STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	HAL041052		B. WING		R 07/26/2023	
		11AL041032			1 0772	10/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MORNIN	MORNINGVIEW AT IRVING PARK 3200 N E GREENS			7408		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ACTION SHOULD BE CONTROL THE APPROPRIATE	
D 000	Initial Comments		D 000			
		ensure Section conducted an up survey on July 25-26, 2023.				
D 113	10A NCAC 13F .03	11(d) Other Requirements	D 113			
	(d) The hot water is provide an adequat kitchen, bathrooms closets and soil utilitemperature at all fibe maintained at a (38 degrees C) and F (46.7 degrees C) existing facilities. This Rule is not me TYPE B VIOLATION Based on observation interviews, the facility water temperatures minimum of 100 demaximum of 116 degrees and solve the solve of 116 degrees and solve of	ions, record reviews, and ity failed to ensure the hot were maintained at a grees Fahrenheit (F) to a legrees F for 7 of 7 fixtures (6 or 1) located in residents' rooms				
	The findings are:					
	07/25/23 from 9:45a -The facility was a to- The facility was divided unit with 3 halls have and a Special Care second floor with a	vided into Assisted Living (AL) ving a census of 37 residents Unit (SCU)located on the census of 14 residents.				
		hot water temperature at the oom 134 on 07/25/23 at				

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:	, ,	E CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUILDING:		R	
HAL041052		B. WING		07/26/2023		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MORNIN	GVIEW AT IRVING PA	ARK	M STREET			
	Г	GREENSE	BORO, NC 2			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 113	Continued From pa	ige 1	D 113			
	9:35am revealed th 122 degrees F.	ne hot water temperature was				
	9:35am revealed the hot water temperature was 122 degrees F. Interview with the resident who resided in room 134 on 07/25/23 at 9:38am revealed: -She used the sink independentlyStaff assisted her with her showers and adjusted the shower water to a comfortable temperatureShe never had an issue where the water temperature was too hot because she adjusted the water temperature by mixing in some cold water when using the sinkShe had never been burned by hot water. Observation of the hot water temperature at the bathroom sink of room 136 on 07/25/23 at 9:40am revealed the hot water temperature was 122 degrees F. Interview with the resident who resided in room 134 on 07/25/23 at 9:43am revealed: -She used the sink independentlyIt usually took a long time for the hot water to get hot.					
	sink long enough for washing her hands -Staff assisted her to the shower water to -She never had an temperature was to the water temperature water when using the water when using the washing the water when using the washing the water water water water washing the washing the washing the washing the water washing the	with her showers and adjusted of a comfortable temperature. issue where the water to hot because she adjusted the by mixing in some cold				
	bathroom sink of ro	hot water temperature at the som 128 on 07/25/23 at se hot water temperature was				

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AND DI AN OF CORRECTION \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	HAL041052		B. WING		R 07/26/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MORNIN	GVIEW AT IRVING PA	RK	M STREET			
	I	GREENSE	BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
D 113	Continued From pa	ge 2	D 113			
	Interview with the real 128 on 07/25/23 at -She used the sink -She knew to add of the water temperature. Staff assisted her water the shower water to -She never had an itemperature was to the water temperature was to the water temperature water when using the -She had never been observation of the bathroom sink of rogen 9:48am revealed the 129 degrees F. The bathroom shower was linterview with the real 124 on 07/25/23 at -She used the sink -She showered indereshe had never been because she adjust mixing in some color and the showerShe had not told story because she just at -She could not remove the checked the hot was observation of the bathroom sink of rosecond floor and near the second floor and near the s	esident who resided in room 9:43am revealed: occasionally. old water to the hot water if are needed adjusting. with her showers and adjusted a comfortable temperature. issue where the water o hot because she adjusted are by mixing in some cold her sink. In burned by hot water. In the water temperature at the om 124 on 07/25/23 at the hot water temperature was the hot water temperature at the was 124 degrees F. Resident who resided in room 9:50am revealed: daily. The pendently. It water was very hot. In burned by hot water water temperature by the water when using the sink water when using the sink aff the water was too hot dijusted it. The person ter temperatures. The water temperature at the om 223, located on the ext to the entrance to the SCU, am revealed the hot water				

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Interview with the resident who resided in room

