

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
---	---

(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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey and complaint investigation on 07/28/21 - 07/30/21. The complaint investigation was initiated by the Wake County Department of Social Services on 07/27/21.	D 000		
D 079	<p>10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings</p> <p>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; This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, record reviews, and interviews, the facility failed to ensure the facility was free of obstructions and hazards including clutter in two common bathrooms, an unlocked electrical room, and personal care hygiene products and cleaning agents that were left unsecured in bathrooms, storage rooms, and kitchenettes resulting in hazardous substances being unattended and accessible to the 23 residents residing in the special care unit (SCU) and a hot coffee pot left unattended in an unlocked kitchenette in the SCU.</p> <p>The findings are:</p> <p>Review of the facility's current license effective 01/01/21 revealed the facility was licensed with a</p>	D 079		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
---	---

(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
D 079	<p>Continued From page 1</p> <p>capacity of 110 beds including a special care unit (SCU) with a capacity of 53 beds.</p> <p>Review of the facility's census report dated 07/27/21 revealed: -The facility's in-house census was 47 residents. -There were 23 residents residing in the SCU.</p> <p>Observation of the soiled linen room (room #150) in the SCU on 07/28/21 at 9:43am revealed: -The room door was closed shut but was not locked. -There was a key pad on the outside of the door. -There was a full sharps container with biohazardous waste (including used syringes) on a shelf on the left side of the room. -There was a 6-pound plastic jug of commercial dumpster deodorizer with no lid on the same shelf as the sharps container. -Warnings for the dumpster deodorizer included: keep out of reach of children and pets; eye irritant; do not swallow this product. -There was a clear spray bottle in a bag on the same shelf with no label that contained a yellow liquid substance.</p> <p>Observation of a kitchenette near the nurses' station in the SCU on 07/28/21 at 9:51am revealed: -The kitchenette door was unlocked. -There were multiple chemicals underneath the sink that included: a full 1-gallon container of a dish drying agent, and a full 1-gallon container of a second type of dish drying agent. -There was ¼ of a 1-gallon container of multi-use sanitizer, ¼ of a 1-gallon container of a dish drying agent and 1 full 1-gallon container of dish detergent that were all connected to the dishwasher. -Warnings for the dish detergent included: keep</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
---	---

(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
D 079	<p>Continued From page 2</p> <p>out of reach of children; causes severe skin burns and eye damage. -Warnings for the dish drying agents included: keep out of reach of children; causes eye irritation.</p> <p>Observation of a second kitchenette (room #180) in the SCU on 07/28/21 at 10:10am revealed: -There was a ½ gallon of multi-use sanitizer labeled "for floors." -There was a second ¼ of a 1-gallon container of multi-use sanitizer labeled "for floors." -There was ¼ of 1-gallon container of dish detergent. -There was a full 1-gallon of a drying agent. -There was ½ of a 1-gallon container of multi-use sanitizer, ½ of a 1-gallon container of a dish drying agent and ½ of a 1-gallon container of dish detergent that were all connected to the dishwasher. -Warnings for the dish multi-use sanitizer included: keep out of reach of children; hazardous to humans and domestic animals. -Warnings for the dish detergent included: keep out of reach of children; causes severe skin burns and eye damage. -Warnings for the dish drying agents included: keep out of reach of children; causes eye irritation. -There was a full 15.5-ounce (oz) can of disinfectant spray. -Warnings for the disinfectant spray included: keep out of reach of children; causes eye irritation; avoid contact with skin; avoid contamination of foodstuff; extremely flammable. -There was ¾ of 1 spray bottle of surface sanitizer. -Warning for the surface sanitizer included to keep out of reach of children. -There was ¼ of a 1200ml container of foam</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
---	---

