

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL014015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/11/2016
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NAME OF PROVIDER OR SUPPLIER
GRANDVIEW VILLA ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**2544 GRANDVIEW CIRCLE SW
LENOR, NC 28645**

(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 by Dennis Harrell on August 10, 2016. Records indicate this facility was first licensed as a Home for the Aged serving 40 residents on 4-1-1982. Therefore the facility must meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds.	C 000		
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 (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include: a. The smoke barrier door would not close completely and latch when activated by the fire alarm system. b. The door to bedroom 201 would not latch	C 189	a. will be fixed within 15 days B- done "fixed"	

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6888

12MR21

If continuation sheet 1 of 2

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C 189	Continued From page 1 when closed. c. The door to the snack room would not latch when closed. d. The door to bedroom 206 was wedged open. 2. Based on observation the required one-hour fire rated ceiling was compromised at a penetration for wires in the Administrator's office. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.	C 189	c. w. 17 be fixed w. thin 15 days d. fixed	