PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	AND PLAN OF CORRECTION		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING			(X3) DATE SURVEY COMPLETED	
AMBE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SRAYSON CREEK OF WELCOME 6781 OLD US HWY 52 LEXINGTON, NC 27295 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH OEPICIENCY MUST BE PRECEDED BY FULL (EACH OEPICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY SIDENTIFYING INFORMATION) IP PREFIX (EACH DEFICIENCY SIDENTIFYING INFORMATION) IP PREFIX (EACH DEFICIENCY) PROVIDER'S PLAN OF CORRECTION (EACH OEPICENCY) (x) (COSS-REFERENCED TO INFORMATION) (x) (COSS-REFERENCED TO INFORMATION TO (COSS-REFERENCED TO INFORMATION) (x) (COSS-REFERENCED TO INFORMATION OF (X) (COSS-REFERENCED TO INFORMATION OF COSS-RUEST INFORMATION OF (COSS-REFERENCED TO INFORMATION OF COSS-RUEST INFORMATION OF COSS-REFERENCED TO INFORMATION OF COSS-RUEST IN					08/		
BRAYSON CREEK OF WELCOME LEXINGTON, NC 27235 (24) ID PREPEX TAG SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREPIX REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREPIX TAG PROVIDER'S PLAN OF CORRECTION ECONNECTION (CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY) 000 C 000 Initial Comments C 000 Construction Section Biennial Survey report by Frank Strickland and Ed Miller concucted on 08/08/2019. C 000 Initial Comments C 000 C normatic Common Survey report by Frank Strickland and Ed Miller concucted on 08/08/2019. This facility was licensed on 09/09/2013 and is currently licensed for 75 Beds including a 16 Bed Special Care Unit. Therefore the facility was surveyed for conformance with 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. C 101 C 101 Existing Licensed Fac- No less than '71 Rules C 101 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements for the Aged and Infirm'', copies of which are available at the Division of	IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		00/2013
PRÉEIX TAG (EACH DEPICIENCY MUST BE PRECEDED BY FULL REQUATORY OR LSC IDENTIFYING INFORMATION) PRÉEIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED to THE APPROPRIATE DEFICIENCY) CoMP DEFICIENCY C 000 Initial Comments C 000 Construction Section Biennial Survey report by Frank Strickland and Ed Miller concucted on 08/08/2019: C 000 This facility was licensed on 09/09/2013 and is currently licensed for 75 Beds including a 16 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensig 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. C 101 Deficiencies have been cited and a Plan of Correction is required. C 101 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities on portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements for the Aged and Infirm", copies of which are available at the Division of	BRAYSO	N CREEK OF WELCO	OME		5		
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	C 101	SECTION .0300 - F 10A NCAC 13F .03 PHYSICAL PLANT The physical plant care home shall be (2) Except where of licensed facilities of facilities shall meet requirements in eff change in service of renovation, or alter the requirements for no addition or reno than those requirer "Minimum and Des Regulations" for "H copies of which are	PHYSICAL PLANT 301 APPLICATION OF REQUIREMENTS requirements for each adult applied as follows: otherwise specified, existing r portions of existing licensed ticensure and code ect at the time of construction, or bed count, addition, ation; however in no case shal or any licensed facility where vation has been made, be less ments found in the 1971 sired Standards and lomes for the Aged and Infirm" a available at the Division of				
This Rule is not met as evidenced by:		This Rule is not m	et as evidenced by:				

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) Multiple A. Building: (CONSTRUCTION D1		E SURVEY PLETED
		B. WING		08/	08/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
GRAYSC	ON CREEK OF WELCO	OME	D US HWY 52 ON, NC 2729	5		
(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 ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 101	Continued From pa	ge 1	C 101			
	the code requireme	ation, this facility has not meet ents in effect at the time of ling the identification of the				
	above the double c	2019: ot been provided on each side ross corridor doors in the 400 cent to Rooms 401 & 402.				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture c	06 HOUSEKEEPING AND				
	This Rule is not me 1-Based on observa- maintained the ceili	ation, this facility has not				
		ng is damaged due to water ated above dining table 12 in				
		ation, this facility has not r finishes in good repair.				
	Findings on 08/08/2 The floors are scuff at tables 13 & 15.	2019: fed located in the Dining Hall				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029010		(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION 1		(X3) DATE SURVEY COMPLETED	
		HAL029010	B. WING		08/08/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
GRAYSC	N CREEK OF WELCO	OME	D US HWY 52 TON, NC 2729			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLET
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166			
	FURNISHINGS (a) Adult care home (5) be maintained orderly manner, fre hazards;	06 HOUSEKEEPING AND				
	1-Based on observ	et as evidenced by: ation, this facility has not derly and free of all er.				
		2019: located at the Employee's L has excessive particulate				
		ation, this facility has not derly and free of all er.				
	Findings on 08/08/2 The Kitchen range grease build-up.	2019: hood filters have excessive				
C 189	Building Equipment	t Maintained Safe, Operating	C 189			
	mechanical, and pl	and all fire safety, electrical, umbing equipment in an adult maintained in a safe and				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION 1		(X3) DATE SURVEY COMPLETED	
		HAL029010	B. WING		08/	08/2019
AME OF I	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST	ATE, ZIP CODE		00/2010
RAYSO	N CREEK OF WELC	OME	D US HWY 52 TON, NC 2729	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES XY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 189	Continued From p	age 3	C 189			
	facilities with the e	l apply to new and existing xception of Paragraph (e) oly to existing facilities.				
	1-Based on observ	net as evidenced by: vation, this facility has not e safety equipment in a safe dition.				
		/2019: hting that is provided at the did not illuminate when tested	:			
		vation, this facility has not safety equipment in a safe dition.				
	Findings on 08/08/ Sprinkler escutche following locations (a) Room 108 (b) Housekeeping	ons are not in place at the :				
		vation, this facility has not ilding in a safe and operating				
	roof/ceiling assem This location is ou	2019: g was cut out of the one-hour bly due to a plumbing repair. tside Room 307 and is above nat currently is not fire				

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION 1		E SURVEY PLETED
		HAL029010	B. WING			
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
GRAYSC	ON CREEK OF WELCO)ME	D US HWY 52 TON, NC 2729	5		
(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 ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 189	Continued From pa	ge 4	C 189			
		ation, this facility has not ding equipment in a safe and				
		acked too close to the ceiling ations that would restrict if activated by fire: IALL				
		ation, this facility has not ding equipment in a safe and				
	was wedged at the	2019: the Kitchen for the corridor door base in the open positior passage of fire and/or	ו			
		ation, this facility has not ding equipment in a safe and				
	preventing the door bed against the wal swing that would al	2019: Room 308 corridor was from being closed because a Il was in the path of the door low the passage of fire and/or d at the time of this survey)				
C 199	Exhaust Ventilation		C 199			
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (g) The spaces list					

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		HAL029010	B. WING		08/	08/2019
AME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
RAYSO	ON CREEK OF WELCO	OME	D US HWY 52 TON, NC 2729	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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) COMPLE DATE
C 199	Continued From pa	age 5	C 199			
	two cubic feet per r requirement does r before April 1, 1984 these specified spa (1) soiled linen sto (2) soil utility room (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the ex- which shall not app This Rule is not m 1-Based on observ maintained the exh good repair.	rage; ; I toilet rooms; closets; and apply to new and existing cception of Paragraph (e) by to existing facilities. et as evidenced by: ration, this facility has not aust ventilation systems in 2019: thaust ventilation is not i in the Employee's				