(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
D 079	<p>Continued From page 3</p> <p>hand sanitizer.</p> <ul style="list-style-type: none"> -Warning for the foam hand sanitizer was to keep out of reach of children. -There was a coffee pot that was ¼ full, on the coffee maker warmer with the warmer turned on. <p>Interview with the Executive Director (ED) on 07/28/21 at 10:59am revealed:</p> <ul style="list-style-type: none"> -The kitchenettes in the SCU should be locked at all times when they were not being used by staff. -The chemicals in the kitchenettes were dangerous if they were ingested. -The kitchenettes should be locked to prevent residents from being burned with the coffee pot. <p>Observation of vacant resident room #115 on 07/28/21 at 10:34am revealed the room was unlocked and there was a housekeeping cart with a mop bucket that contained dirty water.</p> <p>Observation of the beauty salon (room #186) in the SCU on 07/28/21 at 9:53am revealed:</p> <ul style="list-style-type: none"> -The door to the beauty salon was unlocked. -There was a 30 oz bottle of shampoo setting on a shelf. -Warnings on the label for the shampoo included: for external use only; avoid contact with eyes. <p>Observation of the unlabeled common bathroom across from the employee restroom in the SCU on 07/28/21 at 9:59am revealed:</p> <ul style="list-style-type: none"> -The door was unlocked. -There was a wheelchair, a hooyer lift, an office chair, and a wheeled mop bucket stored in front of the sink and toilet. -There were unused trash bags inside the mop bucket and in the toilet. -There was a blue broom and a ball of orange yarn in the corner of the shower stall. -The bathtub had a large cardboard box labeled 	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
---	---

(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
D 079	<p>Continued From page 4</p> <p>closet organizer, a trash can lid, and a blanket with multiple stains inside the tub.</p> <p>-There was dirt and debris in the bottom of the bathtub.</p> <p>-There was a 32 oz bottle of hard surface sanitizer setting on top of the half wall beside the bathtub.</p> <p>-Warnings for the hard surface sanitizer included: danger - keep out of reach of children; causes eye irritation.</p> <p>-There was a white spray bottle setting on top of the half wall beside the bathtub with a handwritten label of "[Brand name] degreaser".</p> <p>-There was no manufacturer label on the spray bottle.</p> <p>-There was a white electrical extension cord on the floor near the entrance and beside the bathtub.</p> <p>Observation on 07/28/21 at 9:59am revealed:</p> <p>-There was a resident (identified by staff as having wandering behaviors) walking up and down the hall by the alcove with the unlocked common bathroom across from the employee restroom in the SCU.</p> <p>-There was no staff in the area of the unlocked bathroom.</p> <p>Observation of a second common bathroom labeled "restroom" (room #160) in the SCU on 07/28/21 at 10:06am revealed:</p> <p>-The restroom door was unlocked.</p> <p>-There was a broom, a bucket with a plunger, and a canvas storage bin with dark brown stains on the floor in the right corner of the restroom.</p> <p>-There was white plaster powder and dirt and debris on the floor in the right corner of the room.</p> <p>-There were brown stains in the toilet bowl.</p> <p>-There were 3 uncovered and unlabeled plastic medication cups containing a white creamy</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
---	---

(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
D 079	<p>Continued From page 5</p> <p>substance on the storage cabinet between the sink and the toilet.</p> <p>-There were 2 curling irons stored in a basket on top of the storage cabinet.</p> <p>-One of the curling irons was broken with the barrel separated from the handle.</p> <p>-There was an 8 oz bottle of shampoo and body wash inside the basket on the storage cabinet.</p> <p>-Warnings for the shampoo and body wash included: for external use only; discontinue use if irritation occurs.</p> <p>-There was an 8 oz spray pump bottle of antimicrobial skin cleanser on the sink.</p> <p>-Warnings for the skin cleanser included: keep out of reach of children; for external use only; avoid contact with eyes.</p> <p>-There was a can of hair spray and a second 8 oz bottle of shampoo and body wash inside the unlocked storage cabinet and the door to the cabinet was opened half way.</p> <p>-Warnings for the hairspray included: keep out of reach of children; contents under pressure; flammable - do not use near heat, flame or while smoking; can cause serious injury or death; avoid inhalation; avoid spraying in eyes.</p> <p>-There was a large plastic trash bag full of trash on the floor in front of the sink.</p> <p>-There were 3 empty small trashcans on the floor in front of the sink.</p> <p>Observation of the second common bathroom labeled "restroom" (room #160) in the SCU on 07/28/21 at 10:09am revealed a medication aide (MA) assisted a resident in a wheelchair into the bathroom.</p> <p>Interview with the MA on 07/28/21 at 10:09am revealed:</p> <p>-The "restroom" was a common bathroom used by the residents.</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
---	---

