

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>09/12/2018</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LANE ST RETIREMENT HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>625 LANE STREET</b> <b>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 Complaint Follow Up Construction Survey by Suzanna Fay conducted on September 12, 2018.  There are some deficiencies cited in the Complaint Survey that remain to be corrected and two new deficiencies were added related to the complaint.	{C 000}		
{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.  This Rule is not met as evidenced by: 1. Based on observation, the adjacent storage building was not maintained in a safe condition.  New Findings on September 12, 2018: a. A 3" round hole was observed at the doorway into the the storage building. The hole is large enough for pests to enter the building and as the storage building is connected to the main building with a deck, pests could easily transfer to the main facility if occupying the storage building. b. There is an attachment to the storage building to the left of the door that appears to have been constructed to cover exterior pipes. The attachment has rotted and is falling apart leaving rough, splintered plywood edges that could cause	{C 189}		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (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>09/12/2018</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LANE ST RETIREMENT HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>625 LANE STREET</b> <b>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 1</p> <p>injury.</p> <p>c. The soffit above the attachment to the left of the door has fallen out. A large wasp nest was constructed in the overhang. Pests can enter the facility through the open soffit.</p> <p>2. Based on observation, a bathroom floor was not maintained in a safe condition.</p> <p>Findings on September 12, 2018:</p> <p>a. The central portion of the floor in the men's common bathroom was soft and spongy indicating rot. Interview with Staff revealed that a contractor was scheduled for repairs on September 17, 2018. She had just received the estimate.</p> <p>b. Almost half the grout was missing between the ceramic floor tiles. Interview with Staff revealed that a contractor was scheduled for repairs on September 17, 2018. She had just received the estimate.</p>	{C 189}		