

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED R 01/09/2020 |
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| NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK | STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455 |
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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 Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on January 9, 2020. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected. | {C 000} | | |
| {C 199} | Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in rooms required to be mechanically exhausted. Findings on January 9, 2020: a. AI Bldg. Residents Half Bathroom - the required exhaust ventilation system does not work. The fan has been ordered and will be installed when received. b. AI Bldg. Utility Room near Bedroom 49 - the | {C 199} | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| {C 199} | Continued From page 1 required exhaust ventilation system is running but is not removing the required amount of air to dissipate the odor. The fan has been ordered and will be installed when received. | {C 199} | | |