(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
D 079	<p>Continued From page 6</p> <ul style="list-style-type: none"> -The white substance in the plastic cups on the storage cabinet was skin barrier cream. -The skin barrier cream was not supposed to be left in the restroom. -The MAs had access to the skin barrier cream but she did not know who left it in the restroom. <p>Observation of the second common bathroom labeled "restroom" (room #160) in the SCU on 07/28/21 at 10:11am revealed:</p> <ul style="list-style-type: none"> -The MA removed the 3 plastic cups with skin barrier cream from the storage cabinet. -The MA did not remove any personal care products from the restroom. <p>Interview with the same MA on 07/28/21 at 10:13am revealed:</p> <ul style="list-style-type: none"> -The personal care products were not supposed to be left in the restroom. -Personal care products were supposed to be locked up in a storage room used to store residents' personal care products. -Each resident had their own labeled boxes for personal care items in the locked storage room. <p>Observation on 07/28/21 at 10:18am revealed a housekeeper pushed a housekeeping cart to the door of the second common bathroom labeled "restroom" (room #160) in the SCU and went inside the restroom.</p> <p>Another observation of the second common bathroom labeled "restroom" (room #160) in the SCU on 07/28/21 at 10:33am revealed:</p> <ul style="list-style-type: none"> -The restroom door was unlocked and the housekeeper was no longer in the restroom. -There was a broom, a bucket with a plunger, and a canvas storage bin with dark brown stains on the floor in the right corner of the restroom. -There was white plaster powder and dirt and 	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
---	---

(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
D 079	<p>Continued From page 7</p> <p>debris on the floor in the right corner of the room. -There were brown stains in the toilet bowl. -There were 2 curling irons stored in a basket on top of the storage cabinet. -One of the curling irons was broken with the barrel separated from the handle. -The bottle of shampoo and body wash that was previously in the basket had been moved inside the unlocked storage cabinet. -The 8 oz spray pump bottle of antimicrobial skin cleanser previously on the sink had been moved inside the unlocked storage cabinet. -The can of hair spray and the second 8 oz bottle of shampoo and body wash were still inside the unlocked storage cabinet and the door to the cabinet was opened half way. -The large plastic trash bag full of trash had been moved across the room beside the bucket with the plunger. -There were 3 empty small trash cans on the floor in front of the sink and 1 small empty trash can beside the door to the restroom.</p> <p>Observation of the electrical room (room #167) in the SCU on 07/28/21 at 10:41am revealed the double doors were unlocked and there were multiple electrical panels in the room and accessible to residents in the SCU.</p> <p>Interview with the ED on 07/28/21 at 10:45am revealed: -She was not aware personal care products and cleaning products were left unlocked in the SCU. -Personal care products and cleaning products in the SCU were supposed to be locked in a designated storage room. -She would have the Maintenance Director to lock the doors and she would complete a thorough training for staff. -She did not know if there was a system to check</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
---	---

(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
D 079	<p>Continued From page 8</p> <p>the storage rooms to make sure they were locked and to make sure personal care and cleaning products were not accessible to residents.</p> <p>Interview with the Maintenance Director on 07/28/21 at 10:50am revealed:</p> <ul style="list-style-type: none"> -All electrical, maintenance, housekeeping, and storage room doors should always be locked. -There was a designated locked storage room for storage of the residents' personal care products. -He had not been assigned to check the doors to make sure they were locked and he did not know if anyone else checked the doors on a routine basis. -It had been over 6 months since there had been a "walk through" in the SCU to check for any hazardous items that were not secured and needed to be locked. <p>Observation of the soiled linen room (room #150) in the SCU on 07/29/21 at 7:22am revealed:</p> <ul style="list-style-type: none"> -The door was unlocked and cracked open. -There was a full sharps container with biohazardous waste (including used syringes) on a shelf on the left side of the room. -There was a 6-pound plastic jug of commercial dumpster deodorizer with no lid on the same shelf as the sharps container. -Warnings for the dumpster deodorizer included: keep out of reach of children and pets: eye irritant; do not swallow this product. -There was a clear spray bottle in a bag on the same shelf with no label that contained a yellow liquid substance. <p>Observation of the clean linen storage room (room #151) in the SCU on 07/29/21 at 7:23am revealed:</p> <ul style="list-style-type: none"> -The door was unlocked. -There was a 17 oz bottle of herbal body 	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
---	---

