Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL014-017	A. BUILDING: 01 B. WING _____	11/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE VILLAGE ASSISTED LIVING & MEMORY CARE	501 RIVER BEND DRIVE GRANITE FALLS, NC 28630

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on November 09, 2023. Records indicate this facility was first licensed on July 27, 2021 for 78 beds. Based on this information, the facility was surveyed for conformance using the 2005 Rules for the Licensing of Adult Care Home of Seven or More Beds and the 2012 Edition of the NC State Building Code(s), Institutional Occupancy. Deficiencies were cited that require a Plan of Correction	C 000	Disclaimer The provider submits this Plan of Action (POA) in accordance with specific regulatory requirements. The Provider does not denote agreement with the Statement of Deficiencies, nor does it constitute an admission that the stated deficiencies are accurate. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings if at any time the Provider determines that the findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the State of North Carolina or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider's policy or procedures should be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis.	
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the ceilings were not kept clean. Findings on November 9, 2023: a. There was a general pattern of R/A grilles and exhaust fan grilles with heavy accumulations of dust.	C 164	Action Plan The provider strives to ensure that the building, along with all fire safety, electrical, mechanical, and plumbing equipment is maintained in a safe and operational condition. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, safety committee audits and meetings, and various quality assurance measures are Corrective Actions a: Facility Maintenance Director (Maint Dir) cleaned all grilles in community. ID of Other Area's Facility Administrator along with Maint Dir walked entire building, including all rooms with any sort of grilles. No other grilles were found to be out of compliance. Measures and Monitoring will create a monthly grilles cleaning checklist Maint Dir will keep monthly log to ensure compliance going forward. If area found out of compliance, Maint Dir will fix immediately. Facility Administrator will sign off on monthly fire and safety checklist for compliance.	12/15/2023

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

12/19/23

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C 166	Continued From page 1	C 166		
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 facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on November 9, 2023: a. Oxygen Storage - there were eight tall bottles of oxygen in a shallow plastic tray without any means of restraint to prevent them from tipping or falling over.	C 166	Action Plan: The provider strives to ensure that the building, along with all fire safety, electrical, mechanical, and plumbing equipment is maintained in a safe and operational condition. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, safety committee audits and meetings, and various quality assurance measures are Corrective Actions a: Contacted o2 company and they will supply new storage racks 01/02/2024.	01/10/2023
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR 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	C 185	ID of Other Area's Facility Administrator along with Maint Dir walked entire building, including all rooms with any sort of o2 storage. No other o2 was found to be out of compliance. Measures and Monitoring will create a monthly o2 storage checklist Maint Dir will keep monthly log to ensure compliance going forward. If area found out of compliance, Maint Dir will fix immediately. Facility Administrator will sign off on monthly checklist for compliance.	

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C 185	Continued From page 2 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. Review of records revealed that the facility was not conducting fire rehearsals quarterly on each shift. Findings on November 9, 2023: a. There was not a fire rehearsal conducted on the third shift of the first quarter of 2023. b. There was not a fire rehearsal conducted on the second shift of the second quarter of 2023. c. There was not a fire rehearsal conducted on the first or second shift of the third quarter of 2023.	C 185	Action Plan: The provider strives to ensure that the building, along with all fire safety, electrical, mechanical, and plumbing equipment is maintained in a safe and operational condition. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, safety committee audits and meetings, and various quality assurance measures are Corrective Actions: Maint Dir will create a monthly fire and safety checklist that includes areas of observation such as, but not limited to; entry/exit doors, fire pull stations, fire alarms, emergency lights, and electrical outlets to ensure life safety compliance. Maint Dir will keep monthly log to ensure compliance going forward. If area found out of compliance, Maint Dir will fix immediately. Facility Administrator will sign off on monthly fire and safety checklist for compliance. ID of Other Area's Facility Administrator along with Maint Dir walked entire building, and made plan for upcoming fire drills and rehearsals Measures and Monitoring will create a monthly Fire Rehearsal checklist Maint Dir will keep monthly log to ensure compliance going forward. If area found out of compliance, Maint Dir will fix immediately. Facility Administrator will sign off on monthly checklist for compliance.	
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 facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and	C 189		12/15/2023

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C 189	Continued From page 3 exits were not illuminated during a power outage. Findings on November 9, 2023: a. 300 Hall Soiled Utility - the emergency light did not illuminate on test. 2. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be effected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on November 9, 2023: a. In-house monthly inspections of the fire extinguishers are not being conducted and documented. 3. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on November 9, 2023: a. The escutcheon ring on the sprinkler head at the Women's Guest Toilet has dropped leaving a gap in the fire resistant rated ceiling. 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on November 9, 2023:	C 189	Corrective Actions: Facility Maintenance Director (Maint Dir) - has ordered and will replace. Corrective Actions: Maint Dir will create a monthly fire and safety checklist that includes areas of observation such as, but not limited to; entry/exit doors, fire pull stations, fire alarms, emergency lights, and electrical outlets to ensure life safety compliance. Maint Dir will keep monthly log to ensure compliance going forward. If area found out of compliance, Maint Dir will fix immediately. Facility Administrator will sign off on monthly fire and safety checklist for compliance. Action Plan: The provider strives to ensure that the building, along with all fire safety, electrical, mechanical, and plumbing equipment is maintained in a safe and operational condition. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, safety committee audits and meetings, and various quality assurance measures are Corrective Actions: Facility Maintenance Director (Maint Dir) fixed ring on Sprinkler head on women's guest.	02/01/2024

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C 189	Continued From page 4 a. The right hand door of the cross corridor doors by Room 604 did not latch when released by the fire alarm. The closer was adjusted and this was corrected at the time of survey.	C 189	Corrective Actions: a.300 Hall Soiled Linen - there is not an exhaust fan is this room. (Room is used for storage not Soiled Linen - will remove sign per conversation with Suzanna Fay) b.100 Hall Soiled Linen - there is not an exhaust fan in this room.(Room is used for storage not Soiled Linen - will remove sign per conversation with Suzanna Fay) c. Housekeeping Closet in Laundry - there is not an exhaust fan in this room. (Will get quote for fan and install) ID of Other Area's Facility Administrator along with Maint Dir walked entire building, including all rooms with any sort of exhaust fans. No other exhaust fans was found to be out of compliance. Measures and Monitoring will create a monthly Exhaust fan checklist Maint Dir will keep monthly log to ensure compliance going forward. If area found out of compliance, Maint Dir will fix immediately. Facility Administrator will sign off on monthly checklist for compliance.	02/01/2024
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 (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: 1. Based on observation there is not an exhaust ventilation in a space required to have exhaust ventilation. This could effect the occupants of the facility if odors, fumes or possible air borne contaminates were not exhausted from the building. Findings on November 9, 2023: a. 300 Hall Soiled Linen - there is not an exhaust fan is this room. b. 100 Hall Soiled Linen - there is not an exhaust fan in this room. c. Housekeeping Closet in Laundry - there is not	C 199		

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C 199	Continued From page 5 an exhaust fan in this room. 2. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on November 9, 2023: a. 300 Hall Soiled Utility - the exhaust fan is not working. b. 300 Hall Housekeeping - the exhaust fan is not working.	C 199	Corrective Actions: a.300 Hall Soiled Utility - the exhaust fan is not working. (Will get quote for fan fix) b.300 Hall Housekeeping - the exhaust fan is not working.(Will get quote for fan fix)	02/01/2024