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	HAL041052		B. WING			R 26/2023
	PROVIDER OR SUPPLIER	3200 N E	DRESS, CITY, ST LM STREET BORO, NC 27			
(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 AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 113	223 on 07/25/23 at -She bathed indeperature was to the water temperature water before getting -She had never been linterview with a med 07/25/23 at 9:59am -None of the reside about the water temperatures about the water temperatures -The residents who bathing always had check the comfort before exposing the Observation of the bathroom sink of round the sinks and she sculptured in room 23. Interview with a person of the sinks and she the staff always check the sinks and she the staff always check the staff always contact with the staff always contact water temperature.	9:58am revealed: endently. issue where the water to hot because she adjusted are by mixing in some cold g into the shower. en burned by hot water. dication aide (MA) on a revealed: ints had complained to her inperature being too hot. e of any residents being water temperatures. bathed independently without re able to adjust their own s. a required staff assistance with a staff member with them to evel of the water temperature e resident to it. hot water temperature at the som 231 in the SCU on m revealed the hot water	D 113			

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DIVISION	of Health Service Re	egulation				1
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AIND LEWIN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		HAL041052	B. WING			6/2023
NAME OF I	200//050 00 01/00//50	OTDEET AD	DDEGG OITY	OTATE ZID CODE		
NAIVIE OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MORNIN	GVIEW AT IRVING PA	RK	LM STREET	7.400		
		GREENS	BORO, NC 2	7408		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		DATE
				DEFICIENCY)		
D 113	Continued From no	ac 4	D 113			
ט ווט	Continued From pa	ge 4	D 113			
		esident complain the water				
	burned them or felt					
		l never reported the water				
	feeling too hot.					
	0 07/05/00 1.40					
		12am, an ice water slurry was				
		surveyors' thermometers with				
	thermometers.	rees F registered on both				
	memometers.					
	Interview with the F	xecutive Director (ED) on				
	07/25/23 at 10:50ar	` ,				
		hat signs needed to be posted				
		ot water temperatures were				
	elevated and for res	sidents to have assistance				
	from staff before us	sing the hot water.				
	-The Maintenance I	Director was not available and				
		ork tomorrow on 07/26/23.				
		o contact the Maintenance				
		ce to adjust the hot water				
	temperatures.	to the about on the contract to an ex-				
		tact a plumber for assistance				
	with adjusting hot w	ater temperatures.				
	Interview with a me	mber of the maintenance staff				
	on 07/25/23 at 11:1					
		Director usually checked hot				
		weekly and recorded for				
	corporate complian					
	-He assisted occasi	ionally with monitoring weekly				
	hot water temperatu					
		tecting device for monitoring				
	hot water temperati					
		e hot water temperatures he				
	obtained.	I be described to				
		I hot water temperatures				
	greater than 116 de					
		hot water heater down and				
		about trying to adjust hot water				
	temperatures to be	between 100-116 degrees F.				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l`´COM		(X3) DATE	SURVEY LETED
701012701	OF CONTRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		OOWII	LLILD
					F	₹
		HAL041052	B. WING		07/2	6/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS CITY S	STATE, ZIP CODE		
			M STREET	· · · · - , - · · · · · · · · · · · · · · · · · · ·		
MORNIN	GVIEW AT IRVING PA	.RK	BORO, NC 2	7408		
040.15	CLIMMA DV CTA		1			()(5)
(X4) ID PREFIX	-	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
D 113	Continued From pa	ge 5	D 113			
	Continuou i rom pu	900				
	01 " " "	6 334 07/05/00 1 40 00				
		facility on 07/25/23 at 12:00pm				
		e posted alerting residents of				
	elevated hot water	temperatures.				
	Interview with a PC	A on the AL unit on 07/25/23				
	at 9:50am revealed					
		nts were assisted by staff with				
	bathing.					
		complained to her about the				
	hot water being too					
	-She had not notice	ed any increase in the hot				
	water temperatures	while assisting the residents.				
		d water temperatures to the				
		or to starting their baths.				
		ntenance were responsible for				
		er temperature, not PCAs.				
		om 124 was independent for				
	bathing and stall di	d not assist her with baths.				
	Interview with a fire	t shift MA on the AL unit on				
	07/25/23 at 9:48am					
		omplained about elevated hot				
	water temperature.					
		of any incident when a resident				
	informed her they h	ad been burned by hot water				
	in their room.					
		in the SCU on 07/25/23 at				
	3:45pm revealed:					
		posed a resident to water				
	own skin.	ng the temperature on their				
		U were diligent about				
		temperature before letting the				
		ecause the residents in the				
		to express if the water was				
		e water temperature on their				
	own.					
		e SCU did not wash their				

