

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL080014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/13/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE SALISBURY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 STATESVILLE BOULEVARD SALISBURY, NC 28147</b>
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(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	<p>Initial Comments</p> <p>Report of Construction Section Biennial Survey by Ryan Meyer on August 13, 2025.</p> <p>Records indicate this facility was first licensed as a Home for the Aged serving 88 residents on 10-30-1996. Therefore the facility must meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2025 Rules for the Licensing of Adult Care Homes, and the 1996 North Carolina State Building Code Volume I - General Construction - Section 409 Institutional Occupancy (Group I).</p> <p>No deficiencies were cited. No further action required.</p>	C 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_