Division of Health Service Regulation

PRINTED: 07/15/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL050016	A. BUILDING: 01 B. WING ______	07/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR ASSISTED LIVING	95 MORNINGSTAR LANE SYLVA, NC 28779

(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 Biennial Construction Survey by Dennis Harrell on 7-7-2016. Records indicate this facility was first licensed on 12-1-1973, for 55 residents. Based on this information we are requiring the facility to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1967 North Carolina State Building Code Section 407.1, Group D-2 Institutional Occupancy.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on a review of documents, the most recent Fire Marshal building safety inspection report was dated in 6-24-2014. The most recent fire alarm inspection was dated 7-1-2015. Buildings and fire alarm systems must be inspected and approved annually as required to ensure all systems can operate properly an actual emergency.	C 111	Haynes Technologies has tested the fire alarm system (attachment #1) The Fire Marshall has been called to come inspect the building/system	8/2/16 8/19/16
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 166		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE admin (X6) DATE 8/3/16

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	HAL050016	A. BUILDING: 01 B. WING ______	07/07/2016

NAME OF PROVIDER OR SUPPLIER: **MORNINGSTAR ASSISTED LIVING**

STREET ADDRESS, CITY, STATE, ZIP CODE: **95 MORNINGSTAR LANE, SYLVA, NC 28779**

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C 166	Continued From page 1 (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.	C 166		
	This Rule is not met as evidenced by: 1. Based on observation, the exterior exit path from the exit near room 108 was partially obstructed with a chair and bed rails. Obstructed exit paths could delay or prevent an evacuation in an emergency.		The exterior exit path @ Room 108 has been cleared of all items. Staff has been instructed to keep path unobstructed at all times.	7/7/16
	2. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several portable medical oxygen cylinders were stored in an unapproved beverage crate.		All oxygen cylinders have been stored in an approved area, and in approved cylinder carts. Staff has been instructed to follow these guidelines for all cylinder storage. (attachment #2)	7/7/16
	3. Based on observation, there was no key onsite when the survey first began to allow access into the Director's office. The room could not be surveyed for hazards until some time later when the Director arrived. Keys should be maintained onsite at all times for all spaces.		The key to the Director's office cannot be provided to any or all staff due to HIPPA rules. All facility staff and resident personal files are located in the office. Also, resident personal spending money, as well as facility banking information is kept in the office. Please advise me further with this rule.	7/7/16
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code	C 185		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR ASSISTED LIVING	95 MORNINGSTAR LANE SYLVA, NC 28779

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C 185	Continued From page 2 Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, the only records available onsite included no description of what the rehearsal involved.	C 185	Complete detailed fire rehearsals for all shifts have been performed and are outlined in the facility notebook.	7/7/16
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 (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, all the smoke barrier doors in the facility were wedged open when the survey began. The staff stated that the doors had all closed during the night when the power blinked off for a few seconds. Most of the doors worked properly when the wedges were removed. Smoke barrier doors must never be wedged open.	C 189	All wedges at the smoke barrier doors have been removed and staff instructed not to use in the future.	7/7/16

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NAME OF PROVIDER OR SUPPLIER: **MORNINGSTAR ASSISTED LIVING**

STREET ADDRESS, CITY, STATE, ZIP CODE: **95 MORNINGSTAR LANE, SYLVA, NC 28779**

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C 189	Continued From page 3	C 189		
	2. Based on observation, the smoke barrier door near the Director's office was dragging the floor and would not close when activated by the fire alarm system. Smoke barrier doors must close when activated by the fire alarm system.		Smoke barrier door @ the Director's office has been adjusted, and is working properly.	7/7/16
	3. Based on observation, the handles were missing from the door to room 109. The door is equipped with a roller latch and could not be opened from the inside when closed creating an entrapment hazard. Also, the door could not be closed from the outside to protect the corridor in the event of a fire in the room.		Door handle for Room 109 has been ordered and will be replaced by door company.	8/20/16

Attachment #1

NFPA72 INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: Haynes Technologies
Address: 187 Deaverview Road
City/State/Zip: Asheville, NC 28806
Representative: James R. Hannah
License No.: 18487/00-SP-LV
Telephone: 828-254-6141

PROPERTY NAME (USER)

Name: Morning Star Assisted Living
Address: 505 Racking Cove Road
City/State/Zip: Sylva, NC 28779
Owner Contact: Patsy Gunter
Telephone: (828) 506-5430
Certification Date: August 2, 2016

MONITORING ENTITY

Contact: Design Communications
Telephone: 1-800-223-7727
Monitoring Account Ref. No.: G3-8700

APPROVING AGENCY

Contact: ________
Telephone: ________

TYPE TRANSMISSION

- ☐ McCulloh
- ☐ Multiplex
- ☑ Digital
- ☐ Reverse Priority
- ☐ RF
- ☐ Other (Specify) ________

SERVICE

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semiannually
- ☑ Annually
- ☐ Other (Specify) ________

Control Unit Manufacturer: Edwards System Technology
Model No.: Quickstart
Circuit Styles: C,Y, 3.5
Number of Circuits: (4) IDC, (1) NAC
Software Rev.: ________
Last Date System Had Any Service Performed: ________
Last Date That Any Software or Configuration Was Revised: ________

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
8	4		Manual Fire Alarm Boxes
			Ion Detectors
			Photo Detectors
3	4		Duct Detectors
23	4	11	Heat Detectors (remaining were non-resettable)
			Waterflow Switches
			Supervisory Switches
66	4		Other (Specify):

Alarm Verification feature is disabled X enabled ________.

