STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL092088	B. WING		02/1	≷ 8/2016
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						<u>9:=010</u>
MORNINGSIDE OF RALEIGH 801 DIXIE			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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 000}	Initial Comments		{C 000}			
		Up Construction Survey by Ed ant on February 18, 2016.				
	Biennial Construction	encies cited during the on Survey, have not been ted and will require a new				
	Several new citation	n were added.				
{C 164}	Housekeeping and	Furnishings-Clean, Repaired	{C 164}			
	coverings kept clea (2) have no chronic (3) have furniture c	es shall: ings, and floors or floor n and in good repair;				
	maintain the buildin Findings on Fel c- Resident Roo	et as evidenced by: rations, the facility has failed to gs in good repair and clean. bruary 18, 2016 bruary 19 has a strong odor e carpet is stained.				
{C 166}	Housekeeping-Mair	ntained Free of Hazards	{C 166}			
		06 HOUSEKEEPING AND				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) DATE COMF		SURVEY LETED		
		HAL092088 B. WING 02/1			R 8/2016	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{C 166}	hazards; (e) This Rule shall facilities. This Rule is not me 2- Based on observe maintain the buildin maintaining the Exit could affect all staff this EXIT in the every brindings on Fell b- At the EXIT concrete slab in 3/4- 1 inch. The staff the bottom of the the shall response to the shall be shal	apply to new and existing et as evidenced by: rations, the facility has failed to g free of hazards by not t path from the building. This who may be required to use ent of an emergency.	{C 166}			
{C 189}	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plucare home shall be operating condition. (k) This Rule shall facilities with the ex which shall not apple. This Rule is not median to the shall on the shall not apple.	d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) ly to existing facilities.	{C 189}			

Division of Health Service Regulation

STATE FORM 6899 HJRN22 If continuation sheet 2 of 4

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) (C1 189) (C1 189) Continued From page 2 and visitors by allowing the possible spread of smoke beyond the compartment of origin. Findings on February 18, 2016:	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE COMP	E SURVEY PLETED		
MORNINGSIDE OF RALEIGH MORNINGSIDE OF RALEIGH (X4) ID SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (C 189) Continued From page 2 and visitors by allowing the possible spread of smoke beyond the compartment of origin. Findings on February 18, 2016: e- The corridor door to the Laundry is propped open with the use of a wedge. Deficiency corrected before Construction Surveyors departed Site 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 on February 18, 2016: j- The 15-second delay EXIT door from 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. New Citations: M- The fire alarm pull at the Ground Floor			HAL092088	B. WING				
MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 August Description Summary statement of deficiency must be preceded by full (EACH DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG	NAME OF I	·						
CAU ID PREFIX TAGE SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAGE CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAGE PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	MORNIN	MORNINGSIDE OF RALFIGH						
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N- West Stair was being used for storage. Deficiency corrected before Construction Surveyors departed Site. 5. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated wall construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or Compartment of origin. Findings on February 18, 2016: a. In Elec Closet 152 - The right wall had a large hole around a 3 inch condult penetration, b. In Elec Closet 152 - The wall above the door had a hole in it,	{C 189}	and visitors by allow smoke beyond the e- Findings on Fel e- The corridor propped open work Deficiency corrected Surveyors departed 2- Based on observing maintain the safety condition. This coul building in the even Findings on Fel j- The 15-second the corridor at the corridor at the corridor at the corridor at the release upon down to the corridor at the corridor	ving the possible spread of compartment of origin. bruary 18, 2016: door to the Laundry is vith the use of a wedge. d before Construction I Site rations, the facility has failed to systems in operating d affect all occupants of the t of a power failure. bruary 18, 2016: nd delay EXIT door from he Central Stair did not etection of smoke. Ind delay EXIT door from he West Stair did not etection of smoke. Impull at the Ground Floor ork when operated. It was being used for storage. It was being used for storage. It before Construction I Site. Invations, the Building was not et and operating condition, and gaps through the d wall construction invalidated uld affect all residents, staff effire is not contained in Room origin. In the condult penetration,	{C 189}				

Division of Health Service Regulation

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE COMP	SURVEY LETED	
			B. WING		F		
		HAL092088	B. WING		02/1	8/2016	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
MORNINGSIDE OF RALEIGH 801 DIXIE TRAIL PAREIGH DIXIE TRAIL							
	RALEIGH, NC 2/60/						
(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	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE	
				DEI IOIENOT)			

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Division of Health Service Regulation STATE FORM