STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014015	A. BUILDING: **01** B. WING _____	**07/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDVIEW VILLA ASSISTED LIVING	**2544 GRANDVIEW CIRCLE SW LENOIR, 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 Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 7-17-2018. Records indicate this facility was first licensed as a Home for the Aged serving 40 residents on 4-1-1962. 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 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, an exterior exit path was not maintained free of obstructions and hazards. Finding on 7-17-2018; The exit sidewalk at the rear of the facility is sinking into the adjacent ravine and collapsing away from the facility. The sidewalk has pulled away from the building about 2 inches and portions have sunk into the ground causing raised edges of more than an inch which presents a severe trip and fall hazard. 2. Based on observation, there was no documentation of the required in house/owner's	C 166		

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C 166	Continued From page 1 monthly inspection in June for the fire extinguishers. Fire extinguishers must be inspected monthly and the inspections must be documented somewhere such as on the tag provided on the extinguisher. 3. Based on observation, the inspection tag on the fire extinguisher in the laundry is dated November of 2016. Fire extinguishers must be inspected annually by an outside vendor and a new inspection tag must be provided on the extinguisher. 4. Based on observation, there was no documentation of the required in house/owner's monthly inspection for June of this year provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull. 5. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Finding on 7-17-2018: A portable medical oxygen cylinder was stored laying down in no container in the storage closet near room 208. Note; This deficiency was corrected during the survey.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR	C 185		

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C 185	Continued From page 2 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 interview, the facility staff has been conducting all fire drills without the use of the fire alarm system. Staff 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 review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: a. In the 1st quarter of this year, there were no rehearsals done during the 1st or 3rd shifts. b. In the 2nd quarter of this year, there was no rehearsal done during the 1st shift. c. In the 3rd quarter of last year, there was no rehearsal done during the 3rd shift. d. In the 4th quarter of last year, there were no rehearsals done during the 1st or 2nd shifts. 3. Based on a review of documents, the records	C 185		

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C 185	Continued From page 3 available onsite included no description of what the rehearsal involved. 4. Based on a review of documents, one of the records available onsite did not include the date of the rehearsal.	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 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 7-17-2018: a. Hole in the ceiling of the laundry at a conduit, b. Hole in the ceiling above an exit sign in the corridor near room 202, c. Hole in the wall behind the door in the "Bathroom Shower" near room 205, d. Hole in the ceiling of the pantry at a conduit above the water heater. 2. Based on observation, a corridor door was	C 189		

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C 189	Continued From page 4 prevented from closing 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. Finding on 7-17-2018; The facility fire door could not close and latch when activated by the fire alarm system because it was blocked open by a jerry chair. Note; This deficiency was corrected during the survey. 3. 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 areas: a. Living room, b. Dining room (both) would not work on battery back-up power, c. One side of the emergency light in the kitchen would not work.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER 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	C 199		

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C 199	Continued From page 5 (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: Based on observation the facility failed to maintain required exhaust in a working condition. Findings on 7-17-2018; a. The exhaust provided was not working in the employee bathroom. b. The exhaust provided was not working in the "Bathroom Shower" near room 205.	C 199		