

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2015
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NAME OF PROVIDER OR SUPPLIER NORTH POINTE OF MAYODAN	STREET ADDRESS, CITY, STATE, ZIP CODE 6970 NC HWY 135 MAYODAN, NC 27027
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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 a Biennial Construction Survey by Frank Strickland and Billy S. Bryant on 11/05/2015:</p> <p>Based on Information gathered from DHSR database, this facility was licensed for 07/19/1997. Facility is curenly licensed for Seventy (70) Beds including a Thirty-one (31) Bed SCU. Based on this information, we are requiring the facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of seven or more beds, and the 1996 Edition of the North Carolina State Building Code (1997 Rev), Section 409.1, Group I Unrestrained Occupancy.</p> <p>Deficiencies have been cited and a Plan of Correction is required.</p>	C 000		
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1-Based on observations, this facility has not maintaining floor surfaces to prevent trip hazards.</p> <p>Findings on 10/05/2015: There is a floor drain located in the Kitchen near the Pantry Storage that does not have a cover</p>	C 166		

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

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C 166	Continued From page 1 that is flush with the surrounding floor surfaces, which is a trip hazard. 2-Based on observations, this facility has not maintained interior door surfaces. This could affect all residents and staff by restricting the operation of doors for egress. Findings on 10/05/2015: There is a hole in the closet door from the door handle from the entry door for Room 27 in the Special Care Unit.	C 166		
C 189	Building Equipment Maintained Safe, Operating 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. This Rule is not met as evidenced by: 1-Based on observations, the facility exit signage was not in place or maintained to provide a safe evacuation in the event of an emergency. This will effect all residents, staff and visitors by not properly directing individuals to the exits. Findings on 11/05/2015: a. There are not any illuminated exit signs with emergency power back-up at the required exits located in the Special Care Unit.	C 189		

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C 189	<p>Continued From page 2</p> <p>b. The directional exit signage does not direct to the exits.</p> <p>3-Based on observation, the facility has not been maintained in a safe and operating condition because the noted interior doors do not latch for the containment of fire and/or smoke in the room of origin. This could affect all residents and staff in the event of a fire.</p> <p>Findings on 11/05/2015: The following entry doors do not latch and out of adjustment: a. Activity Director's Office, b. Resident Laundry Room and c. Kitchen door that enters the Special Care Unit.</p> <p>4-Based on observation, the facility has not maintained all building componenets in an operating condition.</p> <p>Findings on 11/05/2015: a. The Exit door #2 does not latch, out of adjustment and does not close all the way to the door frame.</p> <p>5-Based on observations, the facility fire protection equipment was not maintained in a safe manner. This could effect all residents and staff by not providing full sprinkler coverage upon activation.</p> <p>Findings on 11/05/2015: The following location had dropped sprinkler head escutcheons: a. Conference Room Bathroom.</p>	C 189		
C 199	Exhaust Ventilation	C 199		

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C 199	<p>Continued From page 3</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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:</p> <ul style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <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 facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors.</p> <p>Findings on 11/05/2015: No mechanical exhaust ventilation has been provided in the Janitorial Closet located in the Special Care Unit.</p> <p>2-Based on Observation, the facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors.</p> <p>Findings on 09/30/2015: The central mechanical exhaust fan(s) are not exhausting interior air in the East Wing</p>	C 199		

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C 199	Continued From page 4 Bathrooms for Rooms 7 to 11.	C 199		