	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: 0	CONSTRUCTION		E SURVEY PLETED
			B. WING		00/	00/0045
	PROVIDER OR SUPPLIER	HAL074033	DRESS, CITY, ST		08/20/20	
			L STREET			
	OUSE	GRIFTON	I, NC 28530			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
		a Biennial Construction Survey ell and Ed Miller on August 20,				
	Aged serving 80 res Therefore the facilit applicable portions Licensing of Adult C	st licensed as a Home for the sidents on February 1, 1980. y must meet the1977 and the of the 2005 Rules for the Care Homes; and, the 1978 e Building Code Section 409- ancy.				
	Deficiencies were n plan of correction.	oted which will require a new				
C 111	Must Have Current	San. & Fire Safety Reports	C 111			
	fire and building sat	02 DESIGN AND				
	This Rule is not me 1. Based on obser- not available at the	vation, current reports were				
	Findings include: The following repor of the survey: a) Fire Marshalls Re	t was not available at the time eport,				
C 133	Bathrooms-Hand G	rips	C 133			
	SECTION .0300 - F 10A NCAC 13F .03					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>0</b>	CONSTRUCTION		E SURVEY PLETED
		HAL074033	B. WING		08/	20/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
DIXON H	OUSE		L STREET N, NC 28530			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 133	Continued From pa	ge 1	C 133			
	rooms are: (6) Hand grips sha commodes, tubs ar accessible to reside This Rule is not me 1. Based on obser- maintained in a safe grab bar at the toile Findings Include: a) The Womens sh loose grab bar at th	nd showers used by or ents; et as evidenced by: vation, the facility was not e manner by not providing a t. nower near room 139 has a e shower has a grab bar on the back of				
C 153	exits are: (3) All exit door loc a single hand motio without keys; and This Rule is not me	PHYSICAL PLANT 05 PHYSICAL hts for outside entrances and ks shall be easily operable, by on, from the inside at all times et as evidenced by:	C 153			
	not maintained in a door hardware that	on, egress from all areas was safe manner by having exit is not single motion. This dents by not allowing free ency.				

of Health Service Re	equiation				APPROVED
NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
	HAL074033	B. WING		08/	20/2015
PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
IOUSE					
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETE DATE
Continued From pa	ge 2	C 153			
Housekeeping and	Furnishings-Clean, Repaired	C 164			
10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture c	06 HOUSEKEEPING AND es shall: ings, and floors or floor n and in good repair; c unpleasant odors; clean and in good repair;				
1. Based on observ	vation, the resident furnishings				
loose/missing on th b) Bedroom 145 ha loose/missing on th c) Bedroom 142 ha loose/missing on th d) Bedroom 138 ha loose/missing on th drawers. e) Bedroom 127 ha handles f) Room 103 has i) ii) two chests of dra g) Room 105 is mis drawers	e chest of drawers. as furniture with handles e chest of drawers. as furniture with handles e chest of drawers. as furniture with handles e endtables and chest of as a chest of drawers missing a chair missing an arm, and wers are missing handles ssing handles on the chest of				
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LA Continued From pa a) The exit doors h requiring the door b the knob to exit. Housekeeping and SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of (3) have furniture of (1) has no thronic (2) have no chronic (3) have furniture of (3) have furniture of (1) has no thronic (2) have no chronic (3) have furniture of (3) have furniture of (1) has Rule is not me (2) have no chronic (3) have furniture of (3) have furniture of (2) have no chronic (3) have furniture of (3) have furniture of (4) Bedroom 144 ha loose/missing on th (5) Bedroom 142 ha loose/missing on th (6) Bedroom 127 ha handles (7) Room 103 has i) (1) two chests of dra (9) Room 105 is mis drawers	IDENTIFICATION NUMBER:         HAL074033         PROVIDER OR SUPPLIER       STREET AD         ROUSE       716 WALI GRIFTON         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 2       a) The exit doors have locking hardware requiring the door be unlocked first before turning the knob to exit.         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;         (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;         (b) 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 resident furnishings in bedrooms and other areas were not maintained in good condition.         Findings include:       a) Bedroom 144 has furniture with handles loose/missing on the chest of drawers.       b) Bedroom 142 has furniture with handles lo	NT OF DEFICIENCIES INF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE A. BUILDING: ( B. WING	NT OF DEFICIENCIES IOF CORRECTION       (X1) PROVIDER/SUPPLER/CLA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01         HAL074033       B. WING	VT OF DEFICIENCIES OF CORRECTION       (X1) PROVIDERSUPPLIERCLA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A BUILDING: 01       (X3) DATA COM         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       08/         MOUSE       T16 WALL STREET GRIFTON, NC 28530       08/         SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC DENTIFYING INFORMATION, (EACH DEFICIENCY WIST PERCEEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)       PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY WIST PERCEEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)       PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY WIST PERCEEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)       PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY WIST PERCEEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)       PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY WIST PERCEEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)       PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY WIST PERCEEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)       PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY WIST PARCENDER DEFICIENCIES TAGE         Continue & From page 2       C 153       ID (EACH DEFICIENCY WIST PARCENDER DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COROSTRUESTION 10300 - PHYSICAL PLANT (DANCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have furniture with handles (0) Adult care homes shall: (2) Have no chronic unpleasant dodrs; (3) have furniture with handles (DOSE/MISSINg on the chest of drawers. (2) Bedroom 134 has furniture with handles (DOSE/MISSINg on the chest of drawers. (3) Bedroom 135 has furniture with handles (DOSE/MISSINg on the chest of drawers. (4) Bedroom 137 has a chest of drawers missing handles<

