STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL039009	A. BUILDING: **01** B. WING _____	R **11/08/2017**

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

(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 a Biennial Follow Up Construction Survey by Suzanna Fay and Chris Sluder conducted on November 8, 2017. There are deficiencies that remain to be corrected and one new deficiency has been added.	{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; 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 November 8, 2017:	{C 101}		

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{C 101}	Continued From page 1 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. Interview with Staff revealed that the diagram is being produced by an outside vendor and has not been completed.	{C 101}		
{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'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 November 8, 2017: a. 400 Hall Smoke Barrier - the exit sign on the backside did not illuminate on backup power when tested. b. SCU Corridor near Bedroom 511 - the right headlight on the wall-mounted self-contained emergency light did not illuminate on backup power when the test button was pushed. Interview with staff revealed that the light had been worked on and the light had worked	{C 189}		

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{C 189}	Continued From page 2 previously when tested. 2. 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 November 8, 2017: a. 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. Since the date of the biennial survey, the monthly inspection was conducted in August and no further monthly inspections were conducted. New Finding on November 8, 2017: b. There is not a minimum 16 inch horizontal separation or alternatively an 8 inch high baffle plate between the fryer unit and the open flame cooking unit. 3. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on November 8, 2017: a. Bedroom 215 - the corridor door hits the doorframe preventing it from closing and latching. b. Living Room- the back leaf of the pair of corridor doors, hit the detached door closer arm and will 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 November 8, 2017: a. Bedroom 206 - the corridor door had a wedge	{C 189}		

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{C 189}	Continued From page 3 holding the door open, preventing the rapid closing of the door. Staff stated that the resident had been informed that she cannot wedge her door open, but family members bring her a wedge. Observation of the door with the wedge removed revealed the door was drifting closed due to the jamb being out of plumb. Staff indicated they will look at options to keep the door open without using a wedge.	{C 189}		