

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/06/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(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  This report is of a Followup Survey done by Bob Getchell on July 6, 2016.  The followup revealed that all deficiencies have not been corrected, therefore 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 at no cost;  This Rule is not met as evidenced by: 1. Based on observation, the Building does not meet the requirements found in the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, because the usage of these areas for storage is not allowed without a 1 hour fire-resistance rated ceiling and fire sprinkler protection..  Followup Findings on July 6, 2016:	{C 101}		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/06/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(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 101}	Continued From page 1  a. Unfinished Basement - The provider's plan was to remove all storage from the unfinished basement and return the use to crawlspace as originally designed. At the time of follow up, Storage is mostly removed. b. Basement Apartment - all three rooms off the living area were being used to store quantities of combustible material that exceeds what is considered typical of a residence; extra wood furniture, boxes of books/paper, client items etc.  This is not in conformance with the 1967 Building Code permitting Institutional basements used for combustible storage to be provided with a 1 hour fire resistance rated ceiling and automatic sprinklers.	{C 101}		
{C 133}	Bathrooms-Hand Grips  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;  This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips.  Followup Findings on July 6, 2016:: a. Visitor' s Bathroom - the floor and seat mounted hand grip for the commode had a broken left vertical support and was very unstable,(new grab bar installed behind toilet)	{C 133}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/06/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(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 133}	Continued From page 2  b. Visitor' s Bathroom - the tub hand grips (grab bar) had a loose middle support,	{C 133}		
{C 150}	Corridors-Free of equipment and Obstructions  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.  This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path in the corridors to the outside.  Followup Findings on July 6, 2016::  b. Back Corridor - a piano in the corridor restricts the effective corridor width to forty-three inches, c. Back Corridor - a sofa in the corridor restricts the effective corridor width to thirty-four inches,	{C 150}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.	{C 164}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/06/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(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 164}	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. Based on Observation, the Building was not kept clean and in good repair, because some building components fail to function as originally intended.</li> </ol> <p>Followup Findings on July 6, 2016:</p> <ol style="list-style-type: none"> <li>e. Bedroom 5 - a window air conditioner was sealed with duct tape and the tape has deteriorated allowing outside air and vermin in,</li> </ol> <ol style="list-style-type: none"> <li>2. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair.</li> </ol> <p>Followup Findings on July 6, 2016:</p> <ol style="list-style-type: none"> <li>a. Living Room - the floor tiles are loose,</li> <li>b. Living Room - the wall was marred up behind the sofa,</li> <li>c. Living Room - the floor tiles do not extend to the wall base behind the corridor door,</li> <li>d. Living Room - the VCT floor covering was discolored behind the corridor door,</li> <li>e. Corridor - the handrails were discolored,</li> <li>o. Office - the exterior window had a cracked glass pane,</li> <li>p. Bedroom 5 - the textured ceiling was falling down,</li> <li>r. Bedroom 4 - the floors were dirty under the right bed,</li> <li>v. Handicapped Bathroom - the wall was dirty and stain where the sink was moved from,</li> <li>z. Throughout the Building - the floor tiles were chipped, cracked, broken and/or raised, creating tripping hazards.</li> <li>aa. Throughout the Building - the floor tiles dirty and needed waxing,</li> <li>bb. Back Bathroom - tub was stained</li> <li>cc. Back Bathroom - around the tub the grout</li> </ol>	{C 164}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/06/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(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 164}	Continued From page 4  was falling out of the wall tiles.  3. Based on observations, the facility has failed to maintain the furniture clean and in good repair.  Followup Findings on July 6, 2016:  a. Bedroom 3 - one chest of drawers was held together with duct tape,	{C 164}		
{C 175}	Bedroom Furnishings-Clean Towel, Towel Bar  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas, with the required individual towels and/or towel bars for each resident.  Followup Findings on July 6, 2016:  a. Throughout the Building - there was no means to hang a towel in the Bedrooms or bathrooms.	{C 175}		
{C 189}	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/06/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD</b> <b>BURLINGTON, NC 27217</b>
---	---

(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 189}	<p>Continued From page 5</p> <p><b>REQUIREMENTS</b></p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and 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>1. Based on observation, the Building was not maintained in a safe and operating condition, because in some spaces the fire protection equipment was missing.</p> <p>Followup Findings on July 6, 2016:</p> <p>There were no audible fire alarm notification devices in the entire lower level.:</p> <p>2. Based on observations, the Building was not maintained in a safe and operating condition, because some fire sprinkler components were missing or in despair.</p> <p>Followup Findings on July 6, 2016:</p> <p>a. FDC inlet connection area - the single inlet was missing its protective cap,</p> <p>3. Based on observation, the Building was not maintain in a safe manner, the normal fire load had increased in certain areas.</p> <p>Followup Findings on July 6, 2016:</p> <p>a. Office - this space was being used to storage combustible materials, wood furniture, boxes of books/paper, client items and etc. Area was not</p>	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/06/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
---	---

(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 189}	<p>Continued From page 6</p> <p>walkable.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition.</p> <p>Followup Findings on July 6, 2016:</p> <p>a. Basement Stair Door - the door closure on the stair door could not completely close and latch its leaf into its doorframe.</p> <p>6. Based on observation and testing, the Building was not maintained in a safe and operating condition, because the combination exit sign/emergency light, did not work.</p> <p>Followup Findings on July 6, 2016:</p> <p>a. Front Door - the ceiling mounted self-contained combination exit sign/emergency light unit did not work on backup power when the test button was pushed,</p> <p>b. Corridors -new emergency lights have been installed in addition to the existing. The existing emergency lighting system is comprised of a battery pack and multiple headlights, none of which are functioning.</p> <p>7. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safely.</p> <p>Followup Findings on July 6, 2016:</p> <p>a. Back Corridor - a piano was being stored directly in front of the electric panels, preventing quick emergency access to the panel,</p> <p>b. Bedroom 5 right Bed - the electrically operated call system had a broken switch,</p>	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/06/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD</b> <b>BURLINGTON, NC 27217</b>
---	---

(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 189}	<p>Continued From page 7</p> <p>8. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames with acceptable gaps under normal operating conditions.</p> <p>Followup Findings on July 6, 2016:</p> <p>a. Living Room - the corridor door hits its doorframe, preventing it from closing and latching without extra force,</p> <p>9. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force.</p> <p>Followup Findings on July 6, 2016:</p> <p>c. Back Bathroom - the corridor door strike plate was tapped over so the door could not latch into its doorframe,</p> <p>10. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated construction invalidated its integrity.</p> <p>Followup Findings on July 6, 2016:</p> <p>a. Bedroom 6 left Closet - there were gaps around a PVC pipe that penetrated through the fire-resistance-rated ceiling and floor assemblies, b. Corridor - above the Fire Alarm Panel there was a 2 inch hole in the wall not sealed,</p>	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/06/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD</b> <b>BURLINGTON, NC 27217</b>
---	---

(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 189}	<p>Continued From page 8</p> <p>c. Bedroom 2 front Closet - there were cable that penetrated through the fire-resistance-rated ceiling sealed with tape,</p> <p>d. Bedroom 1 back Closet - there were gaps was around a PVC pipe that penetrated through the fire-resistance-rated ceiling,</p> <p>e. Basement kitchen - there was a 12 x12 hole through the fire-resistance-rated ceiling assembly,</p> <p>11. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler heads were impaired, exposing openings through the fire-resistance-rated construction.</p> <p>Followup Findings on July 6, 2016:</p> <p>a. Entire Building - the fire sprinkler escutcheon plates were missing,</p>	{C 189}		