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 HAL092186 07/27/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1437 AVERSBORO ROAD NORTH POINTE ASSISTED LIVING OF GARNE GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Construction Survey by Ed Miller on July 27, 2016. Records indicate that the Facility was first licensed or submitted for licensure on or about February 1, 1985 for One-Hundred, Twenty-Six (126) Resident Beds. Based on the above information, the facility is required to meet the 1984 Minimum Standards and Regulations for Homes for the Aged; Applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code (Rev 5) Section 409.1(c)-Institutional (I) Occupancy- Unrestrained. Deficiencies were noted which require a Plan of Correction. C 101 Existing Licensed Fac- No less than '71 Rules C 101 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;

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY PLETED	
		HAL092186	B. WING		07/:	27/2016
	PROVIDER OR SUPPLIER	VING OF GARNE	DRESS, CITY, S RSBORO RO , NC 27529	STATE, ZIP CODE DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 101	meet the NC State initial Licensing by detection. This wou visitors by not provialarming. Findings on July 27 a. Attic (middle) -	et as evidenced by: rvation, the Building did not Building Code at the time of not have adequate fire ild affect residents, staff and ding early detection and 7, 2016: there was no fire alarm d to the fire alarm system in	C 101			
	SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT (g) The requirement (4) Corridors shall other obstructions. This Rule is not med 1. Based on obseto fall equipment an would affect all resistly slowing or obstructive mergency. Findings on July 27 a. Dining Room R blocked with a chail	nts for corridors are: be free of all equipment and et as evidenced by: rvation, corridors were not free d other obstructions. This dents, staff and visitors by ng egress during an 7, 2016: hight Exit - the exit door was r on the exterior.				
C 164	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home	06 HOUSEKEEPING AND	C 164			

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DIVISION	Division of Health Service Regulation						
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPL		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION N	IOMRFK:	A. BUILDING:	01	COMP	LETED
		HAL092186		B. WING		07/2	7/2016
NAME OF F	PROVIDER OR SUPPLIER		STREET AN	DRESS CITY S	STATE, ZIP CODE	-	
TV WIL OF T	NOVIDER OR OUT FIELD			RSBORO RO			
NORTH F	POINTE ASSISTED LI	VING OF GARNE		NC 27529	JAU		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENC	IES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX		/ MUST BE PRECEDED E		PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORT OR L	SC IDENTIFYING INFORI	VIATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	TRIALE	DAIL
C 164	Continued From pa	ige 2		C 164			
	coverings kept clea	n and in good repa	ir;				
	(2) have no chronic	c unpleasant odors	,				
	(3) have furniture of	clean and in good re	epair;				
	(e) This Rule shall	apply to new and e	xisting				
	facilities.						
	This Dule is not	ot oo oyidaaaad b					
	This Rule is not me						
	Based on Obse						
	keep walls, ceilings furniture clean and		erings and				
	Findings on July 27						
	a. Bedroom 328 E		na was				
	stained from a past		ig was				
	b. Bedroom 328 E		tiles were				
	stained and dirty.		thes were				
	c. Laundry across	from Bedroom 33	1 - there				
	were missing floor t						
	d. Bedroom 322 -						
	peeling off the ceilir						
	e. Bedroom 320 -						
	f. Bedroom 320 -	the paint was peel	ng off the				
	Firewall.						
	g. Men's Bath acr		315 - the				
	ceiling was stained	•					
	h. Men's Bath acr						
	corridor door was n						
		the door was split					
	screws of the middl difficult.						
	•	the ceiling was sta	ined from a				
	past leak.						
		room 306 - the tile v	valls of the				
	shower had mold g						
		room 306 - the conr	nection of				
	the commode to the		tia lawa!at-				
	m. Bath near Bedr	•					
	counter top for the	siriks was in disrep	an and was				
	falling down.	oom 306 - the exha	auet fan				
	n. Bath near Bedr grille, vanes and ra						
	grille, varies and fa	uiation uampei mav	c all				

