

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2014
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NAME OF PROVIDER OR SUPPLIER GRANDVIEW MANOR CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 150 CRISP STREET FRANKLIN, NC 28734
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(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	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Dennis Harrell and Frank Strickland on 12-17-2014.</p> <p>Records indicate this facility was first licensed or submitted on 10-1-1968, as a Home for the Aged (HA) housing 52 beds. On 9-23-2011, an addition was completed increasing bed capacity to 82 beds. The facility is currently licensed for 50 Assisted Living Beds and 32 Special Care Beds. Therefore, the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 2009 Edition, of the North Carolina Building Code(s), Institutional Occupancy I-2, and the 1971 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure and the 1967 NC State Building Code.</p>	C 000		
C 128	<p>Bathrooms-Minimum Facilities</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (1) Minimum bathroom and toilet facilities shall include a toilet and a hand lavatory for each 5 residents and a tub or shower for each 10 residents or portion thereof;</p> <p>This Rule is not met as evidenced by: Based on observation, the shower head was missing on the shower in the Spa in the Special Care Unit. The Unit is licensed for 32 residents and must have 4 working tubs and/or showers.</p>	C 128		

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

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C 189	Continued From page 1	C 189		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(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:</p> <p>1. Based on observation, the fire rated corridor doors to the dining room, which are a part of the smoke compartment separation, are not closing well and have a damaged astragal preventing them from being able to resist the passage of fire and smoke. Corridor or smoke barrier doors that do not close completely and seal properly present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.</p> <p>2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations.</p> <p>Findings include:</p> <p>a. Unsealed wire penetration in the Med Room, b. Unsealed conduit penetration in the closet off the Activity office, c. Unsealed conduit penetration in the laundry, d. Unsealed gas line penetration in the laundry, e. Unsealed sprinkler pipe penetrations (2) in the pantry, f. Unsealed pipe penetration in the kitchen.</p> <p>Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that</p>	C 189		

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C 189	<p>Continued From page 2</p> <p>begins in one space can quickly spread to other areas of the facility.</p> <p>3. Based on observation, battery powered emergency light #7 would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.</p> <p>4. Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several portable medical oxygen cylinders were stored in unapproved plastic bins or in cloth bags and cardboard delivery boxes in the Med Tech office across from room 110.</p> <p>5. Based on observation, the ice machine drain line extended into the wall drain. Ice machine drain lines that are not maintained at least 2 inches above the wall drain, as required by Code, could cause the ice to become contaminated.</p>	C 189		