Division of Health Service Regulation

	DI AN OF CORRECTION \ \ \ \ IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: 01				
		HAL012045 B. WING			07/08/2025		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
BURKE A	ASSISTED LIVING		ELLIA GARDEN STREET TON, NC 28655				
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
	Records indicate the February 1, 1980. To for 24 residents. Be are requiring the familiary and Design for Homes for the Aportions of the 2006.	uction Section Biennial Survey inducted on July 8, 2025. his facility was first licensed on The facility is currently licensed ased on this information, we cility to meet the 1977 ared Standards and Regulations Aged and Infirm, the applicable 5 Regulations for Adult Care					
	Carolina State Build Institutional Occupa	178 Edition of the North ding Code-Section 409.1(c) ancy. cited and a Plan of Corrections					
C 033	Fire Safety Inspect	02 (e) Current Sanitation and ion 02 Design And Construction	C 033				
		Il maintain in the facility and eview current sanitation and on reports.					
	Director, the facility facility, and current twelve months) sar safety inspection re Findings on July 8, a. A copy of the cur	erview with the Executive railed to maintain in the (completed within the last nitation and fire and building eports available for review.					

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

(X6) DATE TITLE

Division of Health Service Regulation

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING: 01			(X3) DATE SURVEY COMPLETED		
			A. BUILDING. VI			
		HAL012045	B. WING		07/0	8/2025
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BURKE A	ASSISTED LIVING		ELLIA GARD TON, NC 28	EN STREET 655		
(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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 033	Continued From pa	ge 1	C 033			
	inspection report wa	rent fire alarm system as not available for review. rills were not available for				
C 092	10A NCAC 13F .03 of Hazards	06(a)(5) Housekeeping-Free	C 092			
	10A NCAC 13F .03 Furnishings	06 Housekeeping and				
	orderly manner, fre hazards; (e) Notwithstanding	in an uncluttered, clean and e of all obstructions and g the requirements of Rule n, this Rule shall apply to new				
	maintained free from were improperly storany means of restra- falling or being known danger to the occup Findings on July 8,	ration the facility was not m hazards. Oxygen bottles ored. Oxygen bottles without aint to prevent them from cked over may present a pants of the facility.				
C 121	10A NCAC 13F .03 maintained safe, op	11(a) Building equipment perating	C 121			
	10A NCAC 13F .03	11 Other Requirements				
	mechanical, and plu	d all fire safety, electrical, umbing equipment in an adult maintained in a safe and				

6899

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

HAL012045 B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	HAL012045	
	ROVIDER OR SUPPLIER	
BURKE ASSISTED LIVING 125 CAMELLIA GARDEN STREET MORGANTON, NC 28655	SSISTED LIVING	
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DEFICIENCY)	(EACH DEFICIENC	
C 121 Continued From page 2 operating condition. This Rule is not met as evidenced by: 1. Based on observation, the facility is not maintained free from hazards. If the code required clearance of 36° in front of electrical breaker panels is not maintained, it could delay timely operation of the breakers in an emergency. Findings on July 8, 2025: a. Mechanical Room- There are boxes, bins and maintenance equipment stored directly in front of the electrical panels. 2. Based on observation, the buildings' emergency equipment is not maintained in a safe operating condition. This could affect all if they could not promptly find their way to the exit during an emergency. Findings on July 8, 2025: a. Near Room A1. The Emergency light did not illuminate when tested.	operating condition This Rule is not moderated in the second of the seco	

6899

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NZ2P21 If continuation sheet 3 of 3