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DIVISION	of Health Service Re	eguiation					
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPL		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION N	JMBER:	A. BUILDING:	01	COMP	LETED
		HAL092186		B. WING		07/27/2016	
NAME OF			070557.40		714TE 71D 00DE	<u> </u>	
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
NORTH	POINTE ASSISTED LI	VING OF GARNE		RSBORO RO	DAD		
	T		GARNER,	NC 27529			
(X4) ID		TEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		/ MUST BE PRECEDED B` SC IDENTIFYING INFORM		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
IAO			,	IAG	DEFICIENCY)		
C 164	Cantinuad Framena			C 164			
C 164	Continued From pa	ige 3		C 104			
	excessive accumul	ation of dust/lint.					
	o. Men's Restroor	m across from Bedro	oom 301 -				
	the connection of the	ne third from the out	side wall				
	commode to the flo						
	•	m across from Bedro					
	the plastic laminate	counter top for the	sinks was				
	in disrepair.						
		n across from Bedro					
	the second from the	e outside wall toilet j	partition				
	was loose.		Dl				
		estroom across for					
		n of the commode t	o the noor				
	was loose,	ght side middle - the	coiling				
	was stained from a		Cennig				
		most tables need re	finishina				
		cess has worn off pa					
	finish.	, , , , , , , , , , , , , , , , , , ,					
		the paint was peelin	ıg under				
	the AC units.		J				
	v. Dining Room -	the floor tile had glu	e oozing				
	for the floor tiles on						
		om across from Act					
		anes and radiation					
		accumulation of dus					
		om across from Act	ivity - the				
	corridor door was n		::4 41 _{2.2}				
		om across from Act ommode to the floor					
	loose,	ommode to the nooi	was				
		cross from Activity -	the				
	z. Women Bath across from Activity - the exhaust fan grille, vanes and radiation damper						
	have an excessive		•				
		Room - the ceiling v					
	stained and there w						
		ing - there was wate	er damage				
	walls and ceilings a		- 5				
		the floor tile were d	irty.				
		the walls was water					
	damaged.						

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STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPL		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION N	UMBER:	A. BUILDING: 01		COMPLETED	
		HAL092186		B. WING		07/27/2016	
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NORTH I	NORTH POINTE ASSISTED I IVING OF GARNE			RSBORO RO	DAD		
				NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCI / MUST BE PRECEDED B' SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 164	Continued From page 4			C 164			
	damaged. hh. Men Bath 200 I damaged. ii. Bedroom 213 - removed from all the 2. Based on Observent chronic unpaffect residents, stathem to an unpleas Findings on July 27 a. Storage (Hopper plumbing trap had on to enter the Building	ned from a past lead 00 Hall - the ceiling 00 Hall - the ceiling was the vinyl base had be walls. ervation, the facility to bleasant odors. This aff and visitors by exant environment. (7, 2016: er Room) - the utility dried-up, allowing seguthere was a strong	was water was water s water been failed to s would posing v sink's ewer gases urine odor				
C 166	Housekeeping-Mai	ntained Free of Haz	ards	C 166			
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEP es shall: in an uncluttered, cl	ean and and				
	This Rule is not me 1. Based on Obsedue to the possibilit contaminated water supply. The following	ervation, a hazard w by of the backflow of r into the domestic w	water				

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STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL092186	B. WING	B. WING		07/27/2016	
NAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY,	STATE, ZIP CODE			
		1437 A	VERSBORO RO	,			
NUKIHI	POINTE ASSISTED LI	GARNI	ER, NC 27529				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
C 166	Continued From pa	ige 5	C 166				
	with hoses long end which were not equato prevent backsiph the potable water particles. Women's Bath acrub. b. Women's Bath acrub. b. Women's Bath c. Women's Bath shower. d. Women's Bath e. Women's Bath g. Women's Bath g. Women's Bath h. Men's Bath 200 i. Men's Bath 200 i. Men's Bath 200 i. Men's Bath 200 ii. Men's	bugh to reach gray water hipped with vacuum breakers honage of gray water back in lumbing lines 7, 2016: oss from Bedroom 315 - the across from Activity - the tub across from Activity - the tub. 100 Hall far right - the show 200 - the tub. 200 - the shower. 2014 - the shower. 2014 - the shower. 2015 - the shower. 2016 - the shower. 2016: Room - a HVAC supply grille the ceiling. 1 - the plywood ceiling was	eto o. er.				
C 189	Building Equipment	t Maintained Safe, Operating	C 189				
	mechanical, and pl		lt				

