

PRINTED: 03/04/2016  
FORM APPROVED

## 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  R 02/18/2016
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
(C 000)	Initial Comments  Report of a Follow-Up Construction Survey by Ed Miller and Billy Bryant on February 18, 2016.  The following deficiencies cited during the Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.  Several new citation were added.	(C 000)		
(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 on February 18, 2016 c- Resident Room 219 has a strong odor of urine and the carpet is stained.	(C 164)	- Carpets have been cleaned and old Recliner has been replaced Room to be checked daily	2/20/16
(C 166)	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 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	(C 166)		

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

TITLE

(X6) DATE

STATE FORM

HJRN22

Executive Director 3/18/16  
If continuation sheet 1 of 4

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(C 188)	Continued From page 1  hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 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.  Findings on February 18, 2016 b- At the EXIT door through the courtyard, the concrete slab had dropped approximately ¾- 1 inch. The Facility has supported the threshold, but the height between the slab and the bottom of the threshold is too great, making it very difficult for wheel chairs and creates a tripping hazard.	(C 188)	<i>Threshold has been lowered and Tapered to the concrete, MorningSide is securing bids to have the concrete replaced by April 15<sup>th</sup></i>	2/20/16
(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 (a) 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,	(C 189)		

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(C 189)	<p>Continued From page 2</p> <p>and visitors by allowing the possible spread of smoke beyond the compartment of origin.</p> <p>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</p> <p>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.</p> <p>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.</p> <p>New Citations: M- The fire alarm pull at the Ground Floor East Stair did not work when operated. N- West Stair was being used for storage. Deficiency corrected before Construction Surveyors departed Site.</p> <p>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.</p> <p>Findings on February 18, 2016: a. In Elec Closet 152 - The right wall had a large hole around a 3 inch conduit penetration. b. In Elec Closet 152 - The wall above the door had a hole in it,</p>	(C 189)	<p>e- Wedge has been removed and proper signage placed To keep door closed. Staff instructed to keep door closed</p> <p>JAC Champion Systems installed a new Relay for Maglocks All Doors tested OK</p> <p>M- Champion Systems installed a new pull station</p> <p>N- Stair-well was cleaned out and will be inspected daily</p> <p>a+b- Penetrations were patched and fire caulked</p>	<p>2/18/16</p> <p>2/19/16</p> <p>2/19/16</p> <p>2/20/16</p>

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**CHAMPION SYSTEMS, INC.**  
 206 HILLSTONE DRIVE  
 JAMESTOWN, NC 27282

# INVOICE

Invoice #: 16164  
 Date: Feb 18, 2016

Phone: 336-885-2441  
 Fax: 336-454-2378

**MORNING**  
 Morningside of Raleigh  
 801 Dixie Trail  
 Attn: Mimi  
 Raleigh, NC 27607

Customer ID	Customer PO	Payment Terms
MORNINGSIDE01		Net 30 Days
Job ID	Ship Date	Print Date
T160214		3/20/16

Quantity	Item	Description	Unit Price	Amount
1.00	MATER01	PAM-1 Relay	16.16	16.16
1.00	LABOR01	Labor	368.00	368.00
1.00	EXPEN01	Expenses	51.20	51.20
Service work completed on the fire alarm system. See attached service order for itemized details.				

Subtotal	435.36
Sales Tax	1.09
Total Invoice	436.45
Payment Received	
<b>TOTAL</b>	<b>436.45</b>