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 _____	**03/28/2019**

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

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C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 3-28-2019. 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: 1. Based on observation, a Delayed Egress door would not release and open as required by the NC State Building Code. The Code requires Delayed Egress exits to initiate the process to release and open when a force of not more than 15 pounds is applied to the door. Findings on 3-28-2019: The Delayed Egress exit from the service corridor is a required exit and would not initiate and open after a force in excess of 100 pounds was applied. 2. Based on observation, a Delayed Egress exit door failed to comply with the NC State Building Code. The NC State Building Code requires a sign on each locked door that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS." Finding on 3-28-2019: There was no sign provided on the Delayed Egress exit door near room 149. 3. Based on observation, the building failed to meet the NC State Building code as relates to Special Locking and Delayed Egress locking. Special Locking and Delayed Egress locking are allowed in buildings that are either fully sprinkler protected or fully protected with a fire detecting device in every space. Finding on 3-28-2019: The builing has Special Locking and Delayed Egress locking and there is no sprinkler head installed in the water heater closet in the bathroom across from the Activity office.	C 101		

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C 148	Continued From page 2	C 148		
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: Based on observation, some handrails in corridors were not capable of supporting a 250 pound concentrated load. Findings on 3-28-2019: a. The handrail is loosely mounted to the wall in the corridor near the Library. b. The handrail is loosely mounted to the wall in the corridor near the Beauty salon.	C 148		
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 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	C 166		

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C 166	Continued From page 3 cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on 3-28-2019: a. Several (8) tall portable medical oxygen cylinders were stored in an unapproved plastic crate in the med tech office. b. One tall portable medical oxygen cylinder was stored laying horizontally across the 8 cylinders in the unapproved plastic crate in the med tech office. c. Several (8) short portable medical oxygen cylinders were stored in an unapproved plastic crate in the med tech office. 2. Based on observation there was a hasp and padlock on the outside of the door to a corridor closet in Special Care. Latching hardware that can only be operated from one side of the door, such as hasps and padlocks, present the possibility that someone could be trapped in the room. 3. Based on observation, an extension cord was being used in place of permanent wiring in the Laundry. The cord extended across the room under a mat to a washer on the opposite side. Extension cords are intended for temporary use only. 4. Based on observation, there was exposed electrical wiring in the corridor at WiFi devices in Special Care near the nurse station and the Spa. Exposed wiring is a hazard. 5. Based on observation, there were several holes in the soffit behind the kitchen. Holes in soffit allow birds and other pests to enter the attic.	C 166		

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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, 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 on 3-28-2019: a. Unsealed penetrations (4) in the ceiling of the main dining room, b. Sprinkler escutcheon not tightly fitted to the ceiling in the Special Care dining room, c. Unsealed penetration in the ceiling of the mechanical room above the water heater, d. Unsealed penetration in the ceiling of the nurse station on the AL side, e. Deep gouge in the wall of the library, f. Unsealed penetration in the ceiling of the AC room, g. Hole by the exit sign in the ceiling of the corridor near room 119, h. Unsealed penetration in the ceiling of the water heater closet in the bathroom across from the Activity office, i. Unsealed penetration in the ceiling of the	C 189		

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C 189	Continued From page 5 Special Care Dining room, j. Unsealed penetrations (6) in the ceiling of the kitchen, k. Holes in the ceiling of the boiler room, l. Gap where the ceiling meets the wall in the boiler room, m. Unsealed penetrations (6) in the ceiling of the pantry, n. Orange unrated foam used to seal a penetration in the ceiling of the pantry, o. Unsealed penetration in the ceiling of the bathroom off room 147. 2. Based on observation, 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 on 3-28-2019; a. The door to room 104 would not latch when closed. b. The door to room 119 would not latch when closed. c. The door to room 105 had several clothes hangers on the door knob so it could not close and latch. d. There was no latch strike provided on the door to the nurse station in Special Care. e. The door to room 147 was blocked from closing and latching by a wheel on the bed. Note; This deficiency was corrected during the survey. 3. Based on observation, a required draft stop wall in the attic was compromised in locations. Holes and penetrations that are not sealed present the possibility that a fire can spread more quickly. Finding on 3-28-2019.	C 189		

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C 189	Continued From page 6 There were holes and unsealed penetrations in the draft stop wall above the kitchen. 4. Based on observation, the combination exit sign/battery powered emergency light #20 would not work on battery when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. 5. 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 on 3-28-2019; a. Items had been stacked all the way to the ceiling in the pantry. b. There was storage to the ceiling in the former Administrator's office. 6. Based on observation, the facility was not maintained in a safe condition because of an obstructed fire sprinkler head. Obstructed sprinkler heads could negate the ability of the fire sprinkler system to extinguish a fire. Finding on 3-28-2019: There was insulation partially covering and blocking the sprinkler head in the water heater closet off the Spa in Special Care.	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	C 191		

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C 191	Continued From page 7 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: Based on observation the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could affect all occupants of the facility. Finding on 3-28-2019: There was a portable electric heater found in the Special Care foyer.	C 191		