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STATE FORM 6899 R0L821 If continuation sheet 6 of 12

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
			A. BUILDING:	01		
		HAL092186	B. WING		07/27/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NORTH	POINTE ASSISTED LI	VING OF GARNE	RSBORO RO	DAD		
NORTH	OINTE AGGIOTED EI	GARNER	, NC 27529			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 6	C 189			
	operating condition (k) This Rule shall facilities with the ex					
	safety was not mair condition. This couvisitors to fire/smoke compartment of original properties of the compartment of original properties of the compartment of original properties of the compartment of	rvations, the Building fire nationed in a safe and operating ald expose residents, staff and the if not contained in Room or gin (2016: ear Bedroom 312) - the tunnel the rated ceiling construction had not the access opening. Ear Bedroom 312) - there was ped as it penetrates the diceiling tunnel construction. Ear Bedroom 323) - there was restopped as it penetrates the difference as the difference as the difference as the difference as properly tightly firestopped as the eresistance as the complete, there was not ere quarter of the duct. Bethroom - there was a hole netrates the				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPL		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION N	IUMBEK:	A. BUILDING: 01		COMPLETED	
		HAL092186		B. WING		07/27/2016	
NAME OF F	PROVIDER OR SUPPLIER		STRFFT AD	DRESS CITY S	STATE, ZIP CODE		
10 000	TO VIDER OR OUT FIELD			RSBORO RO			
NORTH POINTE ASSISTED LIVING OF GARNE				NC 27529	אס		
					DDOVIDEDIC DI ANI OF CODDECTIO	NI.	0/5)
(X4) ID PREFIX		'MUST BE PRECEDED B		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORM		TAG	CROSS-REFERENCED TO THE APPROP		DATE
					DEFICIENCY)		
C 189	Continued From pa	ge 7		C 189			
	·						
	assembly.	Bedroom 316 - the	are was an				
	open joint not firest						
	ceiling penetrating t						
	construction.						
	j. Electrical near l	Exit 12 - there were	several				
	conduits penetrating						
	ceiling that were pa						
	unapproved foam c						
	sealant material. Th		an				
	approved firestop s k. Electrical near	,	a cable not				
	firestop as it penetr						
	ceiling and wall con		ince-rated				
		edroom 302 - the e	exit sian did				
	not completely cove		•				
	fire-resistance-rated		· ·				
	m. Bulk Laundry -		oundle not				
	properly firestop as						
	fire-resistance-rated						
	n. Bulk Laundry -		t not				
	properly firestop as fire-resistance-rated						
		the gypsum wall pa	tch hehind				
	the laundry equipme						
	with joint compound		.,				
	p. Corridor near E		did not				
	completely cover th						
	fire-resistance-rated	d ceiling assembly.					
	q. West Hall Libra		ble not				
	properly firestop as						
	fire-resistance-rated	ceiling assembly.					
	2. Based on obse	rvation, the building	ı'e				
	emergency equipm						
	safe and in operatir						
	residents, staff and						
	promptly find their v						
	emergency.	•	-				
	Findings on July 27	, 2016:					

