

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL055003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/17/2018
NAME OF PROVIDER OR SUPPLIER LAKEWOOD CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7981 OPTIMIST CLUB ROAD DENVER, NC 28037		
(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 a Biennial Follow Up Construction Survey by Ed Miller August 17, 2018. Deficiencies were cited that will require a new Plan of Correction.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 2. Based on observation, the facility failed to meet the NC State Building Code in effect at the time of construction or alteration by not having all of the required components for doors with Special Locking System. This could affect all occupants who would need to evacuate through the door(s) if the exit were obstructed. Findings on 8-17-2018: b. There was no wiring diagram or systems components location map posted under glass at	{C 101}	Helms security was contacted immediately for updated/corrected diagram. Diagram was sent to state surveyor for approval via email on 9-1-18, additions were made upon requests. New updated/corrected diagram was displayed on 9-5-18.	

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

Macmillan

TITLE

office Admin

(X6) DATE

9-12-18

STATE FORM

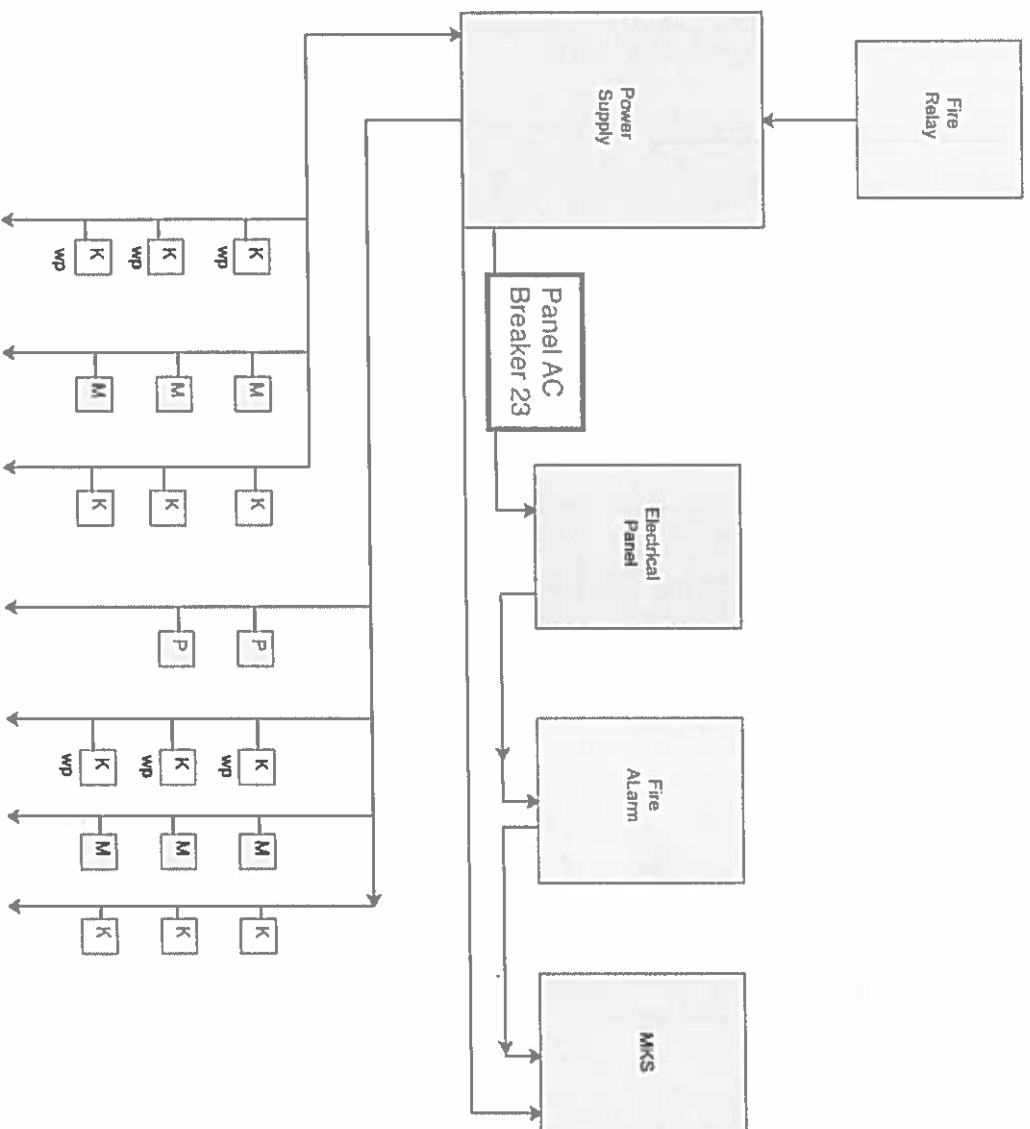
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If continuation sheet 1 of 2

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{C 101}	Continued From page 1 the fire alarm panel. The provider though a system component map was acceptable.	{C 101}	Facility office Staff and maintenance director will research weekly for updated requirements and ensure all are being met. Attached : Appendix A	



Door Security Legend

MKS Master kill Switch

K Keypad control located within 3' of door it controls

K WP Waterproof Exterior Keypad within 3' of the door it controls

M Magnetic Door Lock

P Push Button