

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 04/28/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE PEACHTREE 1		STREET ADDRESS, CITY, STATE, ZIP CODE 2806 PEACHTREE ROAD STATESVILLE, NC 28625		
(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 Dennis Harrell on 4-28-2015. Not all deficiencies were corrected. Further action is required.	{C 000}		
{C 157}	Outside Premises-Clean, Safe IV. The Building C. Physical Environment (10 NCAC 42D .1503) 13. The requirements for outside premises are: a. The outside grounds must be maintained in a clean and safe condition. This Rule is not met as evidenced by: Based on observation, the outside grounds were not being maintained in a safe condition. Findings on 3-5-2015; At the left end of the building, 2 portions of the exit walkway, approximately 16 feet long and 30 feet long, were totally submerged under water. The temperature was forecast to drop that evening to far below freezing. Frozen exit walkways are dangerous to residents and staff. Findings on 4-28-2015: Corrections had not yet begun.	{C 157}		

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

TITLE

(X6) DATE