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DIVISION	Division of Health Service Regulation				1	1
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		I COMP	LETED
					F	,
		HAL041052	B. WING			6/2023
		11/12041002			0172	0/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MODAUN	OVIEW AT IDVINO DA	3200 N EL	.M STREET			
MORNIN	GVIEW AT IRVING PA	GREENSE	BORO, NC 2	7408		
(Y4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION)N	(X5)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
				DEFICIENCY)		
D 113	Continued From pa	ae 6	D 113			
	•					
	hands in the sink w					
		esident complain to her about				
	_	hot or getting burned by hot				
	water.					
	Davidson of the control	alala la aksisakan konsus susus susus s				
		able hot water temperature log				
	on 07/26/23 revealed					
	-On 05/21/23, there	mented for residents' rooms				
	ranging from 100 to					
	-On 05/24/23, there	•				
		mented for residents' rooms				
	ranging from 102 to					
	-On 07/01/23, there					
		mented for residents' rooms				
	ranging from 101 to					
	-On 07/08/23, there					
	temperatures docu	mented for residents' rooms				
	ranging from 102 to	104 degrees F.				
	-On 07/15/23, there	were 3 hot water				
	temperatures docu	mented for residents' rooms				
	ranging from 103 to	107 degrees F.				
		laintenance Director on				
	07/26/23 at 8:45am					
		he facility's hot water				
		elevated above 116 degrees				
	F.	de la company de la constant de la c				
		olumber attempt to adjust hot late on 07/25/23 and was				
	unsuccessful.	iale on orizoizo and was				
		I to replace the hot water				
		npletely correct the hot water				
		and one had been ordered.				
		ty's 4 hot water heaters had				
		aintain hot water temperature				
	between 100-116 d					
		hot water temperatures closely				
		lve was being replaced.				
		he hot water temperature this				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL041052	B. WING			R 26/2023
MORNINGVIEW AT IRVING PARK 3200 N EI		DRESS, CITY, S LM STREET BORO, NC 27	TATE, ZIP CODE			
(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 CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 113	morning and would temperatures could Recheck of the batt 07/26/23 at 11:25ar temperature was 10 Recheck of the batt 07/26/23 at 11:20ar temperature was 10 Recheck of the batt 07/26/23 at 11:38ar temperature was 11 Recheck of the batt 07/26/23 at 11:01ar temperature was 11 Recheck of the batt 07/26/23 at 11:04ar temperature was 11 Recheck of the batt 07/26/23 at 11:04ar temperature was 11 Recheck of the batt 07/26/23 at 11:10ar temperature was 10 Recheck of the batt 07/26/23 at 11:01ar temperature was 10 Recheck of the batt 07/26/23 at 11:01ar temperature was 10 Director was inform were in compliance related to elevated be removed.	inform when the hot water be rechecked. nroom sink in room 134 on m revealed the hot water 08 degrees F. nroom sink in room 136 on m revealed the hot water 08 degrees F. nroom sink in room 128 on m revealed the hot water 10 degrees F. nroom sink in room 124 on m revealed the hot water 10 degrees F. nroom shower in room 124 on m revealed the hot water 10 degrees F. nroom sink in room 223 on m revealed the hot water 10 degrees F. nroom sink in room 231 on m revealed the hot water 06 degrees F. nroom sink in room 231 on m revealed the hot water 04 degrees F. 30am, the Maintenance led hot water temperature and signs in residents' room hot water temperatures could ensure hot water	D 113			
		fixtures used by residents etween 100-116 degrees F				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		 	,
	HAL041052		B. WING		1	6/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
MORNIN	GVIEW AT IRVING PA	ARK .	M STREET	27.400		
0(1) ID	CLIMMA DV CTA		BORO, NC 2		ION	(2/5)
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 113	Continued From pa	ge 8	D 113			
D 113	related to hot water ranged from 120-12 temperature of 129 first degree burn in second degree bur detrimental to the hother residents and control of the facility provider accordance with Gathis violation.	temperatures checked that 29 degrees F. A hot water degrees F could result in a less than 30 seconds and a n in 1 minute. This failure was realth, safety and welfare of constitutes a Type B Violation. d a plan of protection in S. 131D-34 on 07/25/23 for TE FOR THE TYPE B NOT EXCEED SEPTEMBER	D 113			

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