NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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

October 21. 2019
Charlene Wiwel (via e-mail only)
5705 Fayetteville Road
Durham, NC 27713

RE: Atria Southpoint Walk - HA Biennial Survey
5705 Fayetteville Road
Durham Durham County
FID #070323 Hal032131

Dear Ms. Wiwel:

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 October 8, 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 November 5, 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 November 5, 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 November 5, 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: https://info.ncdhhs.gov/dhsr/.

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

Sincerely,

Dennis Harrell

Dennis Harrell
Biennial/ Engineering Technician
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment-(via e-mail only)
Durham 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
	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	Preparation, execution, and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Atria Southpoint Walk, nor agreement by Atria Southpoint Walk as to the truth of the facts alleged or conclusions drawn in the Summary Statement of Deficiency or any specific statement of non-compliance. Atria Southpoint Walk prepares and submits this Plan of Correction in order to comply with state laws and regulatory provisions.	
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	Maintenance Director will remove the exit sign that indicates an exit through the kitchen.	11/19/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Charlene Friedl — TITLE: Executive Director — (X6) DATE: 11-5-19

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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	The Hopper will be kept clean by the Housekeeping staff and checked daily by the Maintenance Director.	11/19/19
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	6106, 6115, 6116, and 6120 will be adjusted by the Maintenance Director so they latch properly. A check of all doors properly latching will be added to the preventative maintenance schedule. All mechanical kickdowns will be removed by the maintenance director.	11/19/19

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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	Fire Collars have been ordered and will be installed by the maintenance director on each of the 4 3" water heater flues. All penetrations will be sealed by the maintenance director with fire caulking. 10" x 12" hole in mechanical room will be repaired by the maintenance director. All sprinkler escutcheons will be properly installed by maintenance director. A monthly check will be added to the preventative maintenance schedule. A new exit sign with emergency lights will be installed by the maintenance director. Emergency light and exit sign preventative maintenance will be followed more carefully.	11/19/19