

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL073018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 10/30/2024
NAME OF PROVIDER OR SUPPLIER THE CANTERBURY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1284 LEASBURG ROAD ROXBORO, NC 27573		
(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 Complaint Follow Up Construction Survey by Suzanna Fay conducted on October 30, 2024. Not all of the cited deficiencies have been corrected. Therefore, 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: 2. Based on observation, review of documentation and interview, the facility's fire sprinkler equipment is not maintained in operating condition. Failure to maintain fire sprinkler equipment in operating condition could affect occupants of the facility if the equipment did not function to suppress a fire. Findings on October 30, 2024: a. During the Complaint Survey the removed pipe contained an excessive amount of debris. Interview with staff and the local Fire Marshal revealed that a system flush should be conducted when the system was repaired. At this time, the system has not been flushed to determine the amount and type of debris within the sprinkler piping.	{C 189}		

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

TITLE

(X6) DATE

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