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 _____	**06/17/2024**

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 a Construction Section Biennial Survey by Ed Miller, conducted on June 17, 2024. Records indicate this facility was first licensed on August 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), Group I-2 Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000	Prepareation, execution, and submission of this Plan of Correction an admission of fault or liability on 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:	C 101	C 101 - Correction Action: Although the sliding glass doors are breakaway, a temporary sign has been placed on sliding glass door until the permanent signs arrvies that states "In Case of an Emergency PUSH DOOR" Measure to Prevent Recrrence: The Maintenance Director will adhere a permanent sign to the door. Monitoring: The Executive Director (ED) will preform random audits to ensure all required signage is in place	7/4/2024

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C 101	Continued From page 1 1. Based on observation, the facility failed to meet the Code requirements in effect at the time of construction or alteration. This could affect all if they cannot exit or exit quickly. Findings on June 17, 2024: a. Lobby - the exit consisting of the sliding glass doors did not have their signs that read "IN EMERGENCY PUSH TO OPEN" located on each breakout leaf.	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 the Executive Director, the facility has unresolved deficiencies cited in their current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on June 17, 2024: a. The "Standard for Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems", NFPA 25 performed on March 12, 2024, listed five deficiencies. There was no documentation provided to indicate that the deficiencies were corrected or identified as recommendations to bring the system up to the current Code.	C 111	C 111 - Corrective Action: Although the repairs to the fire system were completed on 6/24/2024 by our Fire Life Safety Group (Summit). There was no documentation on file other than the repair invoice that the repairs had been completed. We received a letter from Summit that all inspection repairs were made and no other repairs were pending. Measure to Prevent Recurrence: Moving forward the MD (Maintenance Director) will request a letter of completion of repairs for our binder. Monitoring: The Executive Director (ED) will conduct random audits to ensure we have proof of completion for any deficiencies. ED will monitor for the next 90 days.	6/18/2024
C 135	Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT	C 135		

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C 135	Continued From page 2 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that resident toilet rooms and bathrooms are not utilized for storage or purposes other than those indicated in the Rule. This deficiency affects all residents and staff who would not have the fixtures and/or space for the services needed. Findings on June 17, 2024: a. Central Bathing - this area was utilized to store supplies, and other devices.	C 135	C 135 - Corrective Action: All items have been removed from the resident toilet and bathroom. Measures to Prevent Recurrence: Resident Services Director (RSD) will monitor the space and ensure that it is not being used as storage. Monitoring: The Executive Director (ED) will perform random audits of the space to ensure compliance. ED will monitor for the next 90 days.	6/27/2024
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation, the outside grounds were not maintained in a safe condition. Findings on June 17, 2024: a. Exterior, Sidewalk near Bedroom 6100 - the sidewalks have shifted vertically apart from each other at the control joint. This created an uneven walking surface, forming a tripping hazard b. Exterior, Sidewalk near Bedroom 6132 - the	C 160	C 160 A & B - Corrective Action: the community is awaiting for 2 vendors, Tar Heel Foundation and Durham Foundation Repair to give quotes. Both will be at the community on 8/28/24	Pending

