	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL092088	B. WING		11/17/2015		
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST	TATE, ZIP CODE			
MORNIN	GSIDE OF RALEIGH	801 DIXIE RALEIGH.	TRAIL NC 27607				
(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 ^Y	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
C 000	Initial Comments		C 000				
		a Biennial Construction Survey Cates and Frank Strickland 015.					
	Facility was first lice One hundred ten (1 Fifty-Three (53) Spo on this information, meet the 1991 Rule Domiciliary Homes State Building Code Occupancy; and the	on gathered from our files, the ensed on October 25, 1991 for 10) residents, including ecial Care Residents. Based we are requiring the facility to es for the Licensing of and the 1991 North Carolina e, Section 409- Institutional e applicable portions of the It care Home of Seven or					
C 164	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND	C 164				
	maintain the buildin Findings includ a- In the Handid	vations, the facility has failed to gs in good repair and clean.					
rision of H	b- There are ur walls in Stair 3	on the upper level. on the upper level. om 219 has a strong odor					

Division	of Health Service Re	equiation			FORM	APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		HAL092088	B. WING		11/	17/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
MORNIN	GSIDE OF RALEIGH	801 DIXIE RALEIGH	TRAIL , NC 27607			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 1	C 164			
	of urine and the	e carpet is stained.				
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166			
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, free hazards; (e) This Rule shall facilities. This Rule is not me	HOUSEKEEPING AND es shall: n an uncluttered, clean and e of all obstructions and apply to new and existing				
	maintain the buildin storing oxygen cont them from falling ov could affect all pers oxygen containers o cylinder or nozzle.	g free of hazards by not ainers securely to prevent ver or rolling around. This ons in the facility as the could fall over, damaging the				
	Findings include a- There are un being stored Ro	supported oxygen bottles				
	maintain the buildin maintaining the Exit could affect all staff	rations, the facility has failed to g free of hazards by not t path from the building. This who may be required to use ant of an emergency.				
	Findings includ	e:				
	Sprinkler Riser	of the landing outside the Room has buckled and the en, weakening the landing				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092088			(X2) MULTIPLE A. BUILDING: 0		(X3) DATE SURVEY COMPLETED	
		HAL092088	B. WING		11/	17/2015
NAME OF	PROVIDER OR SUPPLIER	L	DDRESS, CITY, ST	TATE, ZIP CODE		
		801 DIXI		,		
MORNIN	GSIDE OF RALEIGH	RALEIGH	I, NC 27607			
(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) COMPLET DATE
C 166	Continued From pa	ge 2	C 166			
	concrete slab h	through the courtyard, the as dropped approximately ening the threshold and				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	ensure that the buil the fire resistance of deficiency directly a and visitors by allow	et as evidenced by: vations, the facility has failed to ding is safe by not maintaining of building components. This affect all residents, personnel, ving the possible spread of compartment of origin.				
	Findings includ	e:				
	and abandoned Maintenance/ S b- In the Kitche Room, there is ceiling mounted c- In Electrical I	ultiple holes around existing d pipes in the ceiling of the Storage area in the basement. n vestibule from the Dining a large gap around the d HVAC diffuser. Room 254, there are re not fire-caulked at the				

AND PLAN OF CORRECTION		Equiation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			E SURVEY PLETED
		HAL092088	B. WING	B. WING		11/17/2015
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S ⁻	TATE, ZIP CODE		
MORNIN	IGSIDE OF RALEIGH	801 DIXI RALEIGI	E TRAIL H, NC 27607			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLETI DATE
C 189	Continued From pa	ge 3	C 189			
	Housekeeping disconnected. e- The corridor	tic closer on the door of Room 168 has been door to the Laundry is with the use of a wedge.				
	2- Based on observations, the facility has failed to maintain the safety systems in operating condition. This could affect all occupants of the building in the event of a power failure.					
	Findings include:					
	at the Courtyan illuminate on ba b- The emerger Oakwood Dinin on battery. c- The emerger does not illumin d- The emerger not illuminate o e- The mechan Mechanical Clo motor is cool. f- The emerger Magnolia Room battery. g- The emerger Fireside Parlor not illuminate o	ncy light outside the Ig Room does not illuminate Incy light outside Room 217 nate on battery. Incy light at the Salon does In battery. Incal damper located in Inset 189 is closed and the Incy light located in the Incy light located near the Incy light located near the Incy light located near the In the Dining Room does				
	near Rooms 20 upon detection i- The smoke d on the 2nd floo released.	5 and 207 does not release				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		Qulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			E SURVEY PLETED
		HAL092088	B. WING		11/	17/2015
NAME OF	PROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, ST	TATE, ZIP CODE		
NORNIN	GSIDE OF RALEIGH	801 DIXI RALEIGI	E TRAIL H, NC 27607			
(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 ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
C 189	Continued From pa	ge 4	C 189			
	release upon de k- The 15-seco the corridor at t release upon de I- At most EXIT disconnected k delay locks are cause confusio emergency. 4- Based on observ maintain the buildin operating. This defi	he Central Stair did not etection of smoke. nd delay EXIT door from he West Stair did not etection of smoke. S, the abandoned and eypads for the 15-second still in place which may n in the event of an vations, the facility has failed to g electrical system safe and ciency may affect those access to the electrical panel				
	EXIT of the cou cover. b- There is a m	e: exterior light near the irtyard that is missing the issing breaker blank in trical Closet 152				
C 199	provided with exhau two cubic feet per n requirement does n	PHYSICAL PLANT 11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This iot apply to facilities licensed , with natural ventilation in ces: rage;	C 199			

STATE FORM

HJRN21

If continuation sheet 5 of 6

		Egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: ((X3) DATE SURVEY COMPLETED	
			B. WING			
	ROVIDER OR SUPPLIER		DDRESS, CITY, ST		11/	17/2015
	GSIDE OF RALEIGH	801 DIXI				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5) COMPLET
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	DATE
C 199	Continued From pa	ige 5	C 199			
	facilities with the ex which shall not app This Rule is not me 1- Based on observ has failed to mainta systems in working persons in the build exhausting of odors germs that may cau Findings includ a- The central e of the building i floors. b- The exhaust 158 is not opera c- The central e of the building i floors. d- Soiled Linen equipped with a are present. e- Soiled Linen with an exhaus f- Soiled Linen	apply to new and existing (ception of Paragraph (e) ly to existing facilities. et as evidenced by: vations and testing, the facility ain the mechanical exhaust condition. This may affect all ding as it prevents the s and possible bacteria or use illness. e: exhaust fan on the West end is not operating on both				