

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL039009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 08/13/2015
NAME OF PROVIDER OR SUPPLIER GRANVILLE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 200 COVENTRY DRIVE OXFORD, NC 27565			
(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 Biennial Construction Survey by Frank Strickland and Bob Getchell on 08/13/2015: Records indicate this facility was first licensed on 11/26/1997 as a HA. This facility is currently licensed for 60 Beds with a 14 Bed Special Care Unit. Therefore, this facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1996 Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Deficiencies have been cited and a Plan of Correction is required.	C 000			
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, the facility has not maintained the wall and floor surfaces free of obstructions and hazards. This could affect all residents and staff by not preventing the build-up of combustible products. Findings on 08/13/2015:	C 166			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DATE

SIGNATURE

STATE FORM

0000

0H0K21

owner/Administrator 9-28-2015

Continuation sheet 1 of

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL039009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/13/2015
NAME OF PROVIDER OR SUPPLIER GRANVILLE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 200 COVENTRY DRIVE OXFORD, NC 27565		
(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 168	Continued From page 1 There is excessive lint built-up behind the dryers that is on the walls and on the dryer electrical supply plugs/receptacles that are located in the Main Laundry Room.	C 168	Cleaned 8-13-2015 Room will be checked every 2 weeks by maint. and log will be completed and kept in nursing station.	8-13-2015
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 observations, the facility has not maintained in a safe manner by preventing smoke barrier doors from closing rapidly in order to contain smoke and/or fire. This condition could affect all residents and staff by not containing smoke and/or fire in the compartment of origin. Findings on 08/13/2015: The right-hand side smoke barrier that faces the exterior exit in the Special Care Unit does not close all the way to the door jambs to prevent the passage of smoke. 2-Based on observation, the facility has not maintained in a safe manner due to breaches through the fire-rated construction has invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin.	C 189	Door hinge adjusted. Maint. to monitor monthly. Log will be completed and kept in nursing station	8-13-2015

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL039009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/13/2015
NAME OF PROVIDER OR SUPPLIER GRANVILLE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 200 COVENTRY DRIVE OXFORD, NC 27565		
(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 2 Findings on 08/13/2015: There are electrical MC and 2 1/2" pvc conduit penetrations through the one-hour roof/ceiling assembly located in the Special Care Unit Electrical Closet that are wrapped with a fire-stopping material that has become unfastened to the ceiling construction leaving voids through the ceiling to the attic. 3-Based on observation, the facility has not maintained in a safe manner due to breaches through the fire-rated construction has invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin.	C 189	Will be completed within 3 weeks from today	10-19-2015
	Findings on 08/13/2015: The are electrical conduit penetrations through the one-hour roof/ceiling assembly that are located in the Electrical Equipment Room which is adjacent to the Kitchen that are not sealed and there are cabling voids that do not have any fire-resistance. 4-Based on observation, the facility was not maintained in a safe manner due to breaches through the fire-rated construction has invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin.		Will be completed within 3 weeks from today	10-19-2015
	Findings on 08/13/2015: There are refrigerant lines penetrations in the attic that are located above the Special Care Unit entry door/roof over-framing that are not sealed with an approved fire-stopping product. 5-Based on observation, the facility was not maintained in a safe and operating condition		Will be completed within 3 weeks from today	10-19-15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL039009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/13/2015
NAME OF PROVIDER OR SUPPLIER GRANVILLE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 200 COVENTRY DRIVE OXFORD, NC 27565		
(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 because the interior doors are wedged open preventing the containment of fire and/or smoke from the room of origin. This could affect all residents and staff in the event of a fire. Findings on 08/13/2015: The following doors were wedged open: Main Dining Hall, Private Dining Room, Activity Room, Salon and Nourishment Room located in the Special Care Unit.	C 189	All door wedges removed	8-13-15
	6-Based on observation, the facility has not maintained in a safe and operating condition because the interior doors are wedged open preventing the containment of fire and/or smoke from the room of origin. This could affect all residents and staff in the event of a fire. Findings on 08/13/2015: The doors for Room 305 and Soil Linen Laundry Room do not latch and have damaged door locksets.		new door hardware purchased + replaced.	8-14-15
	7-Based on observations, this facility has not maintained the service of all the or HVAC components. This could affect all residents and staff during normal use and other activities. Findings on 08/13/2015: The sampling tubes for the duct detectors for AHU's 3 & 4 have excessive particulate build-up. All AHU's should be checked.		All AHU's checked and cleaned. Will be checked monthly by maint. Log will be completed and kept in nursing station.	9-19-2015
	8-Based on observations, this facility has not maintained the service of all the interior HVAC components. This could affect all residents and staff during normal use and other activities. Findings on 08/13/2015:			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL039009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 08/13/2015
NAME OF PROVIDER OR SUPPLIER GRANVILLE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 200 COVENTRY DRIVE OXFORD, NC 27505			
(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 4 All corridors, closets and storage rooms have ceiling diffusers and returns that excessive particulate build-up. 9-Based on observation, the facility has not maintained in a safe and operating condition the placement of storage materials in secured areas. This could affect all residents and staff in the event of a fire to support combustion. Findings on 08/13/2015: There are an excessive amount of plastic HVAC cover grilles from PTAC units and refrigerant bottles in cardboard boxes in the Electrical Equipment Room that is adjacent to the Kitchen.	C 189	MAINT + housekeeping cleaned all. Housekeeping to check 2 wk S. Log will be completed and kept in nursing station	8-14-2015	
	10-Based on observation, the facility was not maintained in a safe and operating condition the exterior finish construction. Findings on 08/13/2015: There is a 2" diameter hole in the exterior wall that is located at the Kitchen Service door that is about 3 feet above the sidewalk that is open to the stud cavity.		All debris have been removed and will be checked monthly by maint. Log will be completed and kept in nursing station. will be repaired within 3 weeks from today	9-18-2015 10-14-2015	