

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 02/02/2017
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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 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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{C 000} Initial Comments

Biennial Follow Up Construction Survey by Billy S. Bryant conducted on 02/02/2017.

There are deficiencies from the 11/09/2016 Biennial Follow Up Construction Survey Survey remain to be corrected.

{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 facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair.

Finding on 02/02/2016:
 a. There is a pattern of the edges of the doors on the lock side of the renovated public bath/showers/restrooms being badly damaged and in need of repair.

{C 000}

{C 164}

A

door was patched and painted
(see pictures)



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

Mitchell Moran

TITLE

Maintenance Director

(X6) DATE

3/2/17