

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL001028</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>12/13/2018</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE BURLINGTON</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3619 SOUTH MEBANE STREET<br/>BURLINGTON, NC 27215</b> |
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| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                  | (X5)<br>COMPLETE<br>DATE |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| {C 000}                  | Initial Comments<br><br>Report of a Biennial Follow Up Construction by<br>Ed Miller, conducted on December 13, 2018.<br><br>Deficiencies were cited that will require a new<br>Plan of Correction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | {C 000}             |                                                                                                                                                           |                          |
| {C 153}                  | Exit Door Locks-Single Hand Motion<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL<br>ENVIRONMENT<br>(h) The requirements for outside entrances and<br>exits are:<br>(3) All exit door locks shall be easily operable, by<br>a single hand motion, from the inside at all times<br>without keys; and<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that one of the exit<br>doors was not easily operable by using a single<br>hand motion.<br><br>Findings on December 13 2018:<br>a. Exit by Room 69 - the interior door handle was<br>broken off and a deadbolt lock was installed to<br>secure and operate the door. Contractor did not<br>complete work due to snow storm last week. | {C 153}             | Maintenance Tech will ensure that<br><br>Door handle is replaced and in good<br><br>Working order for room 69.<br><br>To be completed by January 31, 2019 |                          |
| {C 189}                  | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(a) The building and all fire safety, electrical,<br>mechanical, and plumbing equipment in an adult<br>care home shall be maintained in a safe and                                                                                                                                                                                                                                                                                                                                                                                                                                                    | {C 189}             |                                                                                                                                                           |                          |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Ryan Smith*

*CAMPUS Executive Director*

*01.11.19*

STATE FORM

6899

8K5L22

If continuation sheet 1 of 2

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL001028</b>                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____                                                                                                                                       | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>12/13/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE BURLINGTON</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3619 SOUTH MEBANE STREET<br/>BURLINGTON, NC 27215</b> |                                                                                                                                                                                                                  |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                        | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG                                                                               | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                         | (X5)<br>COMPLETE<br>DATE                                           |
| {C 189}                                                         | <p>Continued From page 1</p> <p>operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage.</p> <p>Findings on December 13, 2018:</p> <p>a. Mechanical Room by 82 - the emergency light panel is emitting an alarm which indicates a low battery. Contractor did not complete work due to snow storm last week.</p> | {C 189}                                                                                           | <p>Maintenance Tech will ensure that</p> <p>Emergency light panel in Mechanical</p> <p>Room by room 82 has a proper battery</p> <p>And is in good working order.</p> <p>To be completed by January 31, 2019.</p> |                                                                    |