STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032131	A. BUILDING: **01** B. WING _____	**10/08/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA SOUTHPOINT WALK	**5705 FAYETTEVILLE ROAD DURHAM, NC 27713**

(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 10-8-2019. Records indicate this facility was first licensed on 8-14-2009. The facility is currently licensed for 20 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure and applicable portions of the 2009 Edition of the North Carolina Building Code(s), Institutional Occupancy.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: Based on observation, all facility exits are not in accordance with the NC State Building Code. The Building Code does not permit any required exit	C 101		

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C 101	Continued From page 1 to be through a kitchen. Finding on 10-8-2019; The dining room has several exits that are marked with exit signs. One of those exit signs identify an exit through the kitchen.	C 101		
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: Based on observation, the building plumbing systems are not kept clean and in good repair. Finding on 10-8-2019: The hopper was extremely dirty.	C 164		
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.	C 189		

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C 189	Continued From page 2 This Rule is not met as evidenced by: 1. 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 on 10-8-2019; a. The door to room 6106 will not latch when closed. b. The door to room 6115 will not latch when closed. c. The door to room 6116 will not latch when closed. d. The door to room 6120 will not latch when closed. e. There was a mechanical kick-down on the door to the beauty parlor. f. There was a mechanical kick-down on the door to the employee breakroom. Note; This deficiency was corrected during the survey g. There were mechanical kick-downs on several corridor doors that are not in the licensed facility but are in a required exit path from the facility. Those doors include but may not be limited to; i. Pub, ii. Community Business office, iii. Community Sales Director, iv. Executive Director's office. 2. 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 on 10-8-2019:	C 189		

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C 189	Continued From page 3 a. There are 4 water heater flues of 3 inch PVC pipe that extend up through the one-hour fire protected ceiling of the mechanical room. None of the flues were protected with a listed fire collar as required, b. Unsealed penetration in the ceiling of the mechanical room near room 6121, c. Unsealed sleeve through the ceiling of the FACP room, d. Unsealed penetrations (2) in the ceiling of the FACP room, e. Hole, 10 inch by 12 inch in the ceiling of the FACP room. 3. Based on observation the required one-hour fire rated ceilings were compromised in several locations by improperly fitting or missing sprinkler escutcheons. Improperly fitted sprinkler escutcheons present the possibility that a fire that begins in one space can quickly spread to the attic and could delay activation of the sprinkler system. Improperly fitted sprinkler escutcheons on 10-8-2019: a. Resident Laundry, b. FACP room, c. Small closet in room 6132. 4. Based on observation, the combination exit sign/battery powered emergency light in the corridor near room 6100 did not work on normal or battery power. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.	C 189		