

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/17/2015
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NAME OF PROVIDER OR SUPPLIER
MORNINGSIDE OF RALEIGH

STREET ADDRESS, CITY, STATE, ZIP CODE
**801 DIXIE TRAIL
RALEIGH, NC 27607**

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C 000	Initial Comments This is a Report of a Biennial Construction Survey conducted by Greg Cates and Frank Strickland on November 17, 2015. Based on information gathered from our files, the Facility was first licensed on October 25, 1991 for One hundred ten (110) residents, including Fifty-Three (53) Special Care Residents. Based on this information, we are requiring the facility to meet the 1991 Rules for the Licensing of Domiciliary Homes and the 1991 North Carolina State Building Code, Section 409- Institutional Occupancy; and the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds.	C 000	CONSTRUCTION SECTION JAN 08 2016 RECEIVED	
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 observations, the facility has failed to maintain the buildings in good repair and clean. Findings include: a- In the Handicap Bathroom, there are broken ceramic tiles with sharp edges. b- There are unsightly splatters on the walls in Stair 3 on the upper level. c- Resident Room 219 has a strong odor	C 164	a. Repaired and installed Corner guards b.) cleaned splatters	11/24/15 11/24/15

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

TITLE

(X6) DATE

[Signature]

Executive Director 1/6/16

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL002088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/17/2015	
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C 164	Continued From page 1 of urine and the carpet is stained.	C 164	C. Cleaned and Sanitized Carpet and Room	11/18/15
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the building free of hazards by not storing oxygen containers securely to prevent them from falling over or rolling around. This could affect all persons in the facility as the oxygen containers could fall over, damaging the cylinder or nozzle.</p> <p>Findings include:</p> <p>a- There are unsupported oxygen bottles being stored Room 217.</p> <p>2- Based on observations, the facility has failed to maintain the building free of hazards by not maintaining the Exit path from the building. This could affect all staff who may be required to use this EXIT in the event of an emergency.</p> <p>Findings include:</p> <p>a- One corner of the landing outside the Sprinkler Riser Room has buckled and the bricks have fallen, weakening the landing</p>	C 166	<p>a. oxygen bottles secured in approved holders</p> <p>a. To be repaired 1/7/15</p>	<p>11/17/15</p> <p>1/7/15</p>

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C 166	Continued From page 2 near the steps. b- At the EXIT through the courtyard, the concrete slab has dropped approximately $\frac{3}{4}$ - 1 inch, loosening the threshold and causing a trip hazard.	C 166	b. Installed Support under Threshold	12/8/15
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (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 observations, the facility has failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin. Findings include: a- There are multiple holes around existing and abandoned pipes in the ceiling of the Maintenance/ Storage area in the basement. b- In the Kitchen vestibule from the Dining Room, there is a large gap around the ceiling mounted HVAC diffuser. c- In Electrical Room 254, there are conduits that are not fire-caulked at the ends.	C 189	a. Holes in ceiling patched and Sealed b) Diffuser gap Patched and Sealed c. Conduits Fire caulked	12/14/15 12/14/15 12/14/15

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C 189	Continued From page 3 d- The automatic closer on the door of Housekeeping Room 168 has been disconnected. e- The corridor door to the Laundry is propped open 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: a- The EXIT/ emergency light combination at the Courtyard EXIT door does not illuminate on battery. b- The emergency light outside the Oakwood Dining Room does not illuminate on battery. c- The emergency light outside Room 217 does not illuminate on battery. d- The emergency light at the Salon does not illuminate on battery. e- The mechanical damper located in Mechanical Closet 189 is closed and the motor is cool. f- The emergency light located in the Magnolia Room does not illuminate on battery. g- The emergency light located near the Fireside Parlor in the Dining Room does not illuminate on battery. h- One leaf of the Smoke doors located near Rooms 205 and 207 does not release upon detection of smoke. i- The smoke doors located at the elevator on the 2nd floor do not latch when released. j- The 15-second delay EXIT door from	C 189	d. Automatic closer Reconnected e. Wedge removed from door, STAFF instructed to no longer Wedge Door a) Replaced battery b) Replaced battery c) Replaced emergency light d) Installed new emergency light e) All Red Mechanical Inspected unit, Functions properly f) Installed New light g) Installed New light h) Repaired loose wire i) Adjusted Door closer j) Champion Systems Inc. Installing new Fire Control Panel and Trouble shooting	12/15/15 11/17/15 11/23/15 11/23/15 11/25/15 11/25/15 11/18/15 11/27/15 11/27/15 11/18/15 11/18/15 1/15/16

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C 189	Continued From page 4 the corridor at the Central Stair did not release upon detection of smoke. k- The 15-second delay EXIT door from the corridor at the West Stair did not release upon detection of smoke. l- At most EXITS, the abandoned and disconnected keypads for the 15-second delay locks are still in place which may cause confusion in the event of an emergency. 4- Based on observations, the facility has failed to maintain the building electrical system safe and operating. This deficiency may affect those persons who need access to the electrical panel in an emergency. Findings include: a- There is an exterior light near the EXIT of the courtyard that is missing the cover. b- There is a missing breaker blank in Panel J in Electrical Closet 152	C 189	K) Champion Systems Inc. Installing New Fire Control Panel and Trouble Shooting System I.) old Key Pads Covered a.) exterior light cover Replaced	by 1/15/16 12/21/15 11/18/15
C 199	Exhaust Ventilation 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;	C 199		