Division of Health Service Regulation STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: (	CONSTRUCTION D1		E SURVEY PLETED
		HAL074033	B. WING		08/	20/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
DIXON H	OUSE		L STREET N, NC 28530			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 164	Continued From pa	ige 3	C 164			
	drawers. i) Bedroom 114 ha loose/missing on th drawers. j) The Tub Room h	e endtables and chest of s furniture with handles e endtables and chest of has broken tile near the door set in the kitchen has a broker	n			
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166			
	orderly manner, fre hazards;	06 HOUSEKEEPING AND				
	1. Based on obser	et as evidenced by: vation, the facility pest control I throughout the building.				
	<ul> <li>Findings include: F</li> <li>following locations:</li> <li>a) Kitchen,</li> <li>b) Pantry</li> <li>c) Room 128,</li> <li>d) Bathroom near</li> <li>e) Right corridor</li> </ul>					
C 189	Building Equipmen	t Maintained Safe, Operating	C 189			
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building ar					

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>(</b>	CONSTRUCTION		E SURVEY PLETED
		HAL074033	B. WING		08/	20/2015
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 716 WALL STREET					1	
DIXON H	IOUSE		L STREET N, NC 28530			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLETE DATE
C 189	Continued From pa	ige 4	C 189			
	<ul> <li>mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</li> <li>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</li> </ul>					
	1. Based on obse maintained operabl that will not remain	his Rule is not met as evidenced by: Based on observation, windows were not naintained operable by having bedroom windows nat will not remain open. This would affect the esidents by not allowing fresh air.				
		The windows will not stay open ations: a) Room 144, b)				
	maintained in a safe the fire-resistance r					
		otected penetration in the ne left end Exit door.				
	<ul><li>c). Ther File Room</li><li>ceiling at the exhau</li><li>d) Room 127 has a</li><li>e) The corridor ceili</li></ul>	ing is split open near room 139 near room 138 has damaged ist fan gap at the top of the door ing has an unprotected e sounding device near room	)			
	<li>f) The left set of cro broken sight glass,</li>	oss corridor doors have i) a and ii) an unprotected old open device, and iii) the ch when released				

Division	of Health Service Re	equiation			FORM	APPROVED
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Multiple A. Building: <b>(</b>	CONSTRUCTION		E SURVEY PLETED
		HAL074033	B. WING		08/20/201	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	IOUSE		L STREET			
DIXON		GRIFTO	N, NC 28530			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 5	C 189			
Division of H	penetration in the c h) Room 111 close penetration in the c l) Corridor ceiling leak near room 111 j) Ceiling split ope former Mens Activit k) There is an unpu- behind the shelves near room 115. l) There is an unpu- corridor ceiling at the m) In the corridor a entrance a camera unprotected ceiling n) At the Nurse Sta corridor wall. o) In the exterior el unprotected penetra and, ii) an unprotect p) There are unpro- the Medical Directo q) There is an unp- the kitchen over the r) There is an unp- the kitchen over the r) There is i) an un- ceiling at the gas he and ii) a wall and ce These unprotected conformance with the through penetration been tested in accor 3. Based on observ-	t has an unprotected eiling is damaged from a former n in front storage room off y Room rotected wall penetration in the Diaper Storage room otected penetration in the ne right end Exit door at the left corridor Living Room was removed and penetrations remain. ation there are holes in the lectrical room there are i) ations in the walls and ceilings cted wall and ceiling joint otected ceiling penetrations in rs office protected ceiling penetration in	(			

