

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL055001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/23/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

AMAZING GRACE REST HOME

**3633 AMAZING GRACE ROAD
LAWNDALE, NC 28090**

(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 Biennial Construction survey Frank Strickland on 03/23/2016: Base on the information obtained from the DHSR database, this facility was first licensed on 12/16/74. Therefore, we are requiring that this facility to meet the 1971 "Minimum and Desired Standards and Regulations (Homes for the Aged and Family Care Homes) and applicable portions of the 2005 Regulations for Adult Care Homes of Seven or more beds. Also, the 1967 North Carolina State Building Code Volume I-General Construction Section 407 Group "D" Institutional. FACILITY IS CURRENTLY LICENSED FOR 10 BEDS. Deficiencies has been cited and a Plan of Correction is required.	C 000	CONSTRUCTION SECTION MAY 09 2016 RECEIVED	
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 facility has not maintained and serviced the HVAC supply and return air grilles. Findings on 03/23/2016: The exhaust fan grilles have excessive particulate	C 164	Cleaned return air vents	4/1/16

Division of Health Service Regulation

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

Melanie Jonhardt Wilson

DATE

4/15/16

DATE

Administrator

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER AMAZING GRACE REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3633 AMAZING GRACE ROAD LAWNDALE, NC 28090		
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C 164	Continued From page 1 build-up in all of the resident bathrooms. 2-Based on observation, the facility has not maintained the interior wall around plumbing fixtures in the bathrooms. Findings on 03/23/2016: The walls adjacent to the toilet in the Men's Hall Bathroom are decomposing due to water/urine exposure.	C 164	Repaired & painted bathroom wall	4/12/16