Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING _ HAL092186 11/09/2016 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 Follow Up Survey by Billy S. Bryant conducted on 11/09/2016. Deficiencies from the 07/27/2016 Biennial Survey remain to be corrected. 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 facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on 11/09/2016: h. Men's Bath across from Bedroom 315 - the corridor door was marred up on both sides. i. Bedroom 307 - the door was split around the screws of the middle hinge making operations difficult. t. Dining Room - most tables need refinishing as the cleaning process has worn off parts of the finish. x. Women Restroom across from Activity - the corridor door was marred up.

Division of Health Service Regulation

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

TITLE (X6) DATE

Division of Health Service Regulation

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Division of Health Service Regulation

STATE FORM 6899 R0L822 If continuation sheet 2 of 4

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 R B. WING _ HAL092186 11/09/2016 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 CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) {C 189} Continued From page 2 {C 189} Findings on 11/09/2016: f. Firewall 200 Wing - the cross-corridor doors left leaf did not latch on fire alarm activation. g. Cross-corridor Doors near Bedroom 220 - both leaf view lite were missing the gasket around the wire glass. {C 199} Exhaust Ventilation {C 199} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room: (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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, d testing with a thin plastic sheet, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation equipment/components in good working order. This could subject residents to odors. Findings on 11/09/2016: a. Bedroom 328 Bathroom - the exhaust fan was

Division of Health Service Regulation

STATE FORM 6899 R0L822 If continuation sheet 3 of 4

Division of Health Service Regulation

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		HAL092186	B. WING		F 11/0	? 9/2016
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
NORTH POINTE ASSISTED LIVING OF GARNE GARNER, NC 27529						
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ACTION SHOULD BE COITO THE APPROPRIATE	
{C 199}	Continued From page 3		{C 199}			
	exhausting some air on one side while blowing some air back into the room on the other side allowing odors to remain.					
	exhaust fan was ex	rom Bedroom 331 - the hausting some air on one side air back into the room on the odors to remain.				
	exhausting some a	room) - the exhaust fan was ir on one side while blowing the room on the other side emain.				
	d. Bedroom 322 Bathroom - the exhaust fan was exhausting some air on one side while blowing some air back into the room on the other side allowing odors to remain.					
	Bedroom 302 - the some air on one sid	Restroom across from exhaust fan was exhausting de while blowing some air on the other side allowing				
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6899

Division of Health Service Regulation STATE FORM

R0L822 If continuation sheet 4 of 4