PRINTED: 05/13/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049020	A. BUILDING: 01 B. WING	R 04/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PEACHTREE 1	2808 PEACHTREE ROAD STATESVILLE, NC 28625

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR L&C 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)	CONSTRUCTION SECTION JUN 05 2015 RECEIVED (*) New drainage has been installed to correct this problem. Nuata Melton, AED	
(C 167)	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 167)		

North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

May 13, 2015

Patricia McCulloh
2806 Peachtree Road
Statesville, NC 28625

RE: HA Follow-Up Biennial Construction Survey
FID #961012 Hal049020
Brookdale Peachtree 1
2806 Peachtree Road
Statesville Iredell County

Dear Ms. McCulloh:

On **April 28, 2015**, a Follow-Up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is not in substantial compliance due to uncorrected deficiencies. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a plan of correction must be submitted.

Plan of Correction (PoC)

A PoC for the deficiencies must be submitted May 26, 2015

Your PoC for the deficiencies must contain the following:

- What corrective action(s) will be accomplished by the facility to correct the deficient practice;
- How you will identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;

- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,

- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

    - Corrective action must begin immediately

To expedite this process, please fax your plan of correction to this office at 919-733-6592.

If you have any questions concerning the instructions contained in this letter, please contact me.

Sincerely,

Dennis Harrell
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment
Iredell County DSS - with attachment