in the basement				
		eetrock boxing around the A/C				
	ducts in the three b	edrooms has mildew stains				
	-	bottoms of the boxing. The				
vision of H	ealth Service Regulation		4			

Division	of Health Service Re	egulation			FORM	IAPPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (	E CONSTRUCTION 01		E SURVEY PLETED
		HAL001002	B. WING		R 09/19/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		2201 BU	RCH BRIDGE	ROAD		
BURLING	GTON CARE CENTER		STON, NC 272			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	(X5) COMPLETE DATE
1/10		,	1/10	DEFICIENCY)		
{C 164}	Continued From pa	ige 5	{C 164}			
		ng and peeling in the e boxing. On April 19, 2018				
		ked and on site staff did not				
		ss the area to verify				
		ne 20, 2018, this space was				
		staff did not have a key to				
		verify correction, even though				
		made to have keys on site for				
		pection. Two separate email and a telephone call. On				
		18 The follow-up survey				
		ock boxing around the A/C				
		edrooms has mildew stains				
	along the sides and	bottoms of the boxing. The				
		ng and peeling in the				
	bedrooms along the					
		ow bathrooms - The report				
		8 Biennial survey revealed The				
		ening has black mildew stains. his space was locked and on				
		ve a key to access the area to				
		On June 20, 2018, this space				
		site staff did not have a key to				
		verify correction, even though				
	three request were	made to have keys on site for				
		pection. Two separate email				
		and a telephone call. On				
		8 The Follow-up survey				
		as black mildew stains along				
		lew stains on the ceiling. ow bathrooms - The report				
		8 Biennial survey revealed the				
		p-flooring observed from below	,			
		amount of water damage.				
		is splintering and showing				
	signs of decay. On	April 19, 2018 This space				
		site staff did not have a key to				
		verify corrections. On June 20,				
		as locked and on site staff did				
	not have a key to a ealth Service Regulation	ccess the area to verify				

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY PLETED
		HAL001002	B. WING		R 09/19/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		2201 BUR		ROAD		
BURLIN	GTON CARE CENTER	BURLING	TON, NC 272	217		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
{C 164}	Continued From pa	ge 6	{C 164}			
Division of H	to have keys on site inspection. Two sep used and a telepho 2018 The Follow-up joists and sub-floori a substantial amoun the wood is splinter decay. There is an e. Office - The repo Biennial survey reve around the door to 2018 This space wa not have a key to a corrections. On Jun the office side and y into the stairwell. On Spetember 19, 2 revealed the trim is the basement on bo fire from spreading f. Room 2 - the vin cracked and the flor June 20, 2018, this September 19, 201 h. Kitchen - the wa splattered with grea the filter nor the wa 20, 2018, per the S has been cleaned b September 19, 201 area and filter has b cleaning again. i. Janitor's closet - cracked and broker not been repaired. O has not been correct j. Kitchen, Room 3 has gray stains in fr	yl tile at the threshold is or is giving under foot. On has not been corrected. On 8, this has not been corrected. Il behind the stove was ase and food particles. Neither Il have been cleaned. On June taff on site the area and filter out it needs cleaning again. On 8, per the Staff on site the been cleaned but it needs the vinyl tile at the threshold is n. On June 20, 2018, this has On September 19, 2018, this				

Division of Health Service Regulation STATE FORM

Division	of Health Service Re	egulation			FORM APP	ROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Multiple A. Building: (	CONSTRUCTION 01	(X3) DATE SURY COMPLETE	
		HAL001002	B. WING		R 09/19/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
BURLIN	GTON CARE CENTER		RCH BRIDGE			
		BURLING	TON, NC 272			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE CC	(X5) DMPLETE DATE
{C 164}	Continued From pa	ige 7	{C 164}			
{C 189}	attempted to clean which caused the g highly visible. On Ju been repaired. k. Bathrooms - the bathrooms is crack 20, 2018, this has r September 19, 201 I. Room 4 - the vin cracked and soft ur the doorway. On Ju been repaired. On a not been corrected.	that one of the residents the floors with a spray cleaner ray stains. The stains are still une 20, 2018, this has not ceiling finish in both ed and flaking off. On June not been corrected. On 8, this has not been corrected. yl tile at the threshold is nderfoot along the left side of une 20, 2018, this has not September 19, 2018, this has	{C 189}			
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex which shall not app This Rule is not me Findings on Septen a. Basement - The Biennial survey rev around the duct per of the basement app	PHYSICAL PLANT 11 OTHER ad all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing to existing facilities. et as evidenced by: nber 19, 2018: report from the 02/09/2018 ealed there is a large hole netration in the third bedroom partment. On April 19, 2018				
	This space was loc have a key to acces corrections. On Jur	partment. On April 19, 2018 ked and on site staff did not ss the area to verify ne 20, 2018, this space was staff did not have a key to				

