

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 06/10/2016
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NAME OF PROVIDER OR SUPPLIER CHATHAM COMMONS	STREET ADDRESS, CITY, STATE, ZIP CODE 809 WEST CHATHAM STREET CARY, NC 27512
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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 Complaint Follow-up Survey by Frank Strickland on 06/10/2016: Some cited deficiencies were field verified for correction. However, there are cited deficiencies that require corrective action. A new Plan of Correction is required.	(C 000)		
(C 166)	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards. Findings on 06/10/2016: (a) Bedrooms throughout the building - Many towel bars were missing and the mounting brackets were left attached to the door exposing sharp and rough edges.	(C 166)	We have ordered 38 Towel Bars to be installed in each bathroom. Estimated completion date: 7/21/2016	

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

Pauline Kegan



TITLE

Executive Director

(X8) DATE

7/6/2016