

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/18/2017
NAME OF PROVIDER OR SUPPLIER SEASONS AT SOUTH POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 1002 EAST HIGHWAY 54 DURHAM, NC 27713		
(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 Construction Section Biennial Survey Report by Frank Strickland on 01/18/2017: This facility was first licensed 10/25/1996 for Fifty-One (51) Beds. 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, Section 409.1-Group I Unrestrained Occupancy. Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by:	C 101		

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

TITLE

(X6) DATE

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C 101	Continued From page 1 1-Based on observations, this facility has not maintained the measures for the Special Locking (magnetic locks) on the exit doors as allowed by Section 1012.6 of the 1996 NC State Building Code. Section 1012.6.1. 4. F. requires, "If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys." Findings on 01/18/2017: The required emergency release switch located at each magnetically locked exit door was of the locking type with keyed switching. However, the keyed switch is broken and failed to release the magnetic lock that is located at the exterior exit door.	C 101		
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 observation, this facility has failed to maintained in a safe and operating condition the emergency lighting. This would affect all residents, staff and visitors if the egress pathways were not illuminated during a power outage. Findings on 01/18/2017:	C 189		

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C 189	Continued From page 2 The emergency wall light that are located at the following locations did not illuminate when tested in the emergency mode: (a) 300 Hall Day Room (b) 300/400 Front Hall (c) 400 Hall/Near Attic Access (d) 400 Hall/Central Bath 2--Based on observation, this facility has failed to maintained in a safe and operating condition the emergency signage. This would affect all residents, staff and visitors if the egress pathways were not illuminated during a power outage. Findings on 01/18/2017: The exit sign was not illuminated that is located adjacent to Room 205. 3--Based on observation, this facility has failed to maintained in a safe and operating condition the plumbing fixtures. Findings on 01/18/2017: The sinks located in the following rooms are not properly secured to the walls: (a) Room 101 (b) Room 106 4--Based on observation, this facility has failed to maintained in a safe and operating condition the interior door hardware. Findings on 01/18/2017: The door hardware has been changed-out leaving holes in the door at the following locations: (a) Room 308 (b) Room 403	C 189		

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C 199	Continued From page 3	C 199		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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, this 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. Findings on 01/18/2017: The mechanical exhaust fans are not exhausting interior air in the following locations: (a) Soiled Linen/200 Hall (b) Soiled Linen Closet/400 Hall	C 199		