

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL085002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/01/2019
NAME OF PROVIDER OR SUPPLIER GRACELAND LIVING CENTER II		STREET ADDRESS, CITY, STATE, ZIP CODE 1290 DENNY ROAD KING, NC 27021		
(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 Construction Section Biennial Survey report by Frank Strickland on 08/01/2019: This facility was licensed on 10/19/1994 for the Home of the Aged serving 12 residents. Therefore, this facility must meet the 1977 and the applicable components of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 North Carolina State Building Code, section 409.1 - Institutional Unrestrained Occupancy. Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1-Based on observation, the grounds and facility have not been maintained in a clean and safe condition. Findings on 08/01/2019: There a steel bed frames stacked on top of each other that are located at the front left-hand side corner that represent a trip hazard and potentially bodily harm. 2-Based on observation, the grounds and facility have not been maintained in a clean and safe condition.	C 160		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL085002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/01/2019
NAME OF PROVIDER OR SUPPLIER GRACELAND LIVING CENTER II		STREET ADDRESS, CITY, STATE, ZIP CODE 1290 DENNY ROAD KING, NC 27021		
(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 160	Continued From page 1 Findings on 08/01/2019: There is a damaged window bug screen that is located at the Staff's Bedroom window. 3-Based on observation, the grounds and facility have not been maintained in a clean and safe condition. Findings on 08/01/2019: The backside gutters need to be cleaned out because vegetation growth is present.	C 160		