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
	HAL076032	A. BUILDING: 01 B. WING _____	07/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE ASSISTED LIVING OF ARCHD.	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 Report of Construction Section Biennial Survey by Dennis Harrell on 7-20-2017. Based on information obtained from the DHSR database, this facility was first licensed on 3-11-1997, for 56 beds. Therefore, this facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes (Homes for the Aged and Family Care Homes,) applicable portions of the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds and the 1996 NC State Building Code, Group I-2, Unrestrained Occupancy.	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: Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several portable medical oxygen cylinders were stored in an unapproved beverage crate in the oxygen storage room.	C 166 A	Crate was replaced with approved racks	7/27/17

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Mitchell Moran | Maintenance Director | 10/13/17

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C 189	Continued From page 1	C 189		
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 the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Unsealed penetrations in the ceiling of the riser room, b. Unrated foam used to seal a hole in the ceiling of the riser room, c. Unsealed penetration in the ceiling of the kitchen at rhe hood fire suppression system, d. Unsealed penetrations (2) in the ceiling of the Resident Care Coordinator office, e. Unsealed penetration in the ceiling of the mechanical room behind the kitchen, f. Unsealed penetration behind each speaker in the corridor, g. Unsealed penetration in the ceiling of the mechanical room off the utility room in Special Care. h. The sprinkler escutcheon in the Administrator's office did not fit tightly to the	C 189 A-G H	unrated foam was removed and All penetration was filled with fire barrier sealant escutcheon was pushed back in to place so that it fits tightly to ceiling	7/25/17 to 8/4/17 8/31/17

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C 189	Continued From page 2 ceiling to maintain the fire resistance rating. 2. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. The smoke barrier door near the Beauty Parlor did not latch when closed. b. The double doors to the resident laundry closet off the corridor in Special Care are damaged and do not latch when closed. c. The door to the employee lounge was hard to close and latch. d. The 20 minute fire rated door between the kitchen and dining room was propped open. e. The door to bedroom 5 would not latch when closed. f. The door to bedroom 3 was propped open. g. The door to bedroom 5 was propped open. h. The door to bedroom 7 was propped open. i. The door to bedroom 10 was propped open. j. The door to Suite F was propped open. k. The door to Suite G was hard to close. l. The door to bedroom 1 does not fit the opening properly to be resistant to the passage of smoke. m. The door to bedroom 4 does not fit the opening properly to be resistant to the passage of smoke. n. The door to bedroom 9 does not fit the opening properly to be resistant to the passage of smoke. o. The door to bedroom 14 does not fit the opening properly to be resistant to the passage of smoke.	C 189 A B C D E F-J K I-O	Adjusted so it will latch ordered latch hardware Adjusted so it will latch removed door props Adjusted so it will latch removed door props Adjusted to close easier Add wood shims to doors	7/31/17 11/10/17 8/2/17 7/20/17 8/2/17 7/20/17 11/10/17 8/2/17

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C 193	Continued From page 3	C 193		
C 193	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (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: Based on observation, there was no staff supervision available in the Activity room but the range was turned on. An unsupervised range could cause injury to residents.	C 193 A	when range is in use that staff will be in to supervision at all time	7/24/17