

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 09/21/2016
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NAME OF PROVIDER OR SUPPLIER WALTONWOOD CARY PARKWAY	STREET ADDRESS, CITY, STATE, ZIP CODE 750 SE CARY PARKWAY CARY, NC 27511
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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 a Follow-up Survey by Frank Strickland and Billy S. Bryant on 09/21/2016: All deficiencies were field verified for correction except the cited deficiency on Tag 189. A new Plan of Correction is required.	{C 000}		
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation and operation of the special locking system the facility is not maintaining fire safety equipment in safe operating condition by not being in compliance with building code requirements for special locking systems. Finding on 06/22/2016: a. Four of the manual override switches for the magnetically locked exit doors are not an "on/off" type. The doors release and will then relock automatically after a time delay.	{C 189}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____