

PRINTED: 12/02/2015
 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NAL079083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/06/2015
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NAME OF PROVIDER OR SUPPLIER: NORTH POINTE OF MAYODAN
 STREET ADDRESS, CITY, STATE, ZIP CODE: 6870 NC HWY 136 MAYODAN, NC 27027

(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 a Biennial Construction Survey by Frank Strickland and Billy S. Bryant on 11/06/2015: Based on information gathered from DHSR database, this facility was licensed for 07/19/1997. Facility is currently 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 Home 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 408.7 Group I Unrestrained Occupancy. Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 166	Housekeeping-Maintained Free of Hazards 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. This Rule is not met as evidenced by: 1-Based on observations, this facility has not maintaining floor surfaces to prevent trip hazards. Findings on 10/06/2015: There is a floor drain located in the Kitchen near the Pantry Storage that does not have a cover	C 166		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

TITLE

(X6) DATE

DATE FORM

FLVD21

If continuation sheet 1 of 5

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/05/2015
NAME OF PROVIDER OR SUPPLIER NORTH POINTE OF MAYODAN		STREET ADDRESS, CITY, STATE, ZIP CODE 6970 NC HWY 135 MAYODAN, NC 27027		
(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 188	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 188	1. Cover replaced and new lid flush with kitchen floor. 2. Hole repaired in closet door in Room 27 in SCU. Door stop added. Dietary manager will report all problems to administrator - administrator will walk through facility at least weekly.	11-12-15 11-12-15
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 exit signage was not in place or maintained to provide a safe evacuation in the event of an emergency. This will affect 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	We will be meeting with the fire marshal to discuss how to fix the signs and let you know as soon as we hear from him.	12-23-15

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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	
NAME OF PROVIDER OR SUPPLIER NORTH POINTE OF MAYODAN		STREET ADDRESS, CITY, STATE, ZIP CODE 6970 NC HWY 135 MAYODAN, NC 27027		
(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 199	Continued From page 4 Bathrooms for Rooms 7 to 11.	C 199		

Division of Health Service Regulation
STATE FORM

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