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C 199	<p>Continued From page 5</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 1- Based on observations and testing, the facility has failed to maintain the mechanical exhaust systems in working condition. This may affect all persons in the building as it prevents the exhausting of odors and possible bacteria or germs that may cause illness.</p> <p>Findings include:</p> <p>a- The central exhaust fan on the West end of the building is not operating on both floors. b- The exhaust fan in Soiled Utility Room 158 is not operating. c- The central exhaust fan on the East end of the building is not operating on both floors. d- Soiled Linen Room 250 is not equipped with an exhaust fan and odors are present. e- Soiled Linen Room 256 is not equipped with an exhaust fan and odors are present. f- Soiled Linen Room 264-A is not equipped with an exhaust fan and odors are present.</p>	C 199	<p>a) West exhaust system broken belt Replaced by Allred mechanical 11/18/15</p> <p>b) #158 exhaust fan switch was off 11/18/15</p> <p>c) East exhaust system Repaired by Allred mechanical 11/18/15</p> <p>d) drilled Duct and Installed exhauste Grate in closet 12/15/15</p> <p>e) Room 256 is tied into West Central exhaust broken belt replaced 11/18/15</p> <p>f.) Installed new exhaust fan 12/28/15</p>	

CSI Proposal

Champion Systems, Inc.

207 Hillstone Drive
 Jamestown, NC 27283
 (336) 885-2441 fax (336) 454-2379

Email: mhawthorn@championssysteminc.com

Client Information _____ 24 years Service!

Name <u>Morningside of Raleigh</u> Location <u>Raleigh, NC</u> _____ _____ Scope <u>Replace & Program FCI Fire Panel</u>	Date: <u>12/30/2015</u> Contact: <u>Norell Bailey</u> Phone: <u>919-828-5557</u> Fax: <u>919-828-7252</u>
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Qty.	Materials	Part Number	Net Price	Total Price
1	7100-2D Panel	1100-1812	\$ 1,732.50	\$ 1,732.50
Material Total				\$ 1,732.50

Service Calls will be billed a minimum of 2 hours.

Hour	Labor Description	O/T Factor	Net Rate	Total Price
3	Installer	1.0	\$ 59.00	\$ -
	Technician	1.0	\$ 89.00	\$ 267.00
	Engineer	1.0	\$ 98.00	\$ -
	Project Manager	1.0	\$ 109.00	\$ -
Labor Total				\$ 267.00

Rounding Miles 60

Qty.	Expense Description	List Price	Net Price	Total Price
1	Fixed Vehicle		\$ 33.00	\$ 33.00
	Perdiem		\$ 78.00	\$ -
60	Variable Vehicle		\$ 0.50	\$ 30.00
	Subcontractor Costs		\$ -	\$ -
Expense Total				\$ 63.00

Notes:
 This is an estimate only. Work will be billed based on actual labor, expenses, and materials used.

Shipping and Handling \$ 34.66
 State Tax 9.75% \$ 119.29

Grand Total (roundup) \$ 2,217.00

Price excludes permits and fees, unless listed.

Price is good for 30 days and based on net 10 terms.

Submitted for Champion Systems by: <u>Marcia Hawthorne</u>	Date: <u>12/30/2015</u>
Proposal accepted for Owner by: <u>[Signature]</u>	Date: <u>12/30/2015</u>



Allred Mechanical Services, Inc
 PO Box 7663
 Rocky Mount, NC 27804

SERVICE ORDER:
WO-0776

581 4800

INVOICE

Bill to: MoringSide
 Attn: Accounts Payable 801 Dixie Trail
 Raleigh, NC 27607

Attention: MoringSide
 Repairs

Work done description: checked east exhaust system. found louver screen stopped up. took duct apart and cleaned screen. checked exhaust system flow. ok.
 checked west exhaust system. found belt broken. replaced belt. checked exhaust system. ok.
 checked Seagrove closet unit. normal operation of outside air intake damper is to shut during fan off cycle. ok.

Invoice Date: 11/18/2015
Site: SD-06 Morningside Repairs
 Morningside Assisted Living 801
 Dixie Trail
 Raleigh, NC 27607

Item	Description	Qty	Rate	Amount \$
SER- Service Labor	Service Regular Labor	6.00	70.00	420.00
			Sub Total:	420.00
			Total Amount Due:	420.00

For questions please call 252-443-5650

Five Star Quality Care - AP Processing			
BU# 61020		Morningside of Raleigh	
Account	Dept		Amount
566129	210		420.00
Vendor ID:			Total 420.00
Signature: <i>[Signature]</i>		Date: 12.10.15	
Title: 90			