

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal012043	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/28/2024
NAME OF PROVIDER OR SUPPLIER THE BERKELEY		STREET ADDRESS, CITY, STATE, ZIP CODE 330 JUNIPER STREET MORGANTON, NC 28655		
(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, conducted on May 28, 2024. There was a deficiency not completed from the Biennial Survey, that requires a new Plan of Correction.	{C 000}		
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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: 1. Based on observation, the facility is not maintaining its exhaust fan in an operable condition. This could cause unnecessary odors as well as mildew. Findings on May 28, 2024: a. 200 Hall- Soiled Linen- The exhaust fan is not working.	{C 199}	Section 0.0300- Physical Plant 10 A NCAC 13F .0311 Other Requirements- The exhaust fan on 200 hall in the soiled linen room was fixed and back in operable order on 5/29/2024. Facility will check all exhaust fans Monthly to ensure they are operable.	

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

TITLE

(X6) DATE

STATE FORM

5899

PQPD22

If continuation sheet 1 of 1

[Signature]

Executive Director

7/5/2024