Division of Health Service Regulation						
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMPLETED	
					R	
		HAL001002	B. WING			1/2019
NAME OF F	PROVIDER OR SUPPLIER	STDEET AD	DDESS CITY S	STATE, ZIP CODE		
NAIVIE OF F	-ROVIDER OR SUPPLIER		RCH BRIDGE			
BURLING	STON CARE CENTER		TON, NC 27			
040.15	CLIMMA DV CTA					0/5
(X4) ID PREFIX		TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
				BEI IGIERO I /		
{C 000}	00) Initial Comments		{C 000}			
		I Follow Up Construction				
		r, conducted on February 21,				
	2019.					
	The following defici	encies from the Biennial				
		y remain to be corrected.				
{C 101}	01} Existing Licensed Fac- No less than '71 Rules		{C 101}			
	SECTION .0300 - PHYSICAL PLANT					
	10A NCAC 13F .03	01 APPLICATION OF				
	PHYSICAL PLANT					
		requirements for each adult				
	care home shall be	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				
	•	nents found in the 1971				
	"Minimum and Des					
		omes for the Aged and Infirm", available at the Division of				
	Health Service Reg					
	J	,				
	This D. L. C.	at an arthur 10				
	This Rule is not me	et as evidenced by: ntified on February 21, 2019				
		and record review, the facility				
	does not meet the I					
	•	ect at the time of construction				
		ites to 'Use and Occupancy'.				
	Findings on Februa	IIy ∠ 1, ∠019:				
	a. On previous surv	veys, it had been cited that				
		iltrating the basement				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

DIVISION	Of Fleatill Service IN	guiation	ı		1	
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	` '	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMP	LETED
					F	₹
		HAL001002	B. WING			1/2019
NAME OF	PROVIDER OR SUPPLIER	STDEET AD	DDESS CITY S	STATE, ZIP CODE		
NAIVIE OF	FROVIDER OR SUFFLIER					
BURLINGTON CARE CENTER			CH BRIDGE			
	T .		TON, NC 27			I
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
{C 101}	Continued From pa	ge 1	{C 101}			
		ruary 21, 2019, interview with he follow-up survey revealed a				
		sident (tenant) living in the				
		nt. This space was locked and				
		have a key to access the area				
		s. Together the SIC and				
		on the door and SIC spoke				
		woman said she would let us				
in after she dressed. The women did not return to						
let Surveyor in, even after repeated knocking.						
	h Daview of DHSD	Construction records				
		was designed and built in				
		e 1978 NC State Building				
		al Occupancy. In order to be				
		onal Occupancy, the				
		nt' would have been approved				
		in staff, owner or other staff				
		facility and responsible for the				
	safety of residents.					
	•					
	Based on observ	vation, the building does not				
		ents of the 1971 Minimum and				
	•	and Regulations for Homes				
		firm because the usage of				
		or storage of combustibles is				
		a 1 hour fire-resistant rated				
	ceiling and fire sprir	ikier protection.				
	Findings on Februa	rv 21 2019·				
		the 02/09/2018 Biennial				
		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				
		ne 20, 2018, this space was				
		staff did not have a key to				
	access the area to	verify correction, even though				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:	01		
		HAL001002	B. WING		02/2	R 1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BURLING	GTON CARE CENTER	,	CH BRIDGE			
	OLD MAA EV OTA					
(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 CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{C 101}	Continued From pa	nge 2	{C 101}			
	three request were this announced ins address were used September 19, 201 survey revealed that kitchen has the follobeing stored: two being stored: two bein	made to have keys on site for pection. Two separate email and a telephone call. On 8, the Biennial Follow-up at the crawl space below owing combustible material ed covers, a tall cabinet, d two large framed wall uary 20, 2019, Surveyor call aff of the upcoming follow-up be conducted on February 21, e about keys for locked doors. ary 21, 2019: the Biennial evealed this area was locked for entry. Per interview with any owner changed the locks. the 02/09/2018 Biennial awl space below kitchen stairs og bed and numerous boxes				
	2018 this space wa not have a key to a corrections. On Jur locked and on site access the area to	red in the space. On April 19, as locked and on site staff did ccess 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				
	address were used September 19, 201 survey revealed the stairs has the follow being stored: lawn	pection. Two separate email and a telephone call. On 8, the Biennial Follow-up Crawl space below kitchen wing combustible material equipment with about 1/2 n a can, fertilizer, a large				
	shopping cart full o and several collaps 21, 2019: the Bienr the Crawl space be following combustit	f clothing, bedding materials sed boxes. Finding on February nial Follow-up survey revealed slow kitchen stairs has the ple material being stored: 2 plastic stackable chairs, two				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
		HAL001002	B. WING	B. WING		24/2040
		HAL001002			02/2	21/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BURLING	GTON CARE CENTER		CH BRIDGE TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 101}	Continued From pa	ge 3	{C 101}			
		terials on the floor, several d boxes in a large cardboard low.				
{C 111}	Must Have Current	San. & Fire Safety Reports	{C 111}			
	fire and building saf shall be maintained review. This Rule is not me 1. Review of record	have current sanitation and fety inspection reports which in the home and available for et as evidenced by: ds revealed that the facility did g safety inspection reports in				
	survey revealed The annual sprinkler ins the system was fun code. On April 19, have access to this not respond to atter her. On June 20, 20 access to this report Staff had the report on 9/18/2017. On F Follow-up survey re	the 02/09/2018 Biennial e facility did not have a current pection 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 t. On September 19, 2018, for the inspection preformed ebruary 21, 2019, the Biennial evealed that there was not a same year) Annual Fire				
{C 160}	Outside Premises-0	Clean, Safe	{C 160}			
	SECTION .0300 - F 10A NCAC 13F .03					