(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
D 079	<p>Continued From page 9</p> <p>moisturizer with no lid. -Warnings for the herbal body moisturizer included: for external use only; avoid contact with eyes; keep out of reach of children.</p> <p>Observation in the hallway near the unlocked clean linen storage room (room #151) in the SCU on 07/29/21 at 8:05am revealed: -There were 2 residents sitting in wheelchairs in the hallway near the unlocked clean linen storage room. -There was a third resident (identified by staff as having wandering behaviors) walking up and down the hall near the unlocked clean linen storage room door. -There was no staff in the area of the unlocked clean linen storage room.</p> <p>Interview with the Maintenance Director on 07/29/21 at 8:18am revealed: -He had not checked the doors for storage areas on the hall with rooms #150 and #151 in the SCU yet that morning. -None of the doors to the storage areas should be unlocked if staff was not in the rooms. -Most of the storage room doors had keypads with codes that staff used to unlock the doors. -All staff knew the doors to the storage areas should be locked.</p> <p>Observation of the second kitchenette (room #180) in the SCU on 07/29/21 at 7:25am revealed: -The door was unlocked and cracked open about 2 inches. -There was a 1-gallon container of liquid dish multi-use sanitizer, a 1-gallon container of liquid dishwasher detergent, a 1-gallon container of a liquid dish drying agent, and a 1-gallon container of a jet dish drying agent on metal shelf below a</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
---	---

(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
D 079	<p>Continued From page 10</p> <p>steam table.</p> <p>-There was ½ of a 1-gallon container of multi-use sanitizer, ½ of a 1-gallon container of a dish drying agent and ½ of a 1-gallon container of dish detergent that were all connected to the dishwasher.</p> <p>-Warnings for the dish multi-use sanitizer included: keep out of reach of children; hazardous to humans and domestic animals.</p> <p>-Warnings for the dish detergent included: keep out of reach of children; causes severe skin burns and eye damage.</p> <p>-Warnings for the dish drying agents included: keep out of reach of children; causes eye irritation.</p> <p>-There was an eye wash station on the wall to the right of the dishwasher with two 32 oz bottles of eye wash solution.</p> <p>-Warning for the eye wash solution included for external use only.</p> <p>Observation on 07/29/21 from 7:55am - 8:02am revealed:</p> <p>-A resident was self-propelling in a wheelchair in the hallway outside of the unlocked kitchenette (room #180).</p> <p>-Two residents (identified by staff as having wandering behaviors) walked up and down the hall and past the entrance to the dining room with the unlocked kitchenette (room #180) multiple times.</p> <p>-One of the two residents walked into the dining room with the unlocked kitchenette (room #180) near the unlocked kitchenette door.</p> <p>-There was no staff in the area of the unlocked kitchenette (room #180) with unsecured cleaning products.</p> <p>Interview with the Maintenance Director on 07/29/21 at 8:21am revealed:</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
---	---