	of Health Service Realth Service Realth Service Realth of DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>0</b>	CONSTRUCTION		E SURVEY PLETED
		HAL074033	B. WING		08/	20/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
DIXON H	IOUSE		L STREET N, NC 28530			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF	- CORRECTION	(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
C 189	Continued From pa	ige 6	C 189			
	Findings include: T issues:	he following doors have				
		oom Exit door to the corridor				
	is being held open					
	scrubbing the frame	b) The left Dining Room Exit door to the outside is scrubbing the frame				
	<ul> <li>c) The left Kitchen door is delaminating</li> <li>d) The front leaf of the left set of cross corridor doors will not latch</li> <li>e) Room 110 corridor door will not latch</li> </ul>					
	f) Door to Mens Living Room on corridor will not					
	latch g) Mens Activity Ro	aton g) Mens Activity Room has a broken door latch				
		vation, the facility was not e manner by having handrails				
	that were not secur					
	Findings include: T the following location	here are loose handrails in				
	a) near room 130					
		g Room corridor Exit,				
	<ul><li>c) On Exit corridor</li><li>d) At the Janitors (</li></ul>					
		vation, the facility was not				
	plumbing fixtures.	e manner by having loose				
	Findings include:					
	<ul> <li>a) Womens showe loose toilet,</li> </ul>	er room near room 139 has a				
	b) Corridor bathroo	om near room 128 has a loose				
	toilet c) Corridor bathroc toilet	om near room 126 has a loose				
	d) Corridor women	s shower near room 139 has				
	a loose toilet	a chowor poor room 120 is				
	missing the tub fau	is shower near room 139 is cet escutcheons				

STATE FORM

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>0</b>	CONSTRUCTION		E SURVEY PLETED		
		HAL074033	B. WING		08/	/20/2015		
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE				
DIXON HOUSE 716 WALL STREET GRIFTON, NC 28530								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE		
C 189	Continued From pa	ige 7	C 189					
	loose toilets	<ul><li>f) The Bathroom at the Beauty Shop has (2)</li><li>loose toilets</li><li>g) The Tub Room has a loose toilet.</li></ul>						
	<ul> <li>6. Based on observation, the building electrical system and fixtures were not maintained in a safe manner.</li> <li>Findings include: <ul> <li>a) The cover is loose on the baseboard heater in room 144.</li> <li>b) The cover is loose on the baseboard heater in room 142.</li> <li>c) Room 139 has a duplex outlet showing a "reversed polarity" condition.</li> <li>d) Room 139 has a duplex outlet with a broken coverplate</li> <li>e) The Living Room near the Activities Room has an Emergency Light not working.</li> <li>f) On the Exit corridor near room 133 the Exit sign is out</li> <li>g) The Emergency Light near room 131 is not working</li> <li>h) The cover is loose on the baseboard heater in room 111</li> <li>j) The Emergency Light is not working in the Mens Living Room</li> </ul> </li> </ul>							
	equipment was not by allowing cross c	vation, the building plumbing maintained in a safe manner onnects. This would affect all ially siphoning waste water ter system.						
		ets on the two Can Wash Kitchen have no vacuum						

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>0</b>	CONSTRUCTION 1	(X3) DATE SURVEY COMPLETED		
		HAL074033	B. WING		08/	08/20/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	•		
DIXON H	IOUSE		L STREET N, NC 28530				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 189	Continued From pa	ge 8	C 189				
		8. Based on observation, the exterior grouonds were not maintained in a safe manner					
	Findings include: a) Outside the left Dining Room Exit door the rain water has undermined the walkway and is collecting near the building		n				
	maintained in a safe the fire-resistance r						
	Findings include:						
	a transfer grill cut ir protection of the 1h Provide an alternati	n door near room 103 has had nto it, which compromises the r fire-resistance rated corridor ve means of providing loes not compromise the fire the corridor.					
		rvation, food service tchen was not maintained in a					
		ain has no 2 inch air gap rge pipe and the drain					