STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055013	A. BUILDING: **01** B. WING _____	C **06/25/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEATH HOUSE	**919 WILMA SIGMON ROAD LINCOLNTON, NC 28092**

(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 Construction Section Complaint Survey by Tod Hancock conducted on June 25, 2024. The complaint alleged the facility struggles to maintain the HVAC systems. This facility was licensed July 25, 1997, for Sixty (60) Beds. Based on this information, we are requiring the facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code- Section 409.1, Group I-Unrestrained Occupancy. The Complaint was substantiated. Deficiencies have been cited and a Plan of Correction 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: 1.The facility failed to maintain its Heating, Air Conditioning and Ventilation systems in a safe	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055013	A. BUILDING: **01** B. WING _____	C **06/25/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEATH HOUSE	**919 WILMA SIGMON ROAD** **LINCOLNTON, NC 28092**

(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 189	Continued From page 1 and operable condition. Findings on June 25, 2024: a. Interviews with Staff reveled the following timeline: 1. Break Room, Laundry, Activity Room- Unit #1 serves this area and is an original construction unit (1997). Repairs are currently being made (June 28, 2024). 2.Kitchen- Unit #2 serves this area and needs a freon charge. 3.Dining Room- Unit #3 serves this area and was installed in (2022). It needs a new compressor and Staff indicates this part has been ordered. b. Observations of equipment in place revealed that they were not operating. A log of temperatures was created to determine actual readings of locations affected by the mechanical disruption and for environmental context. TEMPERATURE LOCATION TIME 81 PARKING LOT 9:54AM 82 D/R ROOM (WALL STAT) 10:20AM 76 200 HALL 10:58AM 74 100 HALL 10:59AM 78 D/R(MANUAL) 11:04AM 83 D/R (WALL STAT) 11:04AM 83 D/R (WALL STAT) 11:24AM 79 D/R (MANUAL) 11:24AM 89 PARKING LOT 11:54AM	C 189		