Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL056001	A. BUILDING: 01 B. WING _____	03/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDVIEW MANOR CARE CENTER	150 CRISP STREET FRANKLIN, NC 28734

(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 Construction Section Biennial Survey by Dennis Harrell on 3-29-2017. Records indicate this facility was first licensed on 10-1-1968, as a Home for the Aged (HA) housing 52 beds. On 9-23-2011, an addition was completed increasing bed capacity to 82 beds. The facility is currently licensed for 50 Assisted Living Beds and 32 Special Care Beds. Therefore, the 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 2009 Edition, of the North Carolina Building Code(s), Institutional Occupancy I-2, and the 1971 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure and the 1967 NC State Building Code.	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: Based on observation, the exit doors will fail to comply with Section 1008.1.8.6.5 of the 2019 NC State Building Code. Section 1008.1.8.6.5 requires a sign on each locked door that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS." Finding include the following Delayed Egress exits missing signs; a. Exit near room 130, b. Exit to Special Care patio.	C 101	**C 101 Signs are applied to two exit doors in SCU.**	4/5/17
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 was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include; a. Items had been stacked all the way to the ceiling in the Activity closet. b. Items had been stacked to within 3 inches of the ceiling in the diaper room.	C 166	**C 166 Storage: Storage is maintained at 18" below fire sprinkler heads. Maintenance and housekeeping personnel have specific building segment assignments and storage height is a specific designated responsibility. Management will review.**	4/5/17

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C 166	Continued From page 2 2. Based on observation, the Delayed Egress exit door from the living room in Special Care was at first stuck and then continued to be hard to open after it was unstuck. Exits that could stick or be difficult to open could delay or prevent an evacuation in an emergency. 3. Based on observation, wall hangers were still in place where a sink had been removed in the Special Care shower room. The wall hangers exposed sharp edges that could be a laceration hazard. 4. Based on observation, a wall drain was not properly capped where a sink had been removed in the Special Care shower room. Improperly capped drains can allow noxious, combustible odors and possibly harmful bacteria to enter the facility. 5. Based on observation, the drain grate was missing in the shower in the Spa across from the Activity office. The missing grate could cause a laceration hazard and/or a trip and fall hazard. 6. Based on observation, the door leading to the outside in the kitchen, swings to the inside but was equipped with a Delayed Egress sign stating "Push, Door will open..." Note; The sign was removed during the survey.	C 166	Though opening the exit door from the SCU living room has not been an impediment for memory-impaired residents, the door hinges have been adjusted and sprayed with WD40. Wall hangers for the sink in SCU shower room sink have been removed. Drain line was properly capped. Four inch drain grate has been replaced.	4/10/17 " " "
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	C 185		

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C 185	Continued From page 3 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 interview, the rehearsals of the fire plan did not appear to be in accordance with the requirement of the local Fire Prevention Code Enforcement Official. The facility staff has been conducting all fire drills without the use of the fire alarm system. The Administrator and Maintenance Director stated that they just get together and discuss what to do in the event of a fire. Fire drills should be spontaneous and must be conducted using the fire alarm system so the staff and residents will be trained to respond and evacuate to the sound of the fire alarm system. 2. Based on interview, the facility staff has been conducting all fire drills without practicing moving residents from the fire area as would be required in an actual fire. The Administrator and Maintenance Director that they prefer to not to move residents for fear of causing an injury during a drill. Fire drills should be spontaneous and must be conducted as might be required in an actual fire so the staff will be trained on how to move residents without causing injury. 3. Based on a review of documents, some of the records available onsite included no description of what the rehearsal involved as required by this rule.	C 185	C 185 Fire Safety Rehearsals on Each Shift, Items 1, 2 and 3. Your findings are being appealed under separate cover to Mr. Lewis.	

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C 189	Continued From page 4	C 189		
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, many 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 double doors to the Living room are equipped with only roller latches at the top of the doors. Doors to the corridor must positively latch when closed. b. The double doors to the Library are equipped with only roller latches at the top of the doors. c. The double doors to the Living room were obstructed from being able to close quickly by furniture. d. The strike was missing on the door to the janitor's closet with the TV equipment. e. The strike was missing on the door to Spa across from the Activity office. f. The strike was missing on the door to room 129. g. The strike was missing on the door to room	C 189	**C 189 Building Equipment Maintained** **1 a. Double doors to LR (roller latch): Your finding is being appealed under separate cover to Mr. Lewis.** **b. Double doors to library (roller latch): Your finding is being appealed under separate cover to Mr. Lewis.** **c. Double doors to LR obstructed. Your finding is being appealed under separate cover to Mr. Lewis.** **d. – m. Door strikes and latching has been replaced and latching assured for all doors.**	4/17/17 11

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C 189	Continued From page 5 135. h. The strike was missing on the door to room 138. i. A 16 inch by 16 inch vent had been cut through the top of the door to the janitor's closet with the TV equipment. j. The latchset was loose on the door to room 134 and it was hard to close and latch. k. The door to room 103 would not latch when closed. l. The door to room 107 would not latch when closed. m. The door to room 111 would not latch when closed. n. The double doors to the living room in Special Care do not automatically latch when closed. o. The door to the shower room in Special Care does not fit the opening properly at the top to be resistant to the passage of smoke. 2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. 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. Findings include: a. A portion of the wall, approximately 16 inches by 28 inches, had been removed behind the hopper in Special Care. b. Unsealed penetration in the med tech closet in Special Care, c. Sprinkler escutcheons (2), were not tightly fitted to the ceiling in corridor near room 101. 3. Based on observation, the facility failed to maintain an exit sign in a working condition. Exit signs that fail to illuminate could delay an evacuation in an emergency.	C 189	**C 189** **1. n. Referring to the requirement of a LR to have 50% of the room enclosed with walls or doors, we are not required to have a door in this location. However, the door is a convenience that makes the room more comfortable and an automatic door closer will be installed on SCU living room door within the 45 period.** **o. An additional piece of trim has been added to the top exterior of the door surround.** 4/19/17 **2. a. Plumbing access cover has been replaced.** 4/19/17 **b. The penetration in med-tech closet has been caulked with fire resistant caulk.** 4/19/17 **c. The two sprinkler escutcheons were tightly fitted to the ceiling.** 4/24/17 **3. Exit sign in central courtyard not illuminated. Your finding is being appealed under separate cover to Mr. Lewis.**	

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C 189	Continued From page 6 Findings include: The exit sign from the central courtyard was not illuminated. 4. Based on observation, battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Mal-functioning lights include the following: a. Combination exit sign and emergency light #5. b. Emergency light #16.	C 189	**C 189. 4. a, b. Electrician repaired/replaced fixtures #5 and #16.**	4/24/17