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	HAL039009	A. BUILDING: **01** B. WING _____	**07/27/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANVILLE HOUSE	**200 COVENTRY DRIVE** **OXFORD, NC 27565**

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C 000	Initial Comments Report of Construction Section Biennial Survey by Ed Miller on July 27, 2017. 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 were cited that require a Plan of Correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;	C 101		

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alteration by not having all of the required components for doors equipped with Special Locking Arrangements. Findings on July 27, 2017: a. AL Nurse Station - the special locking system does not have a wiring diagram and a system components location map posted at the Fire Alarm Control Panel.	C 101		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Director of Residence Care, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects all by preventing any deficiency that may be discovered with annual inspections from being corrected. Findings on July 27, 2017: a. The current annual Building Sanitation Inspection Report was last performed on July 6, 2016. b. The current annual Kitchen Sanitation Inspection Report was last performed on July 6,	C 111		

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C 111	Continued From page 2 2016. c. The current annual Fire Marshal Inspection Report was not available for review. d. The current annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, was not available for review. e. The current annual Sprinkler System Inspection and Testing Report in accordance with NFPA 25, was not available for review.	C 111		
C 135	Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that resident toilet rooms and bathrooms are not utilized for storage. Findings on July 27, 2017: a. 200 Hall Spa - this area was being utilized to store housekeeping equipment, supplies, wheelchairs, and other items.	C 135		
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;	C 164		

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C 164	Continued From page 3 (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 failed to keep the ceiling clean and in good repair. Findings on July 27, 2017: a. 300 Hall Women - the texture ceiling was in disrepair and falling off the ceiling. 2. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on July 27, 2017: a. Dining Room - the HVAC return and ventilation grilles with their radiation dampers have an excessive accumulation of dust/lint. b. Bedroom 215 - the PTAC units cover was loose. c. Beauty Shop - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. d. SCU Restroom near Smoke Barrier - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. e. Kitchen Mop Room - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. f. Kitchen - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint.	C 164		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following	C 175		

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C 175	Continued From page 4 furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas, with the required individual towels and/or towel bars for each resident. Findings on July 27, 2017: a. Bedroom 215 - this double occupant bedroom had one of its two towel bars broken.	C 175		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Director of Residence Care, the facility failed to maintain in the facility, rehearsal records. Findings on July 27, 2017:	C 185		

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C 185	Continued From page 5 a. There were no records available for review.	C 185		
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 was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on July 27, 2017: a. 400 Hall Smoke Barrier Wall - the right leaf of the double-egress cross-corridor doors, hits the floor, and did not close when the fire alarm system released the doors. 2. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff, and visitors if they could not promptly find their way to an exit during an emergency. Findings on July 27, 2017: a. 400 Hall Smoke Barrier - the exit sign on the backside did not illuminate on backup power	C 189		

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C 189	Continued From page 6 when tested. b. SCU Corridor near Bedroom 511 - the back headlight on the wall-mounted self-contained emergency light did not illuminate on backup power when the test button was pushed. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. Findings on April 19, 2017: a. Kitchen - the fryer unit is not under the commercial kitchen's hood so there no hood suppression system protection, and no nozzles are aimed at the fryer. b. Kitchen -since the last semi-annual maintenance of the commercial kitchen hood's fire suppression system, there has been no documentation of the monthly inspections. 4. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on July 27, 2017: a. Bedroom 215 - the corridor door hits the doorframe preventing it from closing and latching. b. Bedroom 311 - the corridor door's latch bolt was retracted, not allowing the door to latch. c. Living Room- the back leaf of the pair of corridor doors, hit the detached door closer arm and will not close and latch. d. Bedroom 402 - the corridor door did not close and latch. 5. Based on Observation, the Building was not maintained in a safe condition. This could affect all by not containing smoke and fire in the room of origin. Findings on July 27, 2017:	C 189		

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C 189	Continued From page 7 a. Bedroom 206 - the corridor door had a wedge holding the door open, preventing the rapid release of the door with a light push or pull of the door, to close and latch. 6. Based on observation, the building was not maintained in a safe manner by failing to ensure that clothes dryer duct is not damaged. This could affect all residents, staff and visitors by allowing lint to accumulate (fuel for a fire) Findings on July 27, 2017: a. Beauty Shop - the clothes dryer transition duct is disconnected from the dryer outlet. 7. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin. Findings on July 27, 2017: a. AL Med Room - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Private Dining - the HVAC grille did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. 8. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on July 27, 2017: a. Living Room Porch - two-fire sprinkler escutcheon plate do not cover the complete holes through the fire-resistance-rated ceiling. 9. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on July 27, 2017:	C 189		

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C 189	Continued From page 8 a. Living Room Porch - the GFCI electrical outlet's weatherproof cover was missing. b. SCU Side Porch - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 facility failed to prevent the use of portable electric space heater(s) in an Adult Care Home. This could affect residents, staff and visitors if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on July 27, 2017: a. Bedroom 311 Bathroom - a portable electric space heater was found in this room.	C 191		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 199		

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C 199	Continued From page 9 REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on July 27, 2017: a. Bedroom 215 Bathroom - the exhaust ventilation system did not work, and there was a musty odor. b. SCU Restroom near Smoke Barrier - the exhaust ventilation system did not work, and there was a musty odor.	C 199		