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C 160	Continued From page 3 pavers have sunk below the concrete sidewalk, forming a tripping hazard	C 160		
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 June 17, 2024: a. Soiled Utility - the exhaust ventilation system grille with its radiation damper had an excessive accumulation of dust/lint.	C 164	C -164 Corrective Action: The exhaust ventilation system grille was cleaned from the accumulation of dust and lint. Measure to prevent recurrence: MD will add checking the exhaust ventilation grilles to our weekly preventive maintenance list. Monitoring: The Executive Director (ED) will perform random audits over the next 90 days to ensure compliance.	6/19/2024
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 4 This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe and operating condition, because the doors protecting the opening in the Firewall have an excessive gap between leaves that cannot restrict fire and smoke. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on June 17, 2024: a. Firewall near Bulk Laundry - the cross-corridor double-egress pair of doors when closed have an ¼ inch gap between leaves. 2. 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 June 17, 2024: a. Firewall near Bulk Laundry - the ceiling mounted exit sign, had no chevron directional indicator punch-outs removed, to direct you into the Independent Living building. b. Corridor between Soiled Linen and Dining - the ceiling mounted exit sign, had no chevron directional indicator punch-outs removed, to direct you towards the exit in the Firewall. 3. Based on observations, the fire-resistance-rated separation and protection of Incidental use areas were not maintained in a safe and operating condition. This could affect all if smoke/flames were not contained in the room of origin. Findings on June 17, 2024: a. Bulk Laundry (100+ SF) - the corridor door (45 min rated and self-closing) did not close and latch into its frame, using its own power. Facility Staff corrected this deficiency before the	C 189	C 189 - Corrective Actions: 1 - a. Corrective Action: An astragale was installed to address the excess1/4 gap between the doors. 2 - a & b. The chevon directional punch outs were removed to give clear directions on exit the building in case of an emergency or fire. 3. - a & b. The Bulk Laundry and Solid Waste door latch frames was adjusted to allow the doors to close using their own power. 4. - a. The refrigerant line in the mechanical room was pushed back into the Fire resistant-rated ceiling and new fire resistant cauking installed. 4. - b. The sprinkler head escutcheon plate in apartment 6127 was adjusted to cover the complete opening through the fire-resistant-rated ceiling. 5.- a. The latch on the corridor door was adjusted to latch into the frame of the door of 6132. 6.- a., b, c, & d. The fire sprinkler head escutcheon plates had dropped, exposing an opening through the fire-sesistance-rated ceiling in the Parlor, Emergency Supply Closet,Bulk Laundry and in the bedroom of apartment 6102. The plates were adjusted to cover the complete openings. Measure to prevent recurrence: The MD will conduct monthy aduits of the sprinkler heads, especailly during extreme heat to ensure all Sprinker head escutcheon plates are completly covering the openings. Monitoring: The Executive Director and RSD will perform random audits. For 90 days.	7/2/2024 7/5/2024 6/17/2024 6/24/2024 6/24/2024 6/17/2024 6/17/2024

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C 189	Continued From page 5 Construction Surveyor left the site. b. Soiled Utility - the corridor door (45 min rated and self-closing) did not close and latch into its frame, using its own power. 4. 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 the room of origin. Findings on June 17, 2024: a. Mechanical Room - a refrigerant line with its firestopped sealant was pulled out of the fire-resistance-rated ceiling, leaving an unprotected opening. b. Bedroom 6127 - there was a sprinkler escutcheon plate that did not cover the complete opening through the fire-resistance-rated ceiling, a foam insulation was used to seal the opening. This foam was not approved for sealing penetration through fire-resistance-rated construction. 5. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on June 17, 2024: a. Bedroom 6132 - the corridor door did not latch into its frame when closed. Facility Staff corrected this deficiency before the Construction Surveyor left the site. 6. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This would affect all if fire were not contained in the room of origin. Findings on June 17, 2024: a. Parlor - a fire sprinkler escutcheon plate had dropped, exposing an opening through the fire-resistance-rated ceiling. Facility Staff corrected this deficiency before the Construction	C 189		

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C 189	Continued From page 6 Surveyor left the site. b. Emergency Supply - the fire sprinkler was missing its escutcheon plate exposing an opening through the fire-resistance-rated ceiling. c. Bulk Laundry - a fire sprinkler escutcheon plate had dropped, exposing an opening through the fire-resistance-rated ceiling. Facility Staff corrected this deficiency before the Construction Surveyor left the site. d. Bedroom 6102 Closet - a fire sprinkler escutcheon plate had dropped, exposing an opening through the fire-resistance-rated ceiling. Facility Staff corrected this deficiency before the Construction Surveyor left the site.	C 189		