

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL012042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/01/2019
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NAME OF PROVIDER OR SUPPLIER BURKE LONG TERM CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 125 CAMELLIA GARDEN STREET MORGANTON, NC 28655
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(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
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{C 000} Initial Comments {C 000}

Report of Biennial Follow Up Construction Survey by Dennis Harrell on 8-1-2019.

Some deficiencies were not corrected. Further action is required.

{C 111} Must Have Current San. & Fire Safety Reports {C 111}

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0302 DESIGN AND CONSTRUCTION
f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.

This Rule is not met as evidenced by:
Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.

*Current/Required annual 8/1/19
fire alarm system inspection report was obtained via fax & has been filed in a designated location for fire-related documentation.*

{C 189} Building Equipment Maintained Safe, Operating {C 189}

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.

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

Haiyoung Robertson

TITLE

Administrator

(X5) DATE

8/8/19

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(C 189)	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the fire alarm system dialer worked but was showing 2 "Trouble" conditions, "Line Fault" and "Silenced". Finding on 8-1-2019; Interview with the Administrator indicated the problem is with the AT&T line coming into the facility. She stated she had spent many hours trying to get AT&T to correct the problem.</p>	(C 189)	<p>Call made on 8/2 to fire Marshall of Burke County & Fire Marshal called AT&T Multiple calls had been made & was told to wait for AT&T to call back = a service repair date. FINALLY, on 8/8/19 an AT&T service repair man came & made the necessary change from digital to analog on one of the phone lines. Now there is no yellow light appearing on the fire alarm panel.</p>	8/8/19
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