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MUII TIPI	E CONSTRUCTION	(X3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			A. BOILDING.			
		HAL001002	B. WING		F 02/2	1/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		2201 BUR	CH BRIDGE	ROAD		
BURLING	STON CARE CENTER		TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 160}	Continued From pa	ge 4	{C 160}			
•	ENVIRONMENT (m) The requireme (1) The outside gro facilities shall be ma condition; This Rule is not me	ints for outside premises are: bunds of new and existing aintained in a clean and safe				
		maintained in a clean and safe				
	Findings on February 21, 2019: b. The crawl space door under the kitchen was heavily rotted and damaged along the bottom edge. The veneer was buckling and there were green mildew stains along the rotted edges of the door. The holes were large enough for pests, including small rodents, to enter the crawl space.					
{C 164}	Housekeeping and	Furnishings-Clean, Repaired	{C 164}			
	FURNISHINGS (a) Adult care home (1) have walls, ceili coverings kept clea (2) have no chronic (3) have furniture of	es shall: ings, and floors or floor n and in good repair;				
		et as evidenced by: vealed that the walls, ceilings verings were not kept clean				

6899

Division of Health Service Regulation						
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMPLETED	
					F	,
		HAL001002	B. WING			1/2019
		TIALOUTOUL	<u> </u>		UZIZ	1/2013
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DIIDI IN	GTON CARE CENTER	2201 BUR	RCH BRIDGE	ROAD		
BUKLIN	STON CARE CENTER	BURLING	TON, NC 27	217		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
				DEI TOIEITOT)		
{C 164}	Continued From pa	ge 5	{C 164}			
	Findings on Spepte	mber 19. 2018:				
		report from the 02/09/2018				
		ealed there is a moisture				
	,	ement apartment. The living				
		paking wet along the outside				
		d level exit to the stair wall.				
		antial amount of mold or				
	mildew along the lo	wer portion of the wall above				
	the wet floor. The v	wall finish was deteriorating				
	due to heavy moisture. On April 19, 2018 This					
	space was locked 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				
		ren though three request were				
		on site for this announced				
		parate email address were				
		ne call. On Septermber 19, p survey revealed there is a				
		n the basement apartment.				
		pet was soaking wet along the				
		e ground level exit to the stair				
		substantial amount of mold or				
		wer portion of the wall above				
		wall finish was deteriorating				
	due to heavy moist	ure. On February 20, 2019,				
	Surveyor call facility	to inform staff of the				
		survey, that would be				
		uary 21, 2019 and to enquire				
		ed doors. Findings on				
		the follow-up survey revealed				
		esident (tenant) living in the				
		nt. This space was locked and				
		have a key to access the area				
		s. Together the SIC and on the door and SIC spoke				
		woman said she would let us				
		d. The women did not returned				
		ven after repeated knocking.				
		report from the 02/09/2018				

Division	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL001002	B. WING		R 02/21/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		2201 BUR	CH BRIDGE	ROAD		
BURLIN	GTON CARE CENTER	BURLING	TON, NC 27	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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 164}	Continued From pa	ge 6	{C 164}			
	Biennial survey reverse generating moisture apartment. The she ducts in the three be along the sides and ceiling finish is flaking bedrooms along the This space was lochave a key to access corrections. On Jurlocked and on site staces the area to three request were this announced inspaddress were used Septermber 19, 20 revealed the sheetr ducts in the three be along the sides and ceiling finish is flaking bedrooms along the 2019, Surveyor call upcoming follow-upconducted on February 21, 2019: a non-Adult Care Represent apartment on site staff did not to verify corrections Surveyor knocked on the User of the Surveyor in, etc. Crawl space belifform the 02/09/2012 perimeter of the open On April 19, 2018 Technological control of the perimeter of the open On April 19, 2018 Technological control of the control o	ealed the A/C ducts are exproblems in the basement eetrock boxing around the A/C edrooms has mildew stains bottoms of the boxing. The ng and peeling in the boxing. On April 19, 2018 ked and on site staff did not				