(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
D 079	<p>Continued From page 11</p> <ul style="list-style-type: none"> -He locked the door to the second kitchenette (room #180) in the SCU yesterday, 07/28/21. -The door to the kitchenette should be locked when not in use by staff. -Residents in the SCU could think the cleaning products were food or drink and ingest them. -One of the SCU residents (identified by staff as having wandering behaviors) was "all over the place" and liked to "pick up things". <p>Observation of vacant resident room #115 in the SCU on 07/29/21 at 7:31am revealed:</p> <ul style="list-style-type: none"> -The door was unlocked. -There was a housekeeping cart in the room near the entrance. -There was dirty water in the mop bucket on the housekeeping cart. -There were multiple cleaning products stored in an opened compartment on top of the housekeeping cart including: two 32 oz spray bottles of bleach germicidal cleaner; a 32 oz bottle of stainless steel cleaner and polish; a 15.5 oz can of disinfectant spray; a 32 oz bottle of toilet bowl cleaner; a 1-pound container of bleach germicidal wipes; a 1-pound container of germicidal disposable cloths; a 32 oz spray bottle of furniture polish; a 32 oz spray bottle of power cleaner; a 32 oz bottle of uric acid eradicator; an unlabeled clear spray bottle with a blue liquid; and an unlabeled white spray bottle with a liquid substance. -Warnings for the bleach germicidal cleaner and the bleach germicidal wipes included: keep out of reach of children; hazardous to humans and domestic animals; causes moderate eye irritation. -Warnings for the stainless steel cleaner and polish included: keep out of reach of children; eye and skin irritant; may be harmful or fatal if swallowed. -Warnings for the disinfectant spray included: 	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
---	---

(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
D 079	<p>Continued From page 12</p> <p>keep out of reach of children; hazardous to humans and domestic animals; causes eye irritation.</p> <p>-Warnings for the toilet bowl cleaner included: keep out of reach of children; hazardous to humans and domestic animals.</p> <p>-Warnings for the germicidal disposable cloths included: keep out of reach of children; for use on hard surfaces only.</p> <p>-Warnings for the furniture polish included: keep out of reach of children; for commercial and industrial use only.</p> <p>-Warnings for the power cleaner included: causes serious eye irritation; avoid contact with eyes, skin, and clothing.</p> <p>-Warnings for the uric acid eradicator included keep out of reach of children; causes serious eye irritation.</p> <p>Observation on 07/29/21 at 7:47am revealed: -A resident (identified by staff as having wandering behaviors) walked up and down the hall and past the unlocked vacant resident room #115 with the unsecured cleaning products on the housekeeping cart multiple times. -There was no staff in the area of the unlocked room with unsecured cleaning products.</p> <p>Observation on 07/29/21 at 8:09am revealed: -There were two residents (identified by staff as having wandering behaviors) walking up and down the hall by the unlocked vacant resident room #115 with the unsecured cleaning products on the housekeeping cart. -There was no staff in the area of the unlocked room with unsecured cleaning products.</p> <p>Interview with the Maintenance Director on 07/29/21 at 8:21am revealed: -The housekeeping cart in vacant resident room</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
---	---

(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
D 079	<p>Continued From page 13</p> <p>#115 was a new cart and it was too big to store in the housekeeping storage room in the SCU. -Housekeeping staff usually took that housekeeping cart upstairs to the assisted living (AL) floor and stored it in the larger housekeeping storage room there. -He was not sure why the housekeeping cart was left unsecured with cleaning products in vacant resident room #115. -He would take the housekeeping cart out of the vacant room and lock it up.</p> <p>Observation of the second common bathroom labeled "restroom" (room #160) in the SCU on 07/29/21 at 7:41am revealed: -The restroom door was unlocked. -There was a broom, a bucket with a plunger, and a canvas storage bin with dark brown stains on the floor in the right corner of the restroom. -There was white plaster powder and dirt and debris on the floor in the right corner of the room. -There was a trash can overflowing with trash near the toilet. -There was yellow urine and brown stains in the toilet bowl. -There were 4 small trash cans on the floor in front of the sink area and near the door.</p> <p>Interview with the Maintenance Director on 07/29/21 at 8:27am revealed: -The common bathroom labeled "restroom" (room #160) should have been cleaned yesterday, 07/28/21. -The walls in that bathroom were recently being repaired to due damage caused by wheelchairs bumping into the walls. -The white powder on the floors were from the plaster they were using to repair the walls.</p> <p>Interview with a housekeeper on 07/29/21 at</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
---	---

