PRINTED: 09/14/2015
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
	HAL001017	A. BUILDING: 01 B. WING	R 09/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGVIEW - ROSS BUILDING	1032 B NORTH MEBANE STREET BURLINGTON, NC 27217

(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 September 8, 2015. The followup survey revealed that all deficiencies are not completed, therefore a new plan of correction is required.	(C 000)		
(C 155)	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observation, the facility floors were not maintained in a safe manner. Followup Findings on 9-8-2015 include: a) Floor tile cracked in Kitchen foyer b) Floor tile cracked in corridor near room 6 Tile for these repairs has been ordered but has not arrived	(C 155)	RECEIVED JAN 26 2016 CONSTRUCTION SECTION (A) THE FLOOR TILE ARRIVED AND THE CRACKED TILE IN THE KITCHEN FOYER HAS BEEN REPLACED. (B) THE FLOOR TILE ARRIVED AND THE CRACKED TILE IN THE CORRIDOR NEAR ROOM 6 HAS BEEN REPLACED.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE 1-15-16

STATE FORM 6899 F6ZK22 If continuation sheet 1 of 1