

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 11/08/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215
---	--

(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 Construction Section Follow-up Survey report by Frank Strickland on 11/08/2018: Some of the previous cited deficiencies have been corrected. However, there is an outstanding deficiency that requires correction action and a new Plan of Correction is required.	{C 000}		
{C 160}	Outside Premises-Clean, Safe 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: 1- Based on observations, the outside premises are not maintained in a clean and safe condition. Findings on 11/08/2018: (a) There is a large section of rotten fascia trim outside of the Exit by Room 126. (b) Smoking Porch - the porch soffit is soft and deteriorating at the edge beside the A/C units. (c) The gutters outside of the dining room are completely clogged with pine needles.	{C 160}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____