(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
D 079	<p>Continued From page 14</p> <p>8:53am revealed: -She was usually assigned to clean on the AL floor. -There was another housekeeper assigned to the SCU but she was not at the facility today, 07/29/21. -She last cleaned in the SCU about a month ago. -The housekeeping carts should be locked in the housekeeping storage rooms when not in use and with the housekeepers. -The residents in the SCU were "confused" and could get into the cleaning products if left unlocked.</p> <p>Interview with the ED on 07/29/21 at 9:05am revealed: -The Licensed Practical Nurse (LPN) Supervisor would have been responsible for checking the SCU that morning on 07/29/21. -She talked with the facility's contracted Travel Nurse that morning, 07/29/21, and asked her to make sure rounds were done that morning. -She was not aware the new housekeeping cart in the SCU was too big to fit in the housekeeping storage room in the SCU. -She would have the Maintenance Director to switch the new housekeeping cart to be used in the AL since it was too big to be stored in the housekeeping room in the SCU. -She asked the SCU housekeeper to clean common bathroom (room #160) in the SCU yesterday, 07/28/21. -She did not know why it was not cleaned yesterday, 07/28/21, and that housekeeper was not at the facility today, 07/29/21. -She contacted a staffing agency yesterday, 07/28/21, to get a staff person to help with housekeeping duties.</p> <p>Interview with the facility's contracted Travel</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
---	---

(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
D 079	<p>Continued From page 15</p> <p>Nurse on 07/29/21 at 10:07am revealed: -She was not sure if anyone had made rounds to check for locked doors and to make sure personal care and cleaning products were locked in the SCU that morning, 07/29/21. -She had not checked to make sure the doors were locked in the SCU that morning, 07/29/21.</p> <p>Interview with the LPN Supervisor on 07/29/21 at 10:14am revealed: -She would lock all the storage rooms during her shift and came back the next shift and the storage rooms would be unlocked. -She had reported the problem to the former ED at times (could not recall specific times) about unlocked storage rooms in the SCU during morning stand up meetings. -She had not been instructed by anyone to check the storage room doors and to check for unlocked personal care and cleaning products in the SCU. -She was concerned about the personal care and cleaning products being unsecured because there were 4 residents in the SCU who walked the halls and had wandering behaviors. -One of those residents would sometimes opened doors, walked in the room, and then came back out.</p> <p>_____</p> <p>The facility failed to secure hazardous products stored in the special care unit (SCU) where 23 residents with dementia, other cognitive impairments, and wandering behaviors resided which placed the residents at risk for harm. Personal care hygiene products, multiple hazardous cleaning products including bleach germicidal cleaner and wipes, furniture polish, stainless steel cleaner and polish, disinfectant spray, toilet bowl cleaner, dumpster deodorizer, and uric acid eradicator were left unsecured</p>	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
---	---

(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
D 079	<p>Continued From page 16</p> <p>where residents having wandering behaviors had access to the unsecured areas with the hazardous substances. This failure was detrimental to the health, safety, and welfare of the residents who resided in the SCU and constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/29/21 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 13, 2021.</p>	D 079		
D 465	<p>10A NCAC 13F .1308(a) Special Care Unit Staff</p> <p>10A NCAC 13F .1308 Special Care Unit Staff (a) Staff shall be present in the unit at all times in sufficient number to meet the needs of the residents; but at no time shall there be less than one staff person, who meets the orientation and training requirements in Rule .1309 of this Section, for up to eight residents on first and second shifts and 1 hour of staff time for each additional resident; and one staff person for up to 10 residents on third shift and .8 hours of staff time for each additional resident.</p> <p>This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION</p> <p>The Type B Violation was abated. Non-compliance continues.</p> <p>Based on record reviews and interviews, the facility failed to ensure the minimum number of staff were present at all times to meet the needs of residents residing in the special care unit</p>	D 465		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
---	---

