NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

November 19, 2019
Kathy Petty (via e-mail only)
6970 Nc Hwy 135
Mayodan, NC 27027

RE: North Pointe Of Mayodan - HA Biennial Survey
6970 Nc Hwy 135
Mayodan Rockingham County
FID #970679 Hal079053

Dear Ms. Petty:

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 November 7, 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 December 4, 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 December 4, 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 December 4, 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,

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)
Rockingham 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
	HAL079053	A. BUILDING: 01 B. WING _____	11/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE OF MAYODAN	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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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 A	Central on/off emergency release switch for the special locking system has been moved to the hallway and is accessible to all staff.	11/27/19
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		

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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 A	Fire Sprinkler system's annual inspection was completed on 11/27/19. (see attachment)	11/27/19
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 A	Door mat at Exit 12 was corrected day of survey.	11/7/19
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 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		

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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		
		A	Bedroom 14 exhaust ventilation system grill has been taken down, painted and reinstalled.	11/27/19
		B	Kitchen hood baffle filters were cleaned.	11/27/19
			Dryer duct was replaced.	
		D	Maintenance tech will check monthly to ensure dryer duct is not leaking.	11/27/19
		E	Heat & A/C contractor scheduled for 12/4/19 to inspect compressor & advise if repair or replacement is needed.	1/9/20
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		
		A	Oxygen cylinders were put in secured racks. Staff have been trained on the proper technique of storing oxygen cylinders in approved racks.	11/7/19

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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 A&B	Mattresses and linens have been moved to the required 18-inch clearance area below the fire sprinkler deflector.	11/7/19
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. 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 A	Plumber came out day of survey. Repaired the flue pipe to the water heater.	11/7/19

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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 A B A A&B	Exit light will now illuminate on battery backup power when tested. Installed new emergency light. will now illuminate on battery backup power. Maintenance tech has been trained on how to inspect the kitchen hood fire suppression system and how to document monthly inspections. Fire collars around the PVC flue has been secured to one-hour fire-resistance-rated ceiling.	11/27/19 11/27/19 11/26/19 12/4/19

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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 C&D A B&C A	Mechanical room holes in the fire-resistance-rated ceiling assembly was firestopped with fire barrier sealant. Resident laundry room latch bolt was replaced and now door latches properly. Door closures have been adjusted. So they will latch into door frame. Laundry cart and basket were removed from holding the doors open. Staff have been trained that Fire rated doors must stay closed.	11/27/19 11/7/19 12/4/19 11/7/19

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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 A B C&E A	Door was adjusted so door will latch into frame. Gift Shop door latch was replaced so door will latch. Bedroom 32 & 33 Doors were adjusted so they will close with out force. Both GFCI outlets power was restored and were tested for ground faults.	11/7/19 12/4/19 12/4/19 11/8/19
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 A	Exhaust system on right half of building had belt replaced. ventilation system is working as required.	11/8/19