		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL051-173	B. WING			R 06/ 2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE			
SAVIN G	SAVIN GRACE II 562 OLD DAM ROAD						
OAVIII O	INAUL II	SELMA,	NC 27576				
(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 TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 000 INITIAL COMMENTS		V 000					
	completed on February complaint was subsupple #NC00147729). De	ficiencies were cited. sed for the following service C 27G. 1700 Residential					
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114				
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved be authority. (b) The plan shall be and evacuation pro- posted in the facility (c) Fire and disaste shall be held at leas repeated for each s under conditions the	n for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be of the developed and routes shall be of the developed at simulate fire emergencies. It have basic first aid supplies					
	failed to conduct dis least quarterly. The	view and interview the facility saster drills on every shift at					

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL051-173	B. WING		02/0	₹ 6/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SAVIN G	SAVIN GRACE II 562 OLD DAM ROAD SELMA, NC 27576					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 114	-12/5/18- 3rd shift11/10/18- 1st shift10/8/18- 1st shift9/24/18- 3rd shift9/20/18- 3rd shift9/20/18- 3rd shift8/30/18- 2nd shift7/28/18- 1st shift6/24/18- 2nd shift5/5/18- 1st shift5/6/18- 2nd shift5/5/18- 1st shift4/23/18- 2nd shift4/23/18- 2nd shift4/21/18- 1st shift4/21/18- 2nd shift4/21/18- 2nd shift4/21/18- 2nd shift7/28/18- 2nd shift4/23/18- 2nd shift4/23/18- 2nd shift4/21/18- 2nd shift7/26/18- 2nd shift.	arter of 2018, there were no d shift. ter of 2018, there were no d shift. with the CEO revealed: rills had been done at the light staff in charge had	V 114			
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe	ty and Grounds Maintenance 303 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736			

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STATE FORM 6899 1M4J11 If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL051-173	B. WING			R 06/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
SAVIN GRACE II 562 OLD DAM ROAD SELMA, NC 27576							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 736	Continued From pa	ge 2	V 736				
	failed to ensure factin a clean, safe and findings are: Observation on 2/6, bedroom located in house revealed: -Dresser's top draw-Dresser's middle de-Night table had broom on 2/6, adjacent to the livin-Two night tables w	on and interview, the facility ility grounds were maintained attractive manner. The //19 at about 10:25 a.m. of the middle of the hall of the ver was broken. Irawer					
	-recliner sofa was be placed back to non- Interview on 2/6/19 -She was unaware were brokenShe was unaware properlyAgency will obtain tablesShe would try to fir to it's non-reclining -Treadmill at the fround being kept ther on days that were resulting weather.	with the CEO revealed: drawers from resident's rooms recliner sofa was not working new dressers and night and a way to close the recliner					

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			7. BOILBING		F	{		
		MHL051-173	B. WING			6/2019		
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
SAVIN G	SAVIN GRACE II 562 OLD DAM ROAD SELMA, NC 27576							
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V 736	grounds were main attractive and order	tained in a safe, clean, ly manner. stitutes a re-cited deficiency	V 736	DETICIENCY)				

6899

Division of Health Service Regulation STATE FORM