

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GRAYSON CREEK OF WELCOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6781 OLD US HWY 52 LEXINGTON, NC 27295
---	--

(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 a Biennial Construction Survey by Ed Miller on July 10, 2015.</p> <p>This facility was first licensed or submitted for licensure as a Home for the Aged serving a total of 55 residents, which includes 16 residents in the Special Care Unit on September 9, 2013. Therefore the facility must meet the 2005 Rules for the Licensing of Adult Care Homes, and, the 2009 North Carolina State Building Code, Section 409- Institutional</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>	C 000		
C 183	<p>Fire Extinguishers</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide and/or maintain the fire extinguishers and associated equipment. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on July 10, 2015: a. There was no documentation of the portable fire extinguisher's monthly inspections on the annual maintenance tags. Locations of specific examples include but are not limited to: i. Corridor near Bedroom 406, ii. Kitchen "K" extinguisher.</p>	C 183		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GRAYSON CREEK OF WELCOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6781 OLD US HWY 52 LEXINGTON, NC 27295
---	--

(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 189	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components for doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s) if the exit were obstructed. Findings on July 10, 2015: a. The gate to the Special Care Courtyard has a magnetic lock installed and the emergency release switch requires a key to operate. Interview with staff in the area revealed that they did not have keys to operate the emergency release. This is not in accordance with the NC State Building Code requirement that if emergency release switches are of the keyed type, all staff responsible for evacuation of the locked unit must carry keys at all times.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm.</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GRAYSON CREEK OF WELCOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6781 OLD US HWY 52 LEXINGTON, NC 27295
---	--

(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 189	<p>Continued From page 2</p> <p>Findings on July 10, 2015:</p> <p>a. When the fire alarm was activated, the exits and gate for the Special Care Unit (equipped with special locking) released, but when system was silenced, the exits and gate locks reenergized impeding the egress of residents.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination.</p> <p>Findings on July 10, 2015:</p> <p>a. The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed. Locations of specific examples include but are not limited to:</p> <p>i. Housekeeping Storage near Fire Sprinkler Riser Room.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier wall did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke to the fire compartment of origin.</p> <p>Findings on July 10, 2015:</p> <p>a. The right leaf, of the cross-corridor double-egress pair of doors near Bedroom 401, did not latch when the fire alarm system released the doors.</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained in a safe manner. This would affect all</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GRAYSON CREEK OF WELCOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6781 OLD US HWY 52 LEXINGTON, NC 27295
---	--

(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 189	<p>Continued From page 3</p> <p>residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on July 10, 2015:</p> <p>a. Through the building, some HVAC units with duct-mounted smoke have no access door to inspect and clean the duct detector's sample tubes.</p> <p>6. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a timely manner and cannot contained fire in the Room of origin. Findings on July 10, 2015:</p> <p>a. The fire sprinkler escutcheon plate had dislodged from the ceiling. Locations of specific examples include but are not limited to:</p> <p>i. Bathroom of Bedroom 413.</p> <p>7. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on July 10, 2015:</p> <p>a. The Electrical Switch Room had one 3-inch open-ended metal sleeve with unsealed cable bundle penetrating the fire-resistance-rated ceiling assembly.</p> <p>b. There were several penetrations by open ended sleeves containing cables that have no firestopping sealant inside them. Locations of specific examples include but are not limited to:</p> <p>i. Electrical Room across from Chapel,</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GRAYSON CREEK OF WELCOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6781 OLD US HWY 52 LEXINGTON, NC 27295
---	--

(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 189	Continued From page 4 ii. Storage across from Bedroom 100. c. The one-hour fire-resistance-rated ceiling was penetrated by 3-three inch PVC pipes which were not protected in the Housekeeping/Hot Water Room. NOTE: PVC pipe 2 1/2 inches in diameter or larger require a 'fire collar' or similar system for protection. i. The fire resistance rated ceiling assembly had a hole around the riser in the Sprinkler Riser Room. 8. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. 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 on July 10, 2015: a. A portable medical oxygen cylinder was stored standing up not secured to the structure and two portable medical oxygen cylinder was stored standing up on the dresser not secured to the structure. Locations of specific examples include but are not limited to: i. The window closet of Bedroom 306.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing	C 191		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GRAYSON CREEK OF WELCOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6781 OLD US HWY 52 LEXINGTON, NC 27295
---	--

(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 191	Continued From page 5 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 failed to prevent the use of unvented & portable electrical heater in the facility. This could affect all residents, staff and visitors if heater were the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on July 10, 2015: a. A portable electric heater was found in the Administrator Office. (Portable electric heater was remove for the building while Surveyor was on site.	C 191		
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, the facility failed to	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GRAYSON CREEK OF WELCOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6781 OLD US HWY 52 LEXINGTON, NC 27295
---	--

(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 199	Continued From page 6 provide an environment in accordance with this Rule by not having ventilation in areas where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on July 10, 2015: a. There was no ventilation to the following areas. Locations of specific examples include but are not limited to: i. Housekeeping Storage near Fire Sprinkler Riser Room. b. The exhaust ventilation was running but did not remove the required CFM's of ventilation required by the Rule. Locations of specific examples include but are not limited to: i. Employee Toilet Room.	C 199		