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 _____	**06/26/2019**

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 a Construction Section Biennial Survey by Ed Miller, conducted on June 26, 2019. Based on record review, 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. Deficiencies were cited that require a Plan of Correction.	C 000		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on June 26, 2019: a. AL Dining Exterior Exit - there is an unattended cart, blocking the exit door. Deficiency corrected before Construction Surveyors departed site. b. MCU Courtyard Exit - this exit is blocked with a chair positioned behind the door. Deficiency corrected before Construction Surveyors departed site.	C 150		

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 _____	**06/26/2019**

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 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide exit doors that are accessible by residents equipped with sounding devices that activated when the door opens. Findings on June 26, 2019: a. MCU Courtyard Exit - this "Special Locking System" exit has an unalarmed protective cover over the emergency release switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device.	C 154		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor	C 164		

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 _____	**06/26/2019**

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 164	Continued From page 2 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, the facility failed to keep plumbing system devices clean and in good repair. Findings on June 26, 2019: a. Bedroom 19 - the commode seat is broken.	C 164		
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 Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on June 26, 2019: a. AL Parlor Storage Room - many portable medical oxygen cylinders are standing up on the floor in four unapproved plastic beverage crates not physically secured in racks, stands or chained to the structure. b. Bedroom 19 - a portable medical oxygen	C 166		

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 _____	**06/26/2019**

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 166	Continued From page 3 cylinders is standing up on the floor not physically secured in a rack, stand or chained to the structure. Deficiency corrected before Construction Surveyors departed site.	C 166		
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. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on June 26, 2019: a. AL Dining Patio - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester. b. Beauty Shop - a electrical power receptacle that is within six feet of the sink, does not provide ground fault protection. c. AL Back Hall Med Room - the ground-fault circuit-interrupter (GFCI) electrical power receptacle makes a buzzing sound when the test button is pushed and does not trip. d. MCU Front Side Porch - the ground-fault circuit-interrupter (GFCI) electrical power receptacle does not reset after the test button is pushed.	C 188		

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 _____	**06/26/2019**

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 189	Continued From page 4	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 building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on June 26, 2019: a. Corridor near Bedroom 4 - the self-contained emergency light does not illuminate on backup power when the test button is pushed. b. AL Dining Exterior Exit - the exit sign has both chevron directional indicator punch-outs removed, indicating that you should turn left and right to exit, but the way out is straight. The exit sign is also hanging by its wires. c. Corridor near Bedroom 12 - the self-contained emergency light does not illuminate on backup power when the test button is pushed. 2. Based on observations, the Building was not maintained in a safe and operating condition, because some fire sprinkler components are missing or in despair. This could affect all residents, staff, and visitors if the fire sprinkler system does not function or is delayed in	C 189		

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 _____	**06/26/2019**

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 189	Continued From page 5 responding as design. Findings on June 26, 2019: a. FDC inlet connection - the building is not equipped with an FDC sign on the fire department connection. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on June 26, 2019: a. Smoke Barrier on Back Hall - the back leaf, of the double-egress cross-corridor doors, did not latch into the frame when the fire alarm system released the doors. b. Smoke Barrier on Back Hall - the mounting screw securing the top latch on the front leaf, of the double-egress cross-corridor doors, pulled out and the leaf will not latch into the frame when the fire alarm system released the doors. 4. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on June 26, 2019: a. Business Office -a cable is not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. AL Laundry -two large holes, in the exterior wall, are not firestopped as they penetrate the fire-resistance-rated wall assembly. c. AL Laundry - the gap around a flexible conduit is not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. MCU Utility Room - a three-inch PVC pipe flue is not properly firestopped with a fire collar, or	C 189		

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 _____	**06/26/2019**

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 189	Continued From page 6 other approved method, as it penetrates the one-hour fire fire-resistance-rated ceiling assembly. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on June 26, 2019: a. Bedroom 2 - a multiple plug adaptor, without integral overcurrent protection, is attached to an electrical power receptacle. 6. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on June 26, 2019: a. Kitchen - the door to the Dining from dishwasher area has a wedge holding the door open. Deficiency corrected before Construction Surveyors departed site. 7. Based on observations, the Building is not being maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler discharge pattern cannot reach all areas of a room. Findings on June 26, 2019: a. AL Clean Linen - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector.	C 189		
C 199	Exhaust Ventilation	C 199		

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 _____	**06/26/2019**

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 199	Continued From page 7 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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on June 26, 2019: a. AL Back Hall Med Room Bathroom - the required exhaust ventilation system does not work.	C 199		