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
	HAL079053	A. BUILDING: 01 B. WING _____	09/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE OF MAYODAN	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 000	Initial Comments Construction Section Biennial Survey report by Frank Strickland and Ed Miller on 09/21/2017: This facility was licensed on 07/19/1997. Facility is curently licensed for Seventy (70) Beds including a Thirty-one (31) Bed SCU. Based on this information, we are requiring that this facility 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 (1997 Rev), Section 409.1, Group I Unrestrained Occupancy. Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to have current safety inspection reports. Findings on 09/21/2017: There is not a current Fire Marshal's safety inspection report on site for review.	C 111 1	Fire Marshal will be out week of 10/30/17 to do inspection will send in when inspection is done	11/3/17
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mitchell Moran	Maintenance Director	10/27/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079053	A. BUILDING: 01 B. WING _____	09/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE OF MAYODAN	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 164	Continued From page 1 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: 1-Based on observation, this facility has not maintained the interior walls and finishes in good repair. Findings on 09/21/2017: The sheetrock wall construction is incomplete due to a plumbing repair located behind the washing machine in the Memory Care Wing Laundry Room. 2-Based on observation, this facility has not maintained the exterior ceiling and finishes in good repair. Findings on 09/21/2017: The ceiling has mold build-up due to moisture accumulation that is located at Exit 11 in the Memory Care Wing. 3-Based on observation, this facility has not maintained the covers for all electrical switches in good repair. Findings on 09/21/2017: The electrical wall switch plate is broken in the Main Kitchen adjacent to the entrance door leading into the Memory Care Wing.	C 164 1 2 3	Sheetrock was repaired behind washing machine ceiling has been cleaned and water leak has been repaired Switch plate was replaced	10/25/17 10/25/17 9/21/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079053	A. BUILDING: 01 B. WING _____	09/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE OF MAYODAN	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 164	Continued From page 2 4-Based on observation, the facility has not maintained the HVAC supply and return air grilles in a clean condition. Findings on 09/21/2017: The exhaust & return-air grilles througout the entire facility have excessive particulate build-up.	C 164 4	all exhaust & return-air grilles will been cleaned and put on schedule to be cleaned monthly	10/27/17
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 failed to store gas cylinders in a orderly manner to be free of hazards. Findings on 09/21/2017: There are oxygen gas cyclinder located in the Assisted Living Storage Room that are free-standing and not in a storage racks.	C 166 1	Oxygen was put in storage rack and staff has been made aware of the importance of putting in the racks	9/21/17
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.	C 188		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079053	A. BUILDING: 01 B. WING _____	09/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE OF MAYODAN	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 3 This Rule is not met as evidenced by: 1-Based on observation, the facility has not maintained electrical ground-fault protection in wet areas. Findings on 09/21/2017: There is not GFCI protection for the receptacle that is within 6 feet from the hand wash sink in the Salon.	C 188 1	GFCI receptacle was add	9/28/17
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 observations, this facility has failed to maintain all fire safety equpment in a safe condition as relates to the sprinkler system components Findings on 09/21/2017: The accelerator has been shut-off due to repair/service. 2-Based on observations, this facility has failed to maintain clear and unobstructed paths for egress. Findings on 09/21/2017: There are buckets and mops blocking exit door	C 189 1 2	Sprinkler company is going to repair system buckets and mops was removed	11/23/17 9/21/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079053	A. BUILDING: 01 B. WING _____	09/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE OF MAYODAN	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 189	Continued From page 4 #8 from the outside that are preventing the door from opening. 3-Based on observations, this facility has failed to maintain all fire safety equpment in a safe condition as relates to the FACP &Magnetic Locking System. Findings on 09/21/2017: When the Fire Alarm Test was conducted, the control functions released the locks on the exit doors as expected. When the Fire Alarm was put on the silence mode, the Magnetic Locking System re-energerized in the Assisted Living Wing resulting in locked exits while the system was still in alarm. Note: The control functions remained on in the Memory Care Wing. 4-Based on observation, this facility has failed to provide fire protection in all ceiling penetrations through the fire rated roof/ceiling assemblies. Findings on 09/21/2017: There are ceiling punctures in the sheet-rock due to new light fixture installations that impede the fire resistence located in the Main Kitchen. 5-Based on observation, this facility has not maintained the fire protection equipment in a safe and operating manner. Finding on 09/21/2017: The following locations have missing escutcheons and dropped sprinkler heads: (a) Exit #2-Assisted Living Wing (b) Clean Linen Closet adjacent to Room 23 6-Based on observation, the facility has not maintained in a safe and operating condition	C 189 3 4 5-A&B	Alarm company has rewired system to where when the system is in silence mode the doors will not re-energerized ceiling holes was repaired Escutcheons is ordered and will be installed when sprinkler company comes out to work on sprinkler system	10/26/17 10/25/17 11/23/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079053	A. BUILDING 01 B. WING	09/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE OF MAYODAN	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 189	Continued From page 5 because the noted interior doors do not latch preventing the containment of fire and/or smoke from the room of origin. Findings on 09/21/2017: The doors at the following locations do not latch: (a) Room 28 (b) Room 30 (c) Room 42 (d) Room 43	C 189 6-A-D	All doors was adjusted so they will latch	10/25/17
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 unwanted odors. Findings on 09/21/2017:	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079053	A. BUILDING: 01 B. WING _____	09/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE OF MAYODAN	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 6 The roof-top mechanical exhaust fans are not exhausting interior air at the following locations: (a) All of the Bathrooms in the Assisted Living Wing (b) All of the Bathrooms in the Memory Care Unit (c) Soiled Utility Closet in Memory Care Unit (d) Janitorial Closet in Memory Care Unit	C 199 1-A-D	motor had to be ordered for roof-top mechanical exhaust fan. repair will be done as soon as it comes in	11-23-17