STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055001	A. BUILDING: **01** B. WING _____	**01/25/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMAZING GRACE REST HOME	**3633 AMAZING GRACE ROAD LAWNDALE, NC 28090**

(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 a Construction Section Biennial Survey by Ed Miller, conducted on January 25, 2024. Records indicate this facility was first licensed as an Adult Care Home on December 16, 1974. The facility is currently licensed for 10 beds. Therefore, we are requiring this facility to meet the 1971 "Minimum and Desired Standards and Regulations (Homes for the Aged and Family Care Homes), the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or more beds and the 1967 North Carolina State Building Code Volume I-General Construction Section 407 Group "D" Institutional. Deficiencies were cited that require a Plan of Correction.	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, the facility failed to meet the 1967 NC State Building Code at the time of initial Licensing. The 1967 Building Code does not contain provisions to have spaces open to the corridor. This could affect all residents, staff, and visitors if smoke/fire was not contained in Room of origin. Findings on January 25, 2024: a. Living Room - the corridor openings were not protected with 1 ¾ inch thick, solid bonded core wood doors or equivalent..	C 101		
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. Based on observation, the building walls are not kept in good repair. Findings on January 25, 2024: a. Laundry - the exterior door leaf has been repeatedly exposed to the rain. This has caused the door surface to delaminate. The provider has already ordered a door and is waiting for delivery. 2. Based on observation, the lighting system was not kept in good repair.	C 164		

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C 164	Continued From page 2 Findings on January 25, 2024: a. Short Corridor to Laundry - the light fixture was missing its globe.	C 164		
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 and interview with the Administrator, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activation of the fire alarm system. Findings on January 25, 2024: a. Entry Foyer - the fire alarm control panel (FACP) shows a trouble signal. Per the Administrator the issues started on January 16, 2024, An Alarm Company has been called and will be coming out next week. 2. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on January 25, 2024: a. Dining Room - the corridor door does not latch into its frame when closed. b. First Ladies Bathroom - the corridor door does not latch into its frame when closed.	C 189		

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C 189	Continued From page 3 3. Based on observation, the Facility was not maintained in a safe manner. This could expose all to fire if there was enough fuel for a fire to grow beyond the ability of the construction to contain it. Findings on January 25, 2024: a. Bedroom 3 - this room was used to store large quantities of combustible items. This has significantly increased the bedroom's fire load, over and above what typical bedrooms were designed to handle. The bedroom's construction enclosing the room does not have the fire protection required for a storage room of this size. In addition, there was limited clear floor area to egress/ingress. 4. Based on observation, the building was not maintained in proper operating condition, because of the exterior door. This could affect all by not keeping out the elements, insect, vermin and unwanted guests. Findings on January 25, 2024: a. The left exit door did not close and latch,	C 189		