Division of Health Service Regulation   STATEMENT OF DEFICIENCIES   AND PLAN OF CORRECTION   (X1) PROVIDER/SUPPLIER/CLIA   IDENTIFICATION NUMBER:   HAL018011		(X2) MULTIPLE A. BUILDING: <b>0</b>		(X3) DATE SURVEY COMPLETED						
						R				
		B. WING			12/19/2018					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
BROOKE	ALE FALLING CREE	K	AVENUE NE , NC 28601							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE				
{C 000}	Initial Comments		{C 000}							
	Report of Biennial Follow Up Construction Survey by Dennis Harrell on 12-19-2018.									
	Some deficiencies were not corrected. Further action is required.									
{C 166}	Housekeeping-Maintained Free of Hazards		{C 166}							
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND								
	maintained in a saft handling portable m could affect all resid cylinders fall, break cylinder and turning Findings on 12-19-2 One portable medic	vation, the building was not e manner by not properly nedical oxygen cylinders. This dents, staff and visitors if ing their valves, propelling the g it into a dangerous projectile.								
{C 185}	Fire Safety-Rehearsals on Each Shift		{C 185}							

RUGK22

Division of Health Service Regulation   STATEMENT OF DEFICIENCIES   AND PLAN OF CORRECTION   (X1) PROVIDER/SUPPLIER/CLIA   IDENTIFICATION NUMBER:   HAL018011				(X3) DATE	(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NUMBER:	a. Building: <b>(</b>	)1			
		HAL018011	B. WING		R 12/19/2018		
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
BROOKE	DALE FALLING CREE	-K	H AVENUE NE Y, NC 28601				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION	ON SHOULD BE	OULD BE COMPLET	
			TAG	CROSS-REFERENCED TO TH DEFICIENCY		DATE	
{C 185}	Continued From page 1		{C 185}				
	requirement of the local Fire Prevention Code Enforcement Official.						
	(c) Records of rehearsals shall be maintained and copies furnished to the county department of						
	social services annually. The records shall						
	include the date and time of the rehearsals, the shift, staff members present, and a short						
	description of what the rehearsal involved. (f) This Rule shall apply to new and existing						
	facilities.	apply to new and existing					
	This Rule is not met as evidenced by: 2. Based on a review of documents, the records						
		included little to no description					
	ealth Service Regulation						

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