

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL085001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2017
NAME OF PROVIDER OR SUPPLIER GRACELAND LIVING CENTER I		STREET ADDRESS, CITY, STATE, ZIP CODE 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 000	Initial Comments Construction Section Biennial Survey report by Frank Strickland on 07/14/2017: This facility was first licensed on 04/08/1980 as a Home for the Aged serving 12 residents. Therefore, this facility must meet the 1977 and the applicable components 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 have been cited and a Plan of Correction is required.	C 000		
C 153	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to provide the correct door hardware at all exits that are easily operable. Findings on 07/14/2017: All of the exit doors have hardware that is not by a single motion to exit in an event of an emergency.	C 153		

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

TITLE

(X6) DATE

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C 164	Continued From page 1	C 164		
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, this facility has failed to be maintain the interior surfaces of walls and ceilings. Findings on 07/14/2017: The ceiling finish is failing that is located in Shower 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, this facility has failed to be maintained in a safe manner the illuminated	C 189		

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C 189	Continued From page 2 exit signage. Findings on 07/14/2017: The exit sign that is adjacent to the Staff Bedroom is not secured to the ceiling mounting plate. 2-Based on observation, the facility has failed to maintain the Kitchen range exhaust hood in a good manner. This will eventually affect all residents and staff during the use of the range during cooking. Findings on 07/14/2017: The Kitchen range exhaust hood filters have an excessive amount of grease build-up that could lead to a grease fire. Also, the range exhaust hood housing also has grease build-up that could fall into food during cooking.	C 189		