STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001002	A. BUILDING: **01** B. WING _____	**01/09/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURLINGTON CARE CENTER	**2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217**

(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 Biennial Construction Survey by Suzanna Fay conducted on January 9, 2020. Records indicate that this Facility was licensed on November 22, 1978. The facility is currently licensed for 12 beds. Therefore this facility is required to meet the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirmed; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code, Institutional Occupancy. Deficiencies were noted which require a plan of correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by:	C 101		

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C 101	Continued From page 1 1. Observations revealed that the facility did not meet the code requirements in effect at the time of construction, change in service, renovation or alteration. Findings on January 9, 2020: a. The facility is a two story building with staff quarters on the lower level. It is assumed that both levels use the same central fire alarm system. There is a central sounding device for the facility on the main level which does not provide adequate notification on the lower level.	C 101		
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. Observations revealed that the outside premises were not maintained in a clean and safe condition. Findings on January 9, 2020: a. Laundry exit - a section of metal flashing along the stair has come loose and is bent which could cause injury. The flashing was cut back and removed at the time of survey. b. A section of the fascia trim above the deck is loose and becoming detached from the building. c. The last section of handrail at the front walk is loose.	C 160		

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C 164	Continued From page 2	C 164		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the ceilings were not kept clean. Findings on January 9, 2020: a. Janitor Closet off of Dining - the grille for the roof top fan had a heavy accumulation of spider webs and dust. This was cleaned at the time of survey. 2. Observations revealed that the floors were not kept in good repair. Findings on January 9, 2020: a. Bath across from Dining - the floor at the tub is soft and moves underfoot. 3. Observations revealed that the walls were not kept in good repair. Findings on January 9, 2020: a. Staff Quarters - the wall corner by the exterior exit door has been hit and a section of the sheetrock has been knocked off leaving the corner beads exposed.	C 164		

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C 185	Continued From page 3	C 185		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the 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. This Rule is not met as evidenced by: 1. Review of records revealed that the fire drills were not conducted on each shift quarterly. Findings on January 9, 2020: a. There was not a fire drill conducted on the third shift in the first quarter of 2019. b. There was not a fire drill conducted on the first shift in the second quarter of 2019. c. There was not a fire drill conducted on the second shift in the third quarter of 2019.	C 185		
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.	C 189		

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C 189	Continued From page 4 (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 facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not activate during a fire. Findings on January 9, 2020: a. Room 4 - the collector plate on the heat detector is damaged and may not activate during a fire. b. Room 5 - the collector plate is bent about 45 degrees and may not activate during a fire. c. The smoke detector on the upper landing to the staff quarters was covered with tape and paint. The tape was removed at the time of survey. 2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on January 9, 2020: a. Room 4 - the escutcheon plate on the sprinkler head is missing leaving damaged ceiling around the head exposed. b. There is a small hole in the ceiling at the base of the exit sign by the deck exit. c. Staff Quarters - there is a gap around the sprinkler pipe where it penetrates the ceiling in the last room.	C 189		

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C 189	Continued From page 5 d. Note: The ceiling finish in all other areas of the lower level is not required because these are considered crawl space as long there is not combustibles or other storage in these areas. 3. Observations revealed that the plumbing equipment was not maintained in operating condition. Findings on January 9, 2020: a. Guest Bathroom - the control knob on the tub is missing.	C 189		