

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2019
NAME OF PROVIDER OR SUPPLIER NORTH POINTE OF MAYODAN		STREET ADDRESS, CITY, STATE, ZIP CODE 6970 NC HWY 135 MAYODAN, NC 27027		
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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Frank Strickland, conducted on November 7, 2019. Records indicate that this facility was licensed on 07/19/1997. Facility is currently licensed for Seventy (70) Beds including a Thirty-one (31) Bed SCU. Based on this information, we are requiring that this facility meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of seven or more beds, and the 1996 Edition of the North Carolina State Building Code (1997 Rev), Section 409.1, Group I Unrestrained. Deficiencies were cited that require a Plan of Correction.	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;	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all the required procedures to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). Findings on November 7, 2019: a. SCU Family Room - the central on/off emergency release switch for the special locking system is in the Family Room which is locked. No SCU personnel had a key to this room and it took over 15 minutes to find a key. The NC State Building Code requires the central on/off emergency release switch to be accessible to all staff responsible for evacuation. The central on/off emergency release switch should be located to a readily accessible location.	C 101		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule.	C 111		

Division of Health Service Regulation

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C 111	Continued From page 2 Findings on November 7, 2019: a. The current Annual Fire Sprinkler System Inspection, Testing, and Maintenance Report in accordance with NFPA 25, is not available for review by the Surveyor.	C 111		
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 November 7, 2019: a. Exterior Exit 12 - the door mat is blocking the opening of the door. Deficiency corrected before Construction Surveyors departed site.	C 150		
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.	C 164		

Division of Health Service Regulation

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C 164	Continued From page 3 This Rule is not met as evidenced by: 1. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on November 7, 2019: a. Bedroom 14 - the exhaust ventilation system grille is rusting. b. Kitchen - the commercial kitchen hood's baffle filters are dirty and grease laden. d. SCU Laundry - the dryer duct is leaking and is exhausting hot and humid air into this room. e. Exterior Compressor CU-2 - the compressor is not function properly and is making a loud noise.	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 compress gas cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on November 7, 2019: a. Storage near Bedroom 25 - two portable oxygen cylinders are standing up on the floor not physically secured in racks, stands or chained to the structure.	C 166		

Division of Health Service Regulation

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C 166	Continued From page 4 2. 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 November 7, 2019: a. Storage near Bedroom 25 - mattresses are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. b. SCU Laundry Linen Room - linens are stored within the minimum 18-inch clearance area below the fire sprinkler deflector.	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: 0. Based on observation, all of the mechanical systems were not maintained in a safe condition. This could expose building occupants to carbon monoxide and other products of combustion if gas fired equipment is not properly vented. Findings on November 7, 2019 a. Exterior Mechanical Room near Employee Lounge - the flue pipe in not secured to the water heater and is exhausting products of combustion	C 189		

Division of Health Service Regulation

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C 189	Continued From page 5 into the room. 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 November 7, 2019: a. A Hall Stairway Entrance - the exit sign does not illuminate on backup power when tested. b. SCU Dining - the wall-mounted self-contained emergency light does not have backup power or a test button for testing for backup power. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on November 7, 2019: a. Kitchen -since June 2019, when the last semi-annual maintenance was performed on the commercial kitchen hood's fire suppression system, there has been no documentation of the monthly in-house/owner inspections. 3. 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 November 7, 2019: a. Mechanical Room near Exit 3 - the fire collar on the PVC flue is not secured to the one-hour fire-resistance-rated ceiling assembly. b. Exterior Mech Room near Employee Lounge - the fire collar on the PVC flue and flue is not	C 189		

Division of Health Service Regulation

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C 189	Continued From page 6 secured to the one-hour fire-resistance-rated ceiling assembly. c. SCU Exterior Mechanical Room - there is a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. SCU Exterior Mechanical Room - there is a gap around a pipe not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 4. Based on Observation, the Building was not maintained in a safe manner by having fire rated doors not close completely in order to contain smoke and fire. This could affect all residents, staff and visitors by not containing smoke and fire in Room or fire compartment of origin. Findings on November 7, 2019: a. AL Resident Laundry - the corridor door will not latch as the latch bolt only extends out about half the normal distance. b. SCU Laundry - the door (45 min rated, self-closing) did not latch into its frame, on its own power. c. SCU Laundry Suite Entrance- the corridor door (45 min rated, self-closing) did not latch into its frame, on its own power 5. Based on observation, the facility was not maintained in a safe manner by having fire rated doors closed to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the room of origin. Findings on November 7, 2019: a. SCU Laundry Room - the required self-closing door has s laundry cart and a laundry basket holding the door open. Fire rated doors must stay closed or be held open with a hold open device that releases on fire alarm activation and have no interference with closing and latching.	C 189		

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C 189	Continued From page 7 6. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on November 7, 2019: a. Employee Lounge - the corridor door does not latch into its frame when closed. b. Gift Shop - the corridor door's latch bolt is retracted, not allowing the door to latch. c. Beauty Shop - the corridor door hits its threshold requiring more effort and/or force to close the door. d. Bedroom 32 - the corridor door hits floor requiring more effort and/or force to close the door. e. Bedroom 33 - the corridor door hits floor requiring more effort and/or force to close the door. 7. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on November 7, 2019: a. Employee Lounge - Both ground-fault circuit-interrupter (GFCI) electrical power receptacles do not have electrical power, therefore they cannot be tested for ground faults.	C 189		
C 199	Exhaust Ventilation 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;	C 199		

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C 199	Continued From page 8 (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 rooms required to be mechanically exhausted. Findings on November 7, 2019: a. Exhaust System on Right Half of the Building - the required exhaust ventilation system is not removing any air.	C 199		