Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032001	A. BUILDING: 01 B. WING	09/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENO POINTE ASSISTED LIVING	5600 N ROXBORO ROAD DURHAM, NC 27712

OCT 20 2015

(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	Initial Comments Report of Biennial Construction Survey by Dennis Harrell and Bob Getchell on 9-10-2015. Records indicate this facility was first licensed or submitted as a Home for the Aged on 11-29-1984 for 147 residents. Therefore the facility must meet the 1984 Regulations for Adult Care Homes, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds, and the 1978 North Carolina State Building Code Section 409- Institutional.	C 000	The Administrator shall ensure that the maintanence man check the building b'i-monthly for all areas addressed in the survey and repair them immediately The maintanence man will have a checklist to follow;	
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (e) 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; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the knob was missing on a closet door in room 213. Missing door knobs can make it difficult for the resident to access the closet. 2. Based on observation, the chair and chest of drawers was in need of repair in room 213.	C 164	Knob on closet door was repkced in room 213. All rooms were checked to be sure knobs were on. Chair and chest of drawer was Stained and repaired A new form to include staff members present and a description of what was involved in the fire rehersal has been developed and will be used going Forward	9/15/15 DMC 9/10/15 9/11/15 DMC 9/11/15
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR	C 185		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Denis M Coleman	Administrator	10/7/15

Division of Health Service Regulation

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C 185	Continued From page 1 EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, records of the fire plan rehearsals are not being maintained in compliance with the Rule listed above. Findings include: a. There was no list of the staff members present. b. There was no description of what the rehearsal involved.	C 185	The Administrator shall assure that done quarterly on each shift and a record will be on file.	
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:	C 189	All holes and penetrations were sealed with an approved fire proof Caulk with one-hour fire rating. Holes in the kitchen ceiling for refrigerant lines above the walk-in was repaired also, in the office above the Electronic equipment	

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C 189	Continued From page 2 1. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Holes in the kitchen ceiling above the back door. b. Holes for refrigerant lines in kitchen ceiling above the walk-in refrigerator and freezer. c. Holes in ceiling of the office above electronic equipment. d. Cover plates missing (2) in the wall of the med room. e. Split in ceiling of corridor near room 225. f. Hole in wall in the mechanical room on New Hall. g. In several bathrooms, plumbing access doors in the wall to the corridor had been left open. h. Two flexible ducts penetrate the one-hour chase enclosing the range hood duct with no fire protection provided. i. Junction box cover missing in the ceiling of the outside maintenance room. j. Hole in ceiling of the outside maintenance room. k. Plastic washing machine plumbing access box in the wall to the corridor in the laundry near the Dining Room. l. Gap in the bottom of a smoke barrier wall over room 221. m. An unprotected 3 inch PVC penetration in the ceiling of the mechanical room near room 207. 2. Based on observation, the cross-corridor doors near room 212 are equipped with latching hardware. When the doors were closed by activation of the fire alarm system one door failed	C 189	Cover plates were Placed were placed in the med room. 9/11/15 done 9/11/15 All access doors in the bathrooms were Closed 9/10/15 done 9/11/15 The two flexible ducts at the range hood will be repaired by the HVAC company by Nov. 1, 2015. Junction box covers were replaced in the Outside maintanence room, and all holes repaired. 9/11/15 done 9/11/15 Metal Access box was Put in the laundry room near the dining room 9/14/15 done 9/14/15 Gap in the bottom of smoke barrier wall over Room	

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C 189	Continued From page 3 to latch closed. Cross-corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. 3. Based on observation, there are holes through many corridor doors compromising the door's ability to resist the passage of fire and smoke. Corridor doors that have unsealed penetrations present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. Many of the bedroom doors have holes through them at the latch set. b. Hole through the med room door. 4. Based on observation, the on-duty staff could not find the key to open the fire alarm panel until after they contacted the Administrator by phone. Ignorance of the key location for Fire Alarm System operation could potentially be a hazard in an emergency situation. 5. Based on observation, ducts from exhaust fans had become disconnected in the attic causing the fan to exhaust into the attic. Exhaust fans that do not exhaust directly to the outside can cause an unhealthy build-up of moisture and odors in the attic. Findings include; a. An exhaust duct had fallen and disconnected over the kitchen. b. An exhaust duct had fallen and disconnected over room 222. 6. Based on observation, at least one cover was missing from a electrical junction box over the kitchen. Missing junction box covers are a	C 189	221 was repaired. PVC penetration in the ceiling of the mechanical room near room 207 was repaired 9/14/15 DMC 9/14/15 The latch on the fire doors near room 212 was repaired and now latches closed. 9/14/15 DMC 9/14/15 All holes in corridor and bedroom doors and med room doors were filled 9/14/15 DMC 9/14/15 Exhaust duct reconnected over kitchen and room 222. Cover was placed over junction box over the kitchen make-up Air duct, was reconnected in the attic over the 9/14/15 DMC 9/14/15	

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C 169	Continued From page 4 potential fire hazard. 7. Based on observation, a make-up air duct had become disconnected in the attic over the kitchen causing the make-up fan to pull air from the attic. Kitchen make-up air must come directly from the outside. 8. Based on observation, hoses were long enough to reach the water basin and there were no vacuum breakers provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed. a. There was no vacuum breaker provided on the hair wash wand in the Beauty Salon. b. There was no vacuum breaker provided spray wand in the tub room near room 224. 9. Based on observation a toilet was loosely mounted to the floor. Loose toilets can cause leaking and/or fall hazards. Finding includes: The toilet was not firmly mounted to the floor in the shared bathroom by room 215. 10. Based on observation, the waste trap for the hopper on the South Hall had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility.	C 169	Kitchen. Vaccum breaker were Put on all spray wands in the beauty shop and all of the bath rooms. 9/15/15 ~~8/15/15~~ The toilet in room 215 was tighten and sealed. 9/11/15 ~~8/11/15~~ The waste trap on the hopper on South hall flushed and will be flushed regularly by the maintanence man. 9/11/15 ~~8/11/15~~ All staff has been made aware of the location of the key for the fire alarm system Panel door 9/10/15 ~~8/10/15~~	