

Division of Health Service Regulation

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

NAME OF PROVIDER OR SUPPLIER GRANDVIEW VILLA ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 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 Infirmary, 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	C 166		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Loretta Miller

Administrator

10-8-18

STATE FORM

6888

CHUE21

If continuation sheet 1 of 6