

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL001141</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>11/12/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HOMEPLACE OF BURLINGTON</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>118 ALAMANCE ROAD<br/>BURLINGTON, NC 27215</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                           | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG                                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 000                                                              | <p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Tod Hancock, conducted on November 12, 2024.</p> <p>This facility was first licensed or submitted June 19, 1997 for a capacity of 67 Adult Care Home Beds with 7 Independent living Units (213, 214, 215, 223, 224, 225 and 226), therefore the facility was surveyed for conformance with the 1991 Rules for Homes for the Aged and Disabled and the 1996 North Carolina Building Code and the applicable portions of the current 2005 Rules for Adult Care Homes of Seven or More Beds. The Adult Care Home Beds are classified under the Building Code as Group I - Institutional Unrestrained Occupancy and the Independent living beds are classified under the Building Code as Group R2 - Residential Occupancy. The 1996 NCSBC Vol. 1 Section 303 permitted mixed occupancies provided the most restrictive type of construction, group fire protection, sprinkler, standpipe and alarm requirements are applied, and all other requirements of the code applied to each portion of the building based on use. Therefore, the entire building was built to Institutional requirements of the Code and the Multiunit Assisted Housing units would additionally have Group R requirements; each unit required to have 1 hour fire barriers provided for tenant separation, door closers on corridor doors and smoke detection inside each unit.</p> <p>Deficiencies were cited that require a Plan of Correction.</p> | C 000                                                                                      |                                                                                                                          |                                                        |
| C 189                                                              | <p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0311 OTHER</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | C 189                                                                                      |                                                                                                                          |                                                        |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| C 189                                                              | <p>Continued From page 1</p> <p><b>REQUIREMENTS</b></p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation the facility is not maintaining the electrical components in a safe condition.</p> <p>Findings on November 12, 2024:</p> <p>a. 2nd. Floor-Oxygen Room- The light did not illuminate.</p> <p>2. Observations revealed that the plumbing equipment was not maintained in a safe operating condition.</p> <p>Findings on November 12, 2024:</p> <p>a. 2nd Floor Spa- The handheld shower was not attached to the wall.</p> <p>b. Kitchen- The ice machine drain does not have a 2" air gap</p> <p>3. Based on observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin.</p> <p>Findings on November 12, 2024:</p> <p>a. Landing Room 136-The corridor door has a broom holding the door open.</p> <p>b. Kitchen to Dining - The doors have wedges, holding the door open.</p> | C 189                                                                                      |                                                                                                                          |                                                        |

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