Division	of Health Service Re	equiation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COM	PLETED
		HAL001002	B. WING		R 09/19/201	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		2201 BUF	RCH BRIDGE	ROAD		
BURLING	GTON CARE CENTER	BURLING	TON, NC 27	217		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE		COMPLETE DATE
				DEFICIENCY)		
{C 189}	Continued From pa	ige 8	{C 189}			
	access the area to	verify correction, even though				
		made to have keys on site for				
	this announced insp	pection. Two separate email				
		and a telephone call. On				
		8, this has not been corrected.				
		eport from the 02/09/2018				
		ealed the escutcheon plate is				
		prinkler head leaving a gap in				
		iling. On June 20, 2018, this cted. On September 19, 2018,				
	this has not been cone	•				
		vious survey, the facility has				
		scutcheon plates to the				
		bughout the facility. At the				
	time of this survey,	several of the plates had				
		ing gaps in the ceiling. Some				
		t be tight to the ceiling due to a				
		d caulking that had been				
		On June 20, 2018, this has				
	has not been corrected.	. On September 19, 2018, this cted.				
		vation the mechanical				
		aintained in a safe manner.				
		the equipment could possibly				
		hazardous condition that				
	would effect occup	ants of the facility.				
	Findings on Septen	nber 19, 2018 <sup>.</sup>				
		haust fan vent has a heavy				
		and dust. The vent does not				
		en cleaned since the last				
		), 2018, this has not been				
		ember 19, 2018, this has not				
	been corrected					
		ease filter in the kitchen				
		completely clogged with				
		The grease filter does not				
		n cleaned since the last ), 2018, per the Staff on site				
ivision of L	ealth Service Regulation		1			

Division	of Health Service Re	equlation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (	E CONSTRUCTION D1		E SURVEY PLETED
		HAL001002	B. WING		R 09/19/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
	GTON CARE CENTER		RCH BRIDGE			
BORLIN		BURLING	STON, NC 272			
(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 ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE	(X5) COMPLETE DATE
{C 189}	Continued From pa	age 9	{C 189}			
	again. On Septemb	cleaned but it needs cleaning per 19, 2018, per Staff on site, cleaned but it needs cleaning				
	maintain electrical equipment in safe of effect occupants of	vation the facility did not emergency/safety lighting operating condition. This could the facility if egress paths and inated during a power outage.				
	emergency light co headlights did not v repaired or remove	g and kitchen - the existing nsisting of a battery pack and work. This has not been d. On June 20, 2018, this has . On September 19, 2018, this				
	equipment is not m condition. Failure to equipment in opera occupants of the fa	vation the facility's fire safety aintained in operating o maintain fire safety ating condition could effect icility if the equipment did not e or other emergency.				
	from the ceiling by been repaired. On been corrected. On	- the heat detector is dangling its wires. The detector has no June 20, 2018, this has not September 19, 2018, ed before Construction	t			
Division of H	properly maintain the associated equipment ability to extinguish	ervation, the facility failed to ne fire extinguishers and ent. This could hamper staffs a small fire and permit it to rould affect all residents, staff,				

T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			(X3) DAT	
OF CORRECTION	IDENTIFICATION NUMBER:	a. Building: <b>(</b>	)1	COM	PLETED
	HAL001002 B. WING _		. WING		R <b>19/2018</b>
ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
TON CARE CENTER	2201 BU	RCH BRIDGE	ROAD		
TON CARE CENTER	BURLING	GTON, NC 272	217		1
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	TION SHOULD BE	(X5) COMPLET DATE
Continued From pa	ge 10	{C 189}			
equipment not in pr Findings on Septem a. Basement under of this portable fire inspections stopped	oper working order. hber 19, 2018: er Dining - the documentation extinguisher's monthly d in February 2018. On				
	T OF DEFICIENCIES OF CORRECTION PROVIDER OR SUPPLIER <b>STON CARE CENTER</b> SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa and visitors by not i equipment not in pr Findings on Septen a. Basement under of this portable fire inspections stopped	OF CORRECTION IDENTIFICATION NUMBER:   HAL001002 HAL001002   PROVIDER OR SUPPLIER STREET AI   2201 BUI BURLING   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES   Continued From page 10 and visitors by not identifying emergency equipment not in proper working order.   Findings on September 19, 2018: a. Basement under Dining - the documentation of this portable fire extinguisher's monthly inspections stopped in February 2018. On	T OF DEFICIENCIES OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:(X2) MULTIPLE A. BUILDING: ( A. BUILDING: ( B. WING	T OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01   HAL001002 B. WING	T OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) DATE COM   HAL001002 B. WING 09/   ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 09/   TON CARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 09/   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)   Continued From page 10 and visitors by not identifying emergency equipment not in proper working order. Findings on September 19, 2018: a. Basement under Dining - the documentation of this portable fire extinguisher's monthly inspections stopped in February 2018. On {C 189}