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 _____	R **09/19/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE OF MAYODAN	**6970 NC HWY 135** **MAYODAN, NC 27027**

(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 Biennial Follow Up Construction Survey by Ed Miller, conducted on September 19, 2023. Deficiencies were cited that require a new Plan of Correction.	{C 000}		
{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. Based on observation, the mechanical systems were not kept clean and in good repair. Findings on Spetember 19, 2023: b. Right Side, Employee Laundry - the exhaust ventilation system grille with its radiation damper has an excessive accumulation of dust/lint.	{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.	{C 189}		

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{C 189}	Continued From page 1 (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, the building is not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on September 19, 2023: a. Left Side, Smoke Barrier near Dining - the leaves of the double-egress cross-corridor doors, did not close together to form a smoke tight seal at the top half of the door. 2. Based on observations, the fire-resistance-rated enclosures protecting the Incidental areas were not maintained in a safe and operating condition by not providing 1-hour rated construction, and 45-minute rated self-closing doors. This could affect all if smoke/flames are not contained to the room of origin. This could affect all if smoke/flames are not contained to the room of origin. Findings on September 19, 2023: b. Right Side, Janitor Closet - the corridor door (45 min rated, self-closing) did not close and latch into its frame, on its own power. The door was shut three times and did not latch to its frame a single time. 5. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be	{C 189}		

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{C 189}	Continued From page 2 closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire from the area of origin. Findings on September 19, 2023: a. Right Side, Copy Room - the corridor door had a heavy table holding the door open. Staff corrected the deficiency before the Construction Surveyor left the site. However, the heavy table made its way back to holding the door open. Facility Staff again corrected the deficiency before the Construction Surveyor left the site. b. Left Side, MCU Dining Room - the corridor door had a bathroom scale holding the door open. The bathroom scale was removed and at some time, a warming cabinet was moved into this spot. This new device is still holding the door open. Facility Staff again corrected the deficiency before the Construction Surveyor left the site. 8. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on September 19, 2023: a. Right Side, Physician Office - the replacement lens on the fluorescent light fixture is broken and not secured to the fixture.	{C 189}		