(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
D 465	<p>Continued From page 17</p> <p>(SCU) for 9 of 21 shifts sampled from 07/03/21 - 07/05/21 and 07/23/21 - 07/26/21.</p> <p>The findings are:</p> <p>Review of the facility's current license effective 01/01/21 revealed the facility was licensed for a capacity of 110 including a special care unit (SCU) with a capacity of 53.</p> <p>Review of the facility's resident census reports dated 07/03/21- 07/05/21 revealed there was a census of 24 residents on each of those dates, which required 24 staff hours on first and second shifts and 19.2 staff hours on third shift.</p> <p>Review of staff time cards dated 07/04/21 revealed:</p> <ul style="list-style-type: none"> -There was a total of 22.5 staff hours provided on first shift with a shortage of 1.5 hours. -There was a total of 22.25 staff hours provided on second shift with a shortage of 1.75 hours. -There was a total of 16 staff hours provided on third shift with a shortage of 3.2 hours. <p>Review of staff time cards dated 07/05/21 revealed there was a total of 16.25 staff hours provided on third shift with a shortage of 2.95 hours.</p> <p>Interview with the Licensed Practical Nurse (LPN) Supervisor on 07/30/21 at 3:15pm revealed:</p> <ul style="list-style-type: none"> -She was not aware the facility was short staffed from 07/04/21- 07/05/21. -She was not responsible for the schedule during the time of 07/04/21- 07/05/21. -The previous Administrator was responsible for the schedule during the time of 07/04/21- 07/05/21. 	D 465		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
---	---

(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
D 465	<p>Continued From page 18</p> <p>Review of the facility's resident census reports dated 07/23/21 - 07/26/21 revealed there was a SCU census of 23 residents each of those days, which required 23 staff hours on first and second shifts and 18.4 staff hours on third shift.</p> <p>Review of staff time cards dated 07/23/21 revealed there were 16 staff hours provided on third shift in the SCU with a shortage of 2.4 staff hours.</p> <p>Review of staff time cards dated 07/24/21 revealed: -There were 21.88 staff hours provided on first shift in the SCU with a shortage of 1.12 staff hours. -There were 16.32 staff hours provided on third shift in the SCU with a shortage of 2.08 staff hours.</p> <p>Review of staff time cards dated 07/25/21 revealed there were 16.52 staff hours provided on third shift in the SCU with a shortage of 1.88 staff hours.</p> <p>Review of staff time cards dated 07/26/21 revealed there were 16.13 staff hours provided on third shift in the SCU with a shortage of 2.27 staff hours.</p> <p>Interview with a personal care aide (PCA) on 07/30/21 at 3:28pm revealed: -There was not enough staff working in the SCU. -She came in early most days to get ahead of her job duties because there was not enough staff. -There should have been 3 PCAs scheduled during first and second shifts. -There were 2 PCAs scheduled for first and second shifts.</p>	D 465		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
---	---

(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
D 465	<p>Continued From page 19</p> <p>Interview with the LPN Supervisor on 07/30/21 at 3:15pm revealed:</p> <ul style="list-style-type: none"> -She was responsible for the schedule. -She thought the SCU was fully staffed. -She normally scheduled 2 PCAs and 1 medication aide (MA) on the shifts. -Some days there were 3 PCAs and 1 MA scheduled. <p>Interview with the Executive Director (ED) on 07/30/21 at 5:39pm revealed:</p> <ul style="list-style-type: none"> -The LPN supervisor was responsible for the schedule and completing the daily assignment sheets. -The contracted Travel Nurse was responsible for ensuring the schedule and shifts were correct. -The Director of Resident Care (DRC) was responsible for the entire facility's schedule and worked with the LPN Supervisor and the contracted Travel Nurse. -She had contracted with staffing agencies and they did not have enough staff to provide services. -The staff in the facility were working over 100 hours per week due to short staffing. 	D 465		
D912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights:</p> <p>2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents</p>	D912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/30/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
---	---

(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
D912	<p>Continued From page 20</p> <p>received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to housekeeping and furnishings.</p> <p>The findings are:</p> <p>Based on observations, record reviews, and interviews, the facility failed to ensure the facility was free of obstructions and hazards including clutter in two common bathrooms, an unlocked electrical room, and personal care hygiene products and cleaning agents that were left unsecured in bathrooms, storage rooms, and kitchenettes resulting in hazardous substances being unattended and accessible to the 23 residents residing in the special care unit (SCU) and a hot coffee pot left unattended in an unlocked kitchenette in the SCU. [Refer to Tag 079, 10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings (Type B Violation)].</p>	D912		