NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

July 3, 2019
Rachel Reynolds (via e-mail only)
Po Box 814
Randleman, NC 27317

RE: North Pointe Assisted Living Of Archdale - HA Biennial Survey
303 Aldridge Road
Archdale Randolph County
FID #970278 Hal076032

Dear Ms. Reynolds:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on June 26, 2019. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

    1. Corrective action must begin immediately.
    2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by July 18, 2019. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by July 18, 2019. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by July 18, 2019. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: http://www.ncdhhs.gov/dhsr/acls/idr.html.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Ed Miller

Ed Miller
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment-(via e-mail only)
Randolph County DSS - with attachment-(via e-mail only)

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 _____	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 A-B	Moved day of survey and staff was explained the importance of not blocking exit doors	6/26/19

Division of Health Service Regulation

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

Mitchell Moran | Director of Mintenance | 7/18/19

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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 A	order a protective cover to install over emergency release switch will install when cover comes in	8/28/19
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		

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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 A	Replaced commode seat	6/27/19
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 A	All plastic beverage crates was replaced with approved metal racks	7/16/19

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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 B	Moved day of survey and staff was explained the importance of not leaving oxygen cylinders in rooms and not in approved racks	6/26/19
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 A B C D	will replace GFCI receptacle will replace receptacle with GFCI receptacle will replace GFCI receptacle will replace GFCI receptacle	8/2/19 8/2/19 8/2/19 8/2/19

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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 A B C	will replace emergency light Was in the kitchen and exit light was replaced Emergency light was replaced	8/2/19 7/10/19 7/10/19

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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.	C 189 A	FDC sign was ordered and will be installed as soon as it comes in	8/28/19
	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.	A	door was adjusted so door would latch	7/10/19
	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.	B	top latch has been reattached so that latch is secured to door	7/10/19
	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.	A	Fire caulk was put around cable	8/2/19
	b. AL Laundry -two large holes, in the exterior wall, are not firestopped as they penetrate the fire-resistance-rated wall assembly.	B	Holes was repaired with sheetrock and sheetrock mud	8/2/19
	c. AL Laundry - the gap around a flexible conduit is not firestopped as it penetrates the fire-resistance-rated ceiling assembly.	C	Fire caulk was put around flexible conduit	8/2/19
	d. MCU Utility Room - a three-inch PVC pipe flue is not properly firestopped with a fire collar, or	D	have ordered fire collar will install when it comes in	8/28/19

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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		
		A	Multiple plug was removed and director/maintenance will do checks to make sure adaptors are not used	7/10/19
		A	Moved day of survey and staff was explained the importance of not using wedge to hold doors open	6/26/19
		A	Clean linens was removed to give the 18-inch clearance and staff was explained the importance of the clearance need	7/10/19
C 199	Exhaust Ventilation	C 199		

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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 A	Replaced fan	7/10/19