

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/15/2016
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NAME OF PROVIDER OR SUPPLIER ATRIA SOUTHPOINT WALK	STREET ADDRESS, CITY, STATE, ZIP CODE 5705 FAYETTEVILLE ROAD DURHAM, NC 27713
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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>This is a Report of a Biennial Construction Survey conducted by Greg Cates on January 15, 2016.</p> <p>Based on information gathered from our files, the Facility was first licensed or submitted for licensure on or about August 14, 2009 for Twenty (20) Beds. Based on the above information, the facility is required to meet the 2005 Minimum and Desired Standards and the 2009 North Carolina State Building Code Section 407, Type 1-2.</p>	C 000		
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (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, the facility has failed to maintain the building free of hazards by not storing oxygen containers securely to prevent them from falling over or rolling around. This could affect all persons in the facility as the oxygen containers could fall over, damaging the cylinder or nozzle.</p> <p>Findings include:</p> <p>a- There is an unsupported bottle of oxygen located in the Living Area of Resident Room 6118. (Note: This deficiency was corrected while the surveyor was on-site)</p>	C 166	<p>Section .0300 - Physical Plant 10A NCAC 13F .0306 Housekeeping and Furnishings 1. a) Oxygen container was secured during visit on January 15, 2016. Spoke with DME vendor on January 15, 2016 to ensure compliance when changing out equipment. Care staff and housekeeping staff will monitor daily for continued compliance.</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: **Executive Director** DATE: **2/12/16**

STATE FORM 889K21 If continuation sheet 1 of 3

Division of Health Service Regulation

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C 166	Continued From page 1 2- Based on observations, the facility has failed to maintain the building free of hazards by not securing hand rails tightly to the wall. This could affect persons who may need the assistance of the hand rails to stead themselves while walking the corridor. Findings include: a- The hand rail outside Resident Room 6120 is not secured to the brackets.	C 166	2 a) On January 18, 2016, two brackets were replaced to secure hand rail outside of apartment 6120. All handrails in community were inspected and no other unsecured handrails were found. Handrail inspections will be completed on monthly basis moving forward.
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 (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin. Findings include: a- The cross corridor smoke door magnets did not release upon detection of smoke.	C 189	Section .0300 - Physical Plant 10A NCAC 13F .0311 Other Requirements 1. FSLA on site February 11, 2016 to repair malfunctioning door magnets in the cross corridor. All fire doors in the community were inspected and no other doors were found to be malfunctioning. Doors will be checked monthly for operational compliance during monthly fire drills.

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C 189	Continued From page 2 2- Based on observations, the facility has failed to maintain the fire resistance of ceilings as safe and operating condition. Findings include: a- In the Maintenance Office, the sprinkler pipe has dropped below the ceiling level and a large gap around the pipe is exposed. b- In the Charting Room and Back Mechanical Rooms, the sprinkler head escutcheons have dropped below the ceiling, revealing a large gap around the sprinkler pipes. 3- Based on observations, the facility has failed to maintain the plumbing safe and operating. This deficiency may affect those persons using the commode by allowing slippery or unstable conditions. Findings include: a- The commode in the Women's Bathroom is loose at the connection to the floor	C 189	2. a & b) FSLA visited community on 2/11/16 to inspect issue with the maintenance office sprinkler head (a) and the charting room and back mechanical room (b). A quote for repair will be submitted to the community on 2/12/16 and repair scheduled to be completed by 2/28/16. 3. a. On January 15, 2016, flange repair kit was added to the commode to repair loose connection at the floor. Housekeeping staff will check commodes daily for any loose connections and report repair work orders to maintenance team immediately.	