

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092186	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/04/2015
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NAME OF PROVIDER OR SUPPLIER
NORTH POINTE ASSISTED LIVING OF GARNEI

STREET ADDRESS, CITY, STATE, ZIP CODE
**1437 AVERSBORO ROAD
GARNER, NC 27629**

(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 This Report is of a Follow-up Survey done by Bob Getchell on March 4, 2015. Most of the previously cited deficiencies have been completed however some deficiencies have not been completed and therefore require further action.	(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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: 1. Locked Yards - The gate is equipped with a keypad and a magnetic lock, but there was no emergency release switch. Followup Findings March 4, 2015: Emergency release switch has not been installed.	(C 101)	CONSTRUCTION SECTION APR 13 2015 RECEIVED <i>Emergency release switch has been installed.</i>	<i>3/20/15</i>

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Roseanne Wheeler

TITLE

Adm

(X6) DATE

4/9/15

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER
NORTH POINTE ASSISTED-LIVING OF GARNEI

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GARNER, NC 27529**

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(C 189)	Continued From page 1	(C 189)		
(C 189)	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 34. Kitchen - Both Kitchen/Dining Room doors will not latch.</p> <p>Followup Findings 03/04/2015: The door on the right will not close and latch.</p>	(C 189)	<p><i>Kitchen and dining room doors were adjusted and now close and latch.</i></p>	<p><i>3/20/15</i></p>



North Pointe of GARNER

A Victorian Senior Care Community

1437 Aversboro Road
Garner, NC 27529
Telephone: (919)779-4560
Fax: (919)863-0357
www.VictorianSeniorCare.com

CONSTRUCTION SECTION

APR 13 2015

RECEIVED

Amenities

- Assisted Living
- Short Term Respite Care Provided
- Assistance with Activities of Daily Living Including Dressing, Bathing, Mobility, Eating and Toileting
- Medication Administration
- Specialized Diets
- 24-Hour Emergency Call System
- Coordination with Physicians and Specialists
- Coordination with Nursing Services Including Home Health, Physical Therapy, Speech Therapy, Occupational Therapy and Hospice Services
- Three Nutritious Meals and Snacks Daily
- Housekeeping Services
- Laundry Services
- Basic Cable
- Activities and Socialization Programs
- Transportation Services
- Salon and Barber Services
- Much More—Contact Us to Learn More or Schedule a Tour

FAX

To:

Bob Getchell

From:

Roslin Wheeler, Administrator

Fax:

919-733-6592

Date:

4/13/15

Phone:

Pages:

3

Re:

Construction Summary

Comments:

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