

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL076032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 10/23/2015
NAME OF PROVIDER OR SUPPLIER NORTH POINTE ASSISTED LIVING OF ARCHD.		STREET ADDRESS, CITY, STATE, ZIP CODE 303 ALDRIDGE ROAD ARCHDALE, NC 27263		
(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 This report is of a Followup Survey done by Bob Getchell on October 23, 2015. The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	{C 000}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) 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: 7. Based on observation, the building housekeeping and furnishings were not maintained in good condition. Followup Findings on October 23, 2015: a) Along the left wall in the Parlor the baseboard has been removed.	{C 164}		
{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.	{C 189}		

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

TITLE

(X6) DATE

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{C 189}	Continued From page 1 (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 observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin. Followup Findings on October 23, 2015: a) The attic smoke barrier wall over SCU room 1 has the tape coming loose. c) The exterior mechanical room has the following issues: i) 3 Fire collars have been installed to protect ceiling penetrations, however none of the fire collars are fastened to the ceiling. ii) There is a gap at the sprinkler escutcheon, iii) The ceiling is split open, iiiii) There is a gap at the heat detector, These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814. 2. Based on observation, the facility was not maintained in a safe manner by having fire rated doors that did not close completely in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment or room of origin. Followup Findings on October 23, 2015: a) The cross-corridor doors near room 12 on the 300 Hall did not close completely when activated by the fire alarm system.	{C 189}		

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{C 189}	Continued From page 2 b) In the Laundry Clean Linen Room there is a 1-hr fire rated maintenance access door in the wall separating the Laundry from the clean linen room that has been opened and used as a plumbing chase. c) At the kitchen where a 20 minute fire door has been wedged open 6. Based on observation, the building plumbing equipment was not maintained safe and operating. Followup Findings on October 23, 2015: a) The Womens Parlor bathroom has a toilet coming loose from the floor. Secure.	{C 189}		