STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032001	A. BUILDING: **01** B. WING _____	**09/25/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENO POINTE ASSISTED LIVING	**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 Report of a Construction Section Biennial Survey by Suzanna Fay and Ed Miller conducted on September 25, 2019. This facility was first licensed on November 28, 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 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Findings on September 25, 2019: a. SCU Courtyard - the gate drags on the brick post making it difficult to open. b. SCU Courtyard - the planter box is in a state of disrepair. The bottom is bowed and sagging and does not appear safe for use. c. There is a section of broken concrete (a hole) outside of the North Hall that is creating a trip	C 160		

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C 160	Continued From page 1 hazard.	C 160		
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 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. Observations revealed that the furnishings were not kept in good repair. Findings on September 25, 2019: a. The end cap was missing at the push bar on the fire doors at Room 311. b. The corridor handrail at room 228 was loose. This was corrected at the time of survey. 2. Observations revealed that the ceilings were not kept clean. Findings on September 25, 2019: a. Kitchen Toilet - the exhaust fan had a heavy accumulation of dust.	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:	C 166		

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C 166	Continued From page 2 (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 facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on September 25, 2019: a. CNA Supply Closet - there were two loose oxygen bottles stored on the floor. There was one oxygen bottle in a plastic rack that was not secure.	C 166		
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 there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations	C 189		

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C 189	Continued From page 3 through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin. Findings on September 25, 2019: a. Room 105 Bath - the exhaust fan grille does not completely cover the opening leaving a gap in the ceiling. b. Attic - draft stop above Room 116 - there is an unsealed cable penetration. c. Attic above Administrator's Office - there are two unsealed cable penetrations in the fire wall. d. Spa across from the Activity Room - the exhaust fan grille does not completely cover the opening leaving a gap in the ceiling. e. The vent outside of Room 206 has dropped leaving a gap at the ceiling. f. Mechanical at exit near 207 - there is a gap between the collar and the conduit by the door leaving an exposed opening in the ceiling. g. Beauty Salon - the exhaust fan grille does not completely cover the opening leaving a gap in the ceiling. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on September 25, 2019: a. Conference Room - the door did not automatically close and latch when released upon activation of the fire alarm. b. One leaf of the cross corridor doors by Room 109 did not automatically latch when released upon activation of the fire alarm. 3. Based on observation the facility's fire safety	C 189		

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C 189	Continued From page 4 equipment is not maintained in operating condition. Improperly labeled equipment may deter evacuation in the case of a fire or other emergency placing residents, staff and visitors at risk. Findings on September 25, 2019: a. Dining - there are two master manual override switches in the dining. The bottom switch was not properly labeled and staff were not informed on what the switch operated. During testing, it was determined that the top switch released all of the magnetic locking doors except those with wander guards. The bottom switch released the doors with wander guards. 4. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on September 25, 2019: a. The exit sign by Room 228 did not illuminate on battery test. 5. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping with a minimum 2" air gap could effect all occupants of the facility if the domestic water supply became contaminated. Findings on September 25, 2019: a. Kitchen - the icemaker drain line is resting directly on top of the floor grate. 6. Based on observation the facility's fire safety equipment is not maintained in operating	C 189		

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C 189	Continued From page 5 condition. Alarms that do not function may allow for elopement without notification to staff. Findings on September 25, 2019: a. SCU Courtyard - the alarm did not sound on the override switch box when the box was opened. 7. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Findings on September 25, 2019: a. Kitchen Bath - the toilet fixture was not secure to the floor.	C 189		