

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/01/2024
NAME OF PROVIDER OR SUPPLIER BROOKDALE BURLINGTON AL (NC)		STREET ADDRESS, CITY, STATE, ZIP CODE 3615 SOUTH MEBANE STREET BURLINGTON, NC 27215		
(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 Follow Up Construction Survey by Suzanna Fay conducted on February 1, 2024. There are deficiencies from the Biennial Construction Survey that remain to be corrected.	{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: 1. Based on observation, and interview with Maintenance Director, the facility failed to meet the Code requirements in effect at the time of construction or alteration by not having all the components required to comply and properly operate doors equipped with Special Locking. This could affect all occupants who need to evacuate through the door(s). Findings November 1, 2023:	{C 101}		

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

TITLE

(X6) DATE

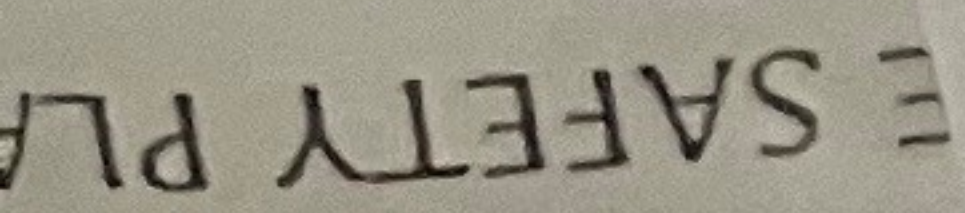
Catherine Armstrong

Executive Director *4/2/24*

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{C 101}	Continued From page 1 a. East Hall- The Special Locking system does not have a wiring diagram and a system component's location map posted under glass at the Fire Alarm Control Panel (FACP).	{C 101}	MAP/ Sign has been posted And is placed Appropriately at the Fire Alarm Control panel.	2/19/24	

waterflow service in



Mag
Lock
system

shown in orange
override shown
in pink
all Doors have
mag Locks