Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED . A. BUILDING: 01 HAL076027 03/22/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1195 PINEVIEW ROAD NORTH POINTE RANDLEMAN, NC 27317 SUMMARY STATEMENT OF DEFICIENCIES (X4) IO PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 000: Initial Comments C 000 This report of a Biennial Construction Survey done by Bob Getchell on March 22, 2016. This facility was first licensed as a Home for the Aged serving 67 residents on January 01, 1997. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code Group I-2. Deficiencies were noted which will require a plan of correction. C 164 Housekeeping and Furnishings-Clean, Repaired C 164 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 resident furnishings in bedrooms and other areas were not maintained in good condition. Findings include: Handles was tightened on a) Room B45 has furniture with handles Α 3/24/16 loose/missing on the drawers. the drawers C 166 Housekeeping-Maintained Free of Hazards C 166 SECTION .0300 - PHYSICAL PLANT Division of Health Service Regulation

STATE FORM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL076027 03/22/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1195 PINEVIEW ROAD NORTH POINTE RANDLEMAN, NC 27317 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC (DENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 166 Continued From page 1 C 166 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: Based on observation, the building was not maintained free of hazards by obstructing a Dining Room Exit door. This would affect all residents by blocking the exit. Findings include: A kitchen floor mat was stacked outside the Floor Mat was moved 3/23/16 Α Dining Room Exit door preventing the door from being able to be opened in an emergency. C 183: Fire Extinguishers C 183 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents by not having fire protection equipment operable for use in an emergency. Findings include:

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
C 189	Continued From page 3	C 189		
	pipe and wires. e) In the attic the kitchen range hood exhaust enclosure has an unprotected penetration by a	E	sealed with(red) fire barrier sealant	3/31/1
	sprinkler pipe. f) In the attic the smoke barrier wall at room 40 has an unprotected penetration by a sprinkler pipe and wires	F	sealed with(red) fire	3/31/1
	g) In the attic the draft stop wall at the Gift Sho / room 52 has an unprotected penetration by a sprinkler pipe	G	patched and sealed with (red) fire barrier sealant	3/31/1
	 h) Throughout the building the sprinkler escutcheons have slid down during the sprinkler pipe replacement project, revealing unprotected openings in the ceiling. 	Н	Escutcheons has been pushed back up	3/24/1
	The kitchen ceilinig has unprotected pipe penetrations over the Ansul hood suppression system. The escutcheon on the corridor light fixture.	I	sealed with(red) fire barrier sealant	3/31/1
	near room B36 has slid down revealing an unprotected opening in the ceiling. (Secured immediately on-site)	J	Fixed on -site	3/22/1
5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814.			
	2. Based on observation, the building fire protection equipment was not maintained to kee the facility safe. This would affect all residents if the systems failed to detect smoke. Findings include: a) The sample tubes for the HVAC duct mounted smoke detectors were dirty in the HVAC unit #2 and #4.		Sample Tubes was cleaned	3/24/10
	 Based on observation, the building plumbing equipment was not maintained operable. This could expose residents to a slip and fall hazard. 			
ision of He	orth Sonice Degulation			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION A. BUILDING: 01 COMPLETED B. WING HAL076027 03/22/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1195 PINEVIEW ROAD NORTH POINTE RANDLEMAN, NC 27317 SUMMARY STATEMENT OF DEFICIENCIES (X4) 10 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 189: Continued From page 4 C 189 Findings include: replacing flange in floor 5/6/16 Toilets are coming loose from the floor in Α so toilets could be bathrooms C20, D26 and D28. tightened Based on observation, the building plumbing equipment was not maintained in a safe manner. Findings include: vacuum breakers was a) The spray hose on the community bath at the 3/24/16 Gift Shop has no vacuum breaker. installed b) In the right front yard there are 2 broken 4" В sewer camps has been sewer line caps. 3/24/16 replaced 5. Based on observation, the building exit signage and emergency illumination were not maintained in a safe manner. This would affect all residents by not keeping the exits visible in an emergency. Findings iniclude: Exit signs and emergency lights are not working in the following locations: 3/31/16 Exit light replaced a) Exit sign at room D29 not working on battery Α backup. 3/31/16 Exit light replaced b) Exit sign at front entry foyer not working on В battery backup c) Emergency Light in Gift Shop is not working battery replaced 3/31/16 on battery backup.

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Findings include:

backup

d) Exit sign at room B41 not working on battery

6. Based on observation, the facility components were not maintained operable by having doors

a) C Hall Spa Room door near the kitchen scrubs

that were difficult to close and latch.

frame and will not easily close and latch...

Based on observation, the building fire

Α

adjusted

Exit light replaced

Door hinges tightened and

3/31/16

3/24/16

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Α

reset

in certain areas inside the building.

radiation dampers has activated.

a) In the kitchen one of the ceiling HVAC

Findings include:

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Radiation damper has been

4/5/16