

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(R1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018023	(K2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	DATE OF THIS REPORT 05/2/18	KEY ID 018
NAME OF PROVIDER OR SUPPLIER AUSTIN ADULT CARE		STREET ADDRESS CITY STATE ZIP CODE 511 BUNGARNER INDUSTRIAL DRIVE CONOVER, NC 28613			
(K4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		(K5) DEFICIENCY TAG	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE PRECEDED BY REFERENCE TO THE APPROPRIATE DEFICIENCY	
(C 000) Initial Comments	Report of Biennial Follow Up Construction Survey by Dennis Harrell on 5-23-2018 Some deficiencies were not corrected. Further action is required		(C 000)		
(C 105) Building Equipment Maintained Safe Operating	SECTION 0300 - PHYSICAL PLANT (CANONIC 13F 0310) OTHER REQUIREMENTS (a) The building and all fire safety, electric, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (b) This Rule shall apply to new and existing facilities with the exception of Paragraph (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observations, the exterior of the building was not maintained. Findings on 5-23-2018: a. A section of the exterior siding was found and separating from the building around one of the windows of the porch. c. All the air handling and outside the office space and gaps in the roof panels around the roof panel where heating ducts are located in units.		(C 105)	All siding (both ends) like replaced - NO look or spraying paint - 1/15 All soffits around duct work will be replaced so that there is no holes or penetrations	

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When a facility is cited for a deficiency, the facility must submit a plan of correction to the Division of Health Service Regulation within 30 days of the citation date.

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