verify corrections. On June 20, 2018, this space

STATE FORM 6899 If continuation sheet 7 of 13 QOKC25

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING: 01		COMPLETED	
				F	₹	
	HAL001002	B. WING		02/2	1/2019	
NAME OF PROVIDER OR SUPPLIE	R STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
BURLINGTON CARE CENT	2201 BUF	RCH BRIDGE	ROAD			
BURLINGTON CARE CENT	BURLING	TON, NC 27	217			
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE	
(C 164) Continued From	page 7	{C 164}				
was locked and of access the area of three request we this announced in address were used. Spetember 19, 2 revealed the slab with som black of February 20, 201 staff of the upcorbe conducted on enquire about keep reprint owner changed to decrease the area of the wood joists and shave a substantial Some of the wood signs of decay. Was locked and access the area 2018, this space not have a key to correction, even to have keys on sinspection. Two sused and a telep 2018 The Follow joists and sub-floa substantial amonths wood is splint decay. There is a February 20, 201 staff of the upcorbe conducted on enquire about keep some substantial amonths of the upcorbe conducted on enquire about keep some substantial amonths of the upcorbe conducted on enquire about keep some substantial amonths of the upcorbe conducted on enquire about keep some substantial amonths of the upcorbe conducted on enquire about keep some substantial amonths of the upcorbe conducted on enquire about keep some substantial amonths of the upcorbe conducted on enquire about keep some substantial amonths of the upcorbe conducted on enquire about keep some substantial amonths of the upcorbe conducted on enquire about keep some substantial amonths of the upcorbe conducted on enquire about keep some substantial amonths of the upcorbe conducted on enquire about keep some substantial amonths of the upcorbe conducted on enquire about keep some substantial amonths of the upcorbe conducted on enquire about keep some substantial amonths of the upcorbe conducted on enquire about keep some substantial amonths of the upcorbe conducted on enquire about keep some substantial amonths of the upcorbe conducted on enquire about keep some substantial amonths of the upcorbe conducted on enquire about keep some substantial amonths of the upcorbe conducted on enquire about keep some substantial amonths of the upcorbe conducted on enquire about keep some substantial amonths of the upcorbe conducted on the upcorbe conducted on the upcorbe substantial amonths of the upcorbe	on site staff did not have a key to o verify correction, even though the made to have keys on site for aspection. Two separate emailed and a telephone call. On the properties of the Follow-up survey has black mildew stains along a lidew stains on the ceiling. On the Surveyor call facility to inform the follow-up survey, that would february 21, 2019 and to the properties of the Biennial Follow-up survey a was locked and no key on site rview with SIC the new building					

Division of Health Service Regulation

STATE FORM 6899 QOKC25 If continuation sheet 8 of 13

DIVISION	of Health Service Re	guiation				
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMPLETED	
					_	
			D WING		F	
		HAL001002	B. WING		02/2	1/2019
NAME OF E	PROVIDER OR SUPPLIER	STREET AD	DDESS CITY S	STATE, ZIP CODE		
IVAIVIL OI I	NOVIDEN ON OUT LIEN					
BURLING	STON CARE CENTER		CH BRIDGE			
20112		BURLING	TON, NC 27	217		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION SHOUL	-	(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
(C 164)	Continued From no	O	(C 164)			
{C 164}	Continued From pa	ge 8	{C 164}			
	revealed this area v	vas locked and no key on site				
		iew with SIC the new building				
	owner changed the					
		ort from the 02/09/2018				
		ealed the trim is missing				
		the basement. On April 19,				
	•	as locked and on site staff did				
		ccess the area to verify				
		ne 20, 2018, the trim is off on				
the office side and you can see through the crack						
	into the stairwell.					
	On Spetember 19,	2018 The Follow-up survey				
	revealed the trim is	missing around the door to				
	the basement on bo	oth sides and could not stop a				
	fire from spreading	. On February 20, 2019,				
		y to inform staff of the				
		survey, that would be				
		uary 21, 2019 and to enquire				
		ed doors. Findings on				
		the Biennial Follow-up survey				
		vas locked and no key on site				
		iew with SIC the new building				
		locks. The On the Office side				
		is missing around the door to				
		the lock does not have any				
		st a single cylinder keyway				
	Basement side is u	ndeterminable.				
	h. Kitchen - the wa	Il behind the stove was				
	splattered with grea	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				
		dings on February 21, 2019:				
		stove was splattered with				
	grease/food particle	es and the filter is not clean.				

