

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2017
NAME OF PROVIDER OR SUPPLIER ENO POINTE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5600 N ROXBORO ROAD DURHAM, NC 27712		
(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 and Billy Bryant on 08/10/2017: This facility was first licensed on 11/29/1984 for 147 residents. Therefore, this 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. Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 136	Bathrooms-Must Be Mechanically Ventilated SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (11) Toilets and baths shall be well lighted and mechanically ventilated at two cubic feet per minute. The mechanical ventilation requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation; 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 08/10/2017: The mechanical exhaust fans are not exhausting interior air in the following locations: (a) Bathroom accross the Hall from Room 200 (b) Housekeeping Closet	C 136		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2017
NAME OF PROVIDER OR SUPPLIER ENO POINTE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5600 N ROXBORO ROAD DURHAM, NC 27712		
(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 136	Continued From page 1 (c) Main Laundry Room (d) Bathroom in Med Hall (e) Bathroom accross the Hall from Activities Room	C 136		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility has not provided towel bars in each bedroom or shared bathroom. Findings on 08/12/2015: The following rooms do not have towel bars: (a) Room 217 (b) Room 219 (c) Room 221 (c) Check each room for towel bar compliance.	C 175		
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		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2017
NAME OF PROVIDER OR SUPPLIER ENO POINTE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5600 N ROXBORO ROAD DURHAM, NC 27712		
(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 189	Continued From page 2 (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 not maintained in a safe and operating condition because the noted interior doors do not latch preventing the containment of fire and/or smoke from the room of origin. Findings on 08/10/2017: The following locations have doors that do not latch due to damaged latching hardware: (a) Room 202 (b) Room 226 (c) Cross corridor doors adjacent to Room 211 2-Based on observation, this facility has failed to provide fire protection for all copper plumbing ceiling penetrations through the fire rated roof/ceiling assemblies. Findings on 08/10/2017: There are copper pipes that are penetrating the ceiling in the South Hall Mechanical Room that have incomplete fire-protection where the wiring goes up into the attic. 3-Based on observation, this facility has failed to maintain the door locking hardware for the walk-in Kitchen freezers. Findings on 08/10/2017: The locking hardware safety features for the walk-in Kitchen freezers are non-operational, preventing exit in the event of being locked in the freezer.	C 189		