## PRINTED: 01/27/2021 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 01/22/2021	
		110616				
AME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
URHAN	I COUNTY DETENTIO	)N FACILITY		STREET		
(X4) ID	SUMMARY STA		, NC 27701	PROVIDER'S PLAN OF	CORRECTION	(X5)
REFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLE
	Initial Comments		J 00			
	Chris Wood, Chief Jail Inspector conducted the compliance investigation.					
	per 10A NCAC 14J CONFINEMENT FA was approved for u Carolina State Build Edition with an occu I-3. The jail design 64 female beds with 736 beds. Due to g related to COVID-1	ACILITIES Rules. This building se in 1996 under North ding Code (NCSBC) 1991 upancy classification of Group capacity is 672 male beds and h a total design capacity of overnmental travel restrictions				
	Construction Section investigation was continued and the Brittany Kitter 19, 2021. A Report January 20, 2021 in in distress at 5:42 preported indicated to on January 19, 202 in the hospital. The manner of death was investigation. There were no definit investigation. No fur	Death was received by the on on January 21, 2021. This onducted in the death of rell that occurred on January of Inmate Death dated ndicated the inmate was found om on January 19, 2021. The the time of death was 7:49 pm 1 and the place of death was report also indicated that the as listed as under				
	time.					