Dennis

PRINTED: 11/18/2016
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
	HAL055004	A. BUILDING: 01 B. WING Harrell	R 11/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH BROOK REST HOME	1611 NORTH BROOK III SHCOOL ROAD VALE, NC 28168

(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 C[illegible]RRECTION (EACH CORRECTIVE ACTI[illegible] CROSS-REFERENCED TO TH[illegible] DEFICIENCY	[illegible] SHOULD BE APPROPRIATE	(X5) COMPLETE DATE
{C 000}	Initial Comments Report of Follow-up Survey by Dennis Harrell on 11-2-2016. A deficiency was not corrected. Further action 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: 4. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, staff and visitors to fire/smoke if not contained in Room or compartment of origin Findings on July 21, 2016: a. Dining Room - the corridor door did not latch into its frame.	{C 189}	Completed 11-7-16 The dining room door latches securely into the frame. (A piece of wood was added to the back of latch to bring it forward and latch securely.) Administrator will routinely check that the latches		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Co- TITLE (X6) DATE
Connie Dedman Administrator 11-28-16

STATE FORM 6899 6Y4F22 If continuation sheet 1 of 1