

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL060129</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/16/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RADBOURNE MANOR III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2920 CINDY LANE CHARLOTTE, NC 28269</b>
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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
{C 000}	Initial Comments  Report of Follow-up Survey by Frank Strickland on 07/16/2015:  One deficiency has not been corrected and a new Plan of Correction is required.	{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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;  This Rule is not met as evidenced by: 1. Based on observation, the building fire Alarm system was not installed in accordance with the 1978 NCSBC under which our records indicate the facility was built. This would effect all residents if the system did not detect smoke and activate the fire alarm.  Findings include: The following areas have no smoke or heat detection: a) Activity Closet in Living Room,	{C 101}		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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{C 101}	Continued From page 1  b) Corridor Linen Closet, c) Pantry, d) Office Closet, e) Corridor bathrooms, f) Private bathrooms off the bedrooms, g) Corridor Housekeeping Closet.  This is not in accordance with the 1978 Building Code detection requirements for complete coverage	{C 101}		