

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL029010</b>                    | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>05/15/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GRAYSON CREEK OF WELCOME</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6781 OLD US HWY 52</b><br><b>LEXINGTON, NC 27295</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ID<br>PREFIX<br>TAG                                                                              | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {C 000}                                                             | Initial Comments<br><br>Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on May 15, 2025.<br><br>There is one deficiency from the Biennial Construction Survey that remains to be corrected and one new deficiency has been added.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | {C 000}                                                                                          |                                                                                                                          |                                                                    |
| {C 111}                                                             | Must Have Current San. & Fire Safety Reports<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(<br>f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.<br><br>This Rule is not met as evidenced by:<br>1. Based on an interview with the Executive Director the facility failed to maintain in the facility, current (completed within the last twelve months) sanitation and fire and building safety inspection reports available for review.<br><br>Findings on May 15, 2025:<br>b. There was no Standard for the Inspection, Testing, and Maintenance of Water-Base Fire Protection System (NFPA 25) report available for review. Interview with staff revealed that the inspection is scheduled for September 21, 2025. | {C 111}                                                                                          |                                                                                                                          |                                                                    |
| C 189                                                               | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(a) The building and all fire safety, electrical,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | C 189                                                                                            |                                                                                                                          |                                                                    |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| C 189                                                               | <p>Continued From page 1</p> <p>mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.<br/>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:<br/>New Deficiency:</p> <p>1. Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be affected if the equipment failed to alert the occupants in case of a fire.</p> <p>Findings on May 15, 2025:<br/>a. At the time of the follow up survey, the fire alarm panel was indicating trouble on the system. The fire alarm vendor was on site for repairs.</p> | C 189                                                                                            |                                                                                                                          |                                                                    |