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STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL092186		B. WING		07/27/2016	
NAME OF F	PROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
NORTH I	NORTH POINTE ASSISTED LIVING OF GARNE			RSBORO RO NC 27529	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From page 8 a. Corridor with emergency light near Bedroom			C 189			
	312 - the wall-mour light appears to be a the minimum of one the furthers floor lever test button was pustored. Corridor with er 302 - the wall-mound light appears to be a the minimum of one the furthers floor lever test button was pustored. Cross-Corridor the left side does not a sale of the	ted self-contained emergaced too far apart to a footcandle of illuminate footcandle of illuminate in this Corridor when the self-contained emergency light near Bested self-contained emergenced too far apart to a footcandle of illuminate in this Corridor when the contained emergency is safe. This could at visitors if the comment ression system fails the needed. 2016: The semi-annual main the contained emergency is semi-annual main to the comment in the comment is semi-annual main the contained emergency.	nergency o provide ation at en the edroom ergency o provide ation at en the n 108 - iired ompleted ffect roial o				
		n in March 2016, ther	e has				
	maintain in a safe n residents, staff and enough fuel for fire the Building to conta Findings on July 27 a. Bedroom 326-1 with about 2 times t it difficult to egress/		pose was bility of acked , making d a				

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5. Based on observation, the interior doors were

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
		1141 000400	B. WING		07/07/0046	
		HAL092186	D. WING		0712	7/2016
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
NORTH I	POINTE ASSISTED LI	VING OF GARNE	RSBORO RO NC 27529	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ige 9	C 189			
	This could expose Findings on July 27 a. Cross-Corridor both leafs hit each completely. b. Cross-Corridor the front leaf did not c. Kitchen/Dining the right door hits the closing thus latchind. Cross-Corridor the front leaf did not e. Bedroom 110 - when the door was f. Firewall 200 W left leaf did not latcing. Cross-corridor	Doors near Bedroom 314 - other and will not close Doors near Bedroom 306 - ot latch into its frame without applying extra force, he floor, preventing it from g. Doors near Bedroom 102 - ot latch into its frame. the corridor door did not latch				
C 199	provided with exhall two cubic feet per requirement does reper before April 1, 1984 these specified space (1) soiled linen sto (2) soil utility room (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall	PHYSICAL PLANT 11 OTHER red in this Paragraph shall be ust ventilation at the rate of minute per square foot. This not apply to facilities licensed with natural ventilation in aces: rage; ; toilet rooms;	C 199			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY LETED
		HAL092186	B. WING		07/2	7/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NORTH	POINTE ASSISTED LI	VING OF GARNE	RSBORO RO NC 27529	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 199	which shall not app This Rule is not me 1. Based on Obse plastic sheet, the farenvironment in acc maintaining the ver equipment/compon This could subject of Findings on July 27 a. Bedroom 328 E was exhausting sor blowing some air baside allowing odors b. Laundry across exhaust fan was ex while blowing some other side allowing c. Storage (Hoppe exhausting some as some air back into allowing odors to red. Bedroom 322 E was exhausting some as some air back into allowing some air baside allowing odors to e. Women's Publi Bedroom 302 - the some air on one sid back into the room odors to remain. 2. Based on Obse plastic sheet, the faventilation system i could affect all resid preventing the exha Findings on July 27 a. Bath near Bedr	ly to existing facilities. Let as evidenced by: Lervation, d testing with a thin acility failed to provide an ordance with this Rule by not atiliation Lents in good working order. Lesidents to odors. Legistroom - the exhaust fan me air on one side while ack into the room on the other to remain. Let from Bedroom 331 - the chausting some air on one side e air back into the room on the odors to remain. Let room) - the exhaust fan was ir on one side while blowing the room on the other side emain. Let room on the o	C 199			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) DATE SUICOMPLET			SURVEY PLETED
		HAL092186	B. WING		07/2	27/2016
	PROVIDER OR SUPPLIER POINTE ASSISTED LI	VING OF GARNE	DRESS, CITY, S RSBORO RO , NC 27529	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 199	remove the required the odors. b. Women Restro local exhaust ventiled did not remove the dissipate the odors. c. Men Bath 200 I ventilation system	d amount of air to dissipate om 100 Hall Far Right- the ation system was running, but required amount of air to	C 199			

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