PRINTED: 08/14/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL085002	A. BUILDING: 01 B. WING	07/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACELAND LIVING CENTER II	1280 DENNY ROAD KING, NC 27021

(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 This report is of a Biennial Construction Survey by Bob Getchell on July 23, 2015. This facility was first licensed or submitted for licensure as a Home for the Aged serving eleven residents on July 8, 1988. Therefore the facility must meet the 1987 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 North Carolina State Building Code, section 409.1- Institutional Unrestrained Occupancy, Deficiencies were noted which will require a plan of correction.	C 000	See Attached Letter 1 page of 4 Included See file copy	
C 126	Bedrooms-Windows SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (d) The requirements for the bedroom are: (9) Each resident bedroom shall be ventilated with one or more windows which are maintained operable and well lighted. The window area shall be equivalent to at least eight percent of the floor space and be provided with insect screens. The window opening may be restricted to a six-inch opening to inhibit resident elopement or suicide. The windows shall be low enough to see outdoors from the bed and chair, with a maximum 36 inch sill height; and This Rule is not met as evidenced by: 1. Based on observation, all windows were not maintained operable. Findings include: The window is stuck shut in room 4.	C 126	Fixed 8-4 Please initial	

CONSTRUCTION SECTION
AUG 28 2015
RECEIVED

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE
Tisha Tuttle Adm 8-28-2015

STATE FORM 6899 PRNZZ1 If continuation sheet 1 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL085002	A. BUILDING: 01 B. WING _____	07/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACELAND LIVING CENTER II	1290 DENNY ROAD KING, NC 27021

(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 155	Continued From page 1	C 155		
C 155	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observation, the floors were not maintainbed in a safe manner. Findings include: a) There is a damaged floor tile in the kitchen. b) At the left end exit door, the bottom weatherstrip and threshold are missing.	C 155		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the resident furnishings in bedrooms and other areas were not maintained in good condition.	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL085002	A. BUILDING: 01 B. WING _____	07/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACELAND LIVING CENTER II	1290 DENNY ROAD KING, NC 27021

(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 164	Continued From page 2 Findings include: a) There are worn chairs in the Dining Room	C 164		
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. Based on observation, the building emergency illumination was not maintained in a safe manner. This would affect all residents by not keeping the exits visible in an emergency. Findings include: Emergency lights are not working in the following locations: a) Dining Room, b) Living Room, c) Emergency Light on left corridor at service hall has light hanging by wires 2. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch. Findings include: The following doors have issues: a) Dining Room door won't close and latch, b) Left end Exit door scrubs frame and will not close and latch,	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL085002	A. BUILDING: 01 B. WING _____	07/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACELAND LIVING CENTER II	1290 DENNY ROAD KING, NC 27021

(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 3 c) Clean Laundry door will not close and latch, d) Room 1 corridor door will not close and latch 3. Based on observation, the building exterior components were not maintained in good repair. Findings include: a) The window sills have bare wood exposed, b) The window sill in room 2 is rotten	C 189		

Tuttle & Associates

1025 Lamb Road, Lexington, NC 27295
336-853-7670 phone Loflin@gmc.net
336-853-7671 fax

August 28, 2015

NC Department of Health and Human Services
Division of Health Services Regulation
Construction Section
Bob Gretchell
2705 Mail Service Center
Raleigh, NC 27699-2705

Ref: Graceland Living Center II - HAL085002 –

Dear Mr. Getchell:

I am writing this letter in response to your construction survey date of visit 7/23/2015.

Prefix Tag – C-126

Violation – Windows

Correction – All windows were repaired for correct operation for egress. Windows will be checked twice month for operation. The director will be responsible for compliance in this rule area. A handyman will be called for any repairs that rise to a level of need

Time Frame – 8/4/2015

Prefix Tag – C-155

Violation – floors

Correction – tile was repaired and threshold was repaired or replaced. The director will monitor for repairs monthly.

Time Frame – 8/4/2015

Prefix Tag – C-164

Violation – Housekeeping and Furnishings

Correction – Dining room chairs will be evaluated for health and safety and will be repaired/replaced as necessary.

Time Frame – 9/28/2015

Prefix Tag – C-189

Violation – Building

Correction – 1. All emergency lights were replaced. 2. The doors latches and knobs were repaired. 3. Bare window sills will be repaired/painted. The director will monitor for repairs monthly.

August 28, 2015

Time Frame – 1. Emergency Lights 7/25/2015.2. Doors repaired 8/4/2015.3. repair/painting of window sills will take place 9/28/2015

Sincerely,

Tisha Tuttle

Administrator