6899

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:	01	R	
		HAL001002	B. WING			₹ 21/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BURLING	GTON CARE CENTER		RCH BRIDGE TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{C 189}	Continued From pa	ige 9	{C 189}			
{C 189}	Building Equipmen	t Maintained Safe, Operating	{C 189}			
	mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex which shall not app	and all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing exception of Paragraph (e) ly to existing facilities.				
	Findings on Septer a. Basement - The Biennial survey rev around the duct pe of the basement ap. This space was loc have a key to acce corrections. On Jur locked and on site access the area to three request were this announced ins address were used September 19, 201 On February 20, 20 inform staff of the uthat would be cond and to enquire abo Findings on Februa survey revealed a r (tenant) living in the space was locked a key to access the a Together the SIC a	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 ked and on site staff did not ses 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 8, this has not been corrected. 1019, Surveyor call facility to upcoming follow-up survey, ucted on February 21, 2019 ut keys for locked doors. ary 21, 2019: the follow-up non-Adult Care Resident e manager's quarters. This and on site staff did not have a urea to verify corrections. nd Surveyor knocked on the e with a women. The woman				

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
				D. WILLIA		₹
		HAL001002	B. WING		02/2	1/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
BURLING	STON CARE CENTER		CH BRIDGE			
		BURLING	TON, NC 27	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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
{C 189}	Continued From pa	ge 10	{C 189}			
	said she would let u women did not retu after repeated known. Room 4 - The resistant service in the fire resistant centary has not been correct this has not been corrected. Based on a previously exprinkler heads through the plates cannot build up of paint and previously applied. The plates corrected to the plates corrected.	us in after she dressed. The rned to let Surveyor in, even eking. Export from the 02/09/2018 ealed the escutcheon plate is brinkler head leaving a gap in illing. On June 20, 2018, this cted. On September 19, 2018, corrected. Findings on February not been corrected. rious survey, the facility has escutcheon plates to the brighout the facility. At the several of the plates had ing gaps in the ceiling. Some to be tight to the ceiling due to a discount can be called the condition of the plates had ing gaps in the ceiling. Some to be tight to the ceiling due to a discount can be conditioned to the ceiling due to a discount can be condition				
	equipment is not m Failure to maintain	·				
	b. Laundry - the ex accumulation of lint appear to have bee survey. On June 20 corrected. On Septe been corrected. Fin this has not been or c. Kitchen - the gree exhaust hood was of grease and debris.	thaust fan vent has a heavy and dust. The vent does not en cleaned since the last b, 2018, this has not been ember 19, 2018, this has not dings on February 21, 2019:				

6899

STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
					R	
		HAL001002	B. WING			1/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BURLING	GTON CARE CENTER		CH BRIDGE TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFINED TO THE	D BE	(X5) COMPLETE DATE
{C 189}	Continued From pa	ge 11	{C 189}			
	the filter has been of again. On Septemb the filter has been of again. Findings on not been corrected. 4. Based on obsermaintain electrical equipment in safe of effect occupants of exits were not illum. Findings on Septema. Corridor to dining emergency light conheadlights did not verpaired or remove not been corrected.	vation the facility did not emergency/safety lighting operating condition. This could the facility if egress paths and inated during a power outage. The series of a battery pack and work. This has not been d. On June 20, 2018, this has on September 19, 2018, this oted. Findings on February 21,				
	equipment is not m condition. Failure to equipment in operatoccupants of the fa operate during a find New Findings on Formation and Office - the heat ceiling by its wires. bb. Shower Room detector is dangling cc. Fire Alarm System reporting trouble. Toom failure. The I was contacted. He	vation the facility's fire safety aintained in operating or maintain fire safety ting condition could effect cility if the equipment did not e or other emergency. ebruary 21, 2019: at detector is dangling from the beside Tub Room - the heat of from the ceiling by its wires. Here - the fire alarm system is the trouble code is 974, dialer Burlington City Fire Marshal arrived and the faculty initiated inue until the trouble is				

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		IDENTIFICATION NOWIBER.	A. BUILDING: 01				
		HAL001002	B. WING		F 02/2	≀ 1/2019	
NAME OF PROVIDER OR SUPPLIER STREET ADDI				DRESS, CITY, STATE, ZIP CODE			
BURLINGTON CARE CENTER 2201 BURCH BRIDGE ROAD							
BURLINGTON, NC 27217							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE	
{C 189}	Continued From page 12		{C 189}				
	cleared.						
	, -						

6899