STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL056001	A. BUILDING: _____ B. WING _____	R-C 02/05/2025

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

(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
D 000	Initial Comments The Adult Care Licensure Section conducted a follow up and complaint investigation from 02/04/25 to 02/05/25.	D 000		
D 451	10A NCAC 13F .1212(a) Reporting of Accidents and Incidents 10A NCAC 13F .1212 Reporting of Accidents and Incidents (a) An adult care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aid. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to notify the county Department of Social Services (DSS) of an incident/accident that required emergency medical evaluation for 1 of 1 resident (Resident #1). The findings are: Review of Resident #1's current FL2 dated 01/03/25 revealed: -Diagnoses included chronic obstructive pulmonary disease (COPD) exacerbation and chronic hypoxic hypercapnic respiratory failure. -Resident #1 was on continuous oxygen at 4 liters per minute via nasal cannula. Review of an incident accident report dated 01/06/25 revealed:	D 451		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL056001	A. BUILDING: _____ B. WING _____	R-C 02/05/2025

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

(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
D 451	Continued From page 1	D 451		

-On 12/26/24 Resident #1 was sent to the emergency room (ER) due to presenting with symptoms that were consistent with her respiratory diagnoses.
-On 12/27/24 the Adult Home Specialist (AHS) from the county DSS reported to the Administrator that the local hospital had notified DSS about a drug overdose issue involving Resident #1.
-On 12/27/24 an empty bottle oxycodone/acetaminophen 5/325 tablets with a quantity of 90 listed on the medication label was found in Resident #1's bed linens in her room.
-Resident #1 continued to received treatment at the hospital for liver failure and COPD exacerbation.
-Resident #1 returned to the facility on 01/04/25.

Interview with the Special Care Coordinator (SCC) on 02/04/25 at 12:30pm revealed:
-When an incident or accident occurred, the medication aide (MA) supervisor was responsible for completing the incident accident report immediately.
-She thought the incident accident report should be done the same day or at least within 24 hours.
-If a resident was sent out to the hospital for treatment the county DSS was supposed to be notified by an incident accident report.

Interview with the Resident Care Coordinator (RCC) on 02/04/25 at 2:05pm revealed:
-The MAs were responsible for filling out the incident accident reports.
-She was fairly new so she was not sure what the time frame was for notifying the county DSS.
-She thought they had up to 24 hours to complete the incident/accident report for DSS.

Interview with the Administrator on 02/04/25 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL056001	A. BUILDING: _____ B. WING _____	R-C 02/05/2025

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

(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
D 451	Continued From page 2 3:25pm revealed: -They were not aware there was an overdose concern with Resident #1 until the county AHS informed them on 12/27/24. -Since the AHS told them on 12/27/24 that the hospital had notified the county DSS about a possible overdose, she concluded the county AHS had the information she needed for an incident accident report. -She completed the incident accident report on 01/06/25 and a copy was given to the county AHS by the Assistant Administrator on 01/06/25. -She was ultimately responsible to ensure the incident accident reports were completed and given to the county DSS representative. Telephone interview with the AHS of the county DSS on 02/04/25 at 7:44pm revealed: -She did not receive notification from staff at the facility until 01/06/25 of Resident #1's hospitalization that occurred on 12/26/24. -She should have received an incident/accident report within 48 hours of the incident occurrence.	D 451		