Figure 10.6.2.3 Inspection and Testing Form

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
			Bells
			Horns
			Chimes
			Strobes
			Speakers
6	4		Other (Specify):

No. of alarm notification appliance circuits: 1

Are circuits monitored for integrity? ☑ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (*see NFPA 72, Table 6.6.1*):

Quantity 8 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 117.7 vac Amps 60 amps

Overcurrent Protection: Type: Fuse in FACP Amps 60 amps

Location (of Primary Supply Panelboard): Red Emergency Panel Breaker #5

Disconnecting Means Location: Located in panel room behind kitchen

(b) Secondary (Standby):

(2) 12vdc Storage Battery: Amp-Hr Rating 10 amp/hr

Calculated capacity in ______ Amp-Hrs to operate system for 24 hours

Engine-driven generator dedicated to fire alarm system: ______

Location of fuel storage: ______

TYPE BATTERY

☐ Dry Cell
☐ Nickel-Cadmium
☑ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify):

(c) Emergency or standby system used as backup to primary power supply, instead of using a secondary power supply:

______ Emergency system described in NFPA 70, Article 700

______ Legally required standby described in NFPA70, Article 701

______ Optional standby system described in NFPA 70, Articles 702, which also meets the performance requirements of Article 700 or 701

Figure 10.6.2.3 Inspection and Testing Form

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	☑	☐	Design Communications	
Building Occupants	☑	☐		
Building Management	☑	☐		
Other (Specify)	☐	☐		
AHJ Notified of Any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	☑	☑	
Interface Equipment	☑	☑	
Lamps/LEDs	☑	☑	
Fuses	☑	☑	
Primary Power Supply	☑	☑	
Trouble Signals	☑	☑	
Disconnect Switches	☑	☑	
Ground-Fault Monitoring	☐	☐	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	☑		Good
Load Voltage		☑	Left-13.77vdc Right-13.79vdc
Discharge Test		☑	Left-7.3 ah Right-7.3 ah
Charger Test		☑	27.30 vdc charging
Specific Gravity		☐	
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☐	☐	

NOTIFICATION APPLIANCES

	Visual	Functional	Comments
Audible	☑	☐	Horn strobes
Visible	☑	☐	
Speakers	☐	☐	
Voice Clarity		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments:

Figure 10.6.2.3 Inspection and Testing Form

Emergency Communications Equipment	Visual	Functional	Comments
Phone Set	☐	☐	
Phone Jacks	☐	☐	
Off-Hook Indicator	☐	☐	
Amplifier(s)	☐	☐	
Tone Generator(s)	☐	☐	
Call-in Signal	☐	☐	
System Performance	☐	☐	

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	☐	☐	☐
Carbon Monoxide Detector/System	☐	☐	☐
(Specify)	☐	☐	☐
INTERFACE EQUIPMENT			
(Specify) Door Holders	☑	☑	☐
(Specify)	☐	☐	☐
	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐

Special Procedures:

Comments:

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	☑	☐		
Alarm Restoration	☑	☐		
Trouble Signal	☐	☐		
Trouble Signal Restoration	☐	☐		
Supervisory Signal	☐	☐		
Supervisory Restoration	☐	☐		

Notifications That Testing Is Complete	Yes	No	Who	Time
Building Management	☑	☐		
Monitoring Agency	☑	☐		
Building Occupants	☑	☐		
Other (Specify)	☐	☐		

The following did not operate correctly:

System restored to normal operation: Yes Date: 8/2/16 Time:

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Tucker Rigdon/Chris Goforth Date: 8/3/16 Time:

Signature: [signatures]

Name of Owner or Representative: Date: Time:

Signature:

Attachment #2

ADVANCED HOME CARE – DELIVERY TICKET

Asheville 1-828-285-0239 Charlotte 1-704-831-5000 Christiansburg 1-540-633-2223 Durham 1-919-544-1336	Greensboro 1-336-878-8822 Greenville 1-252-353-6800 High Point 1-336-883-8822 Hudson 1-828-726-0901	Kingsport 1-423-378-7330 Pinehurst 1-910-295-4119 Raleigh (919) 852-0052 Rockingham 1-910-997-4011	Roxboro 1-336-599-7930 Salem 1-540-389-8122 Sylva 1-828-631-0068 Winston-Salem 1-336-760-2131

OVER THE PHONE

RECEIVED: TIME ______ DATE 7/7/16

PT NAME: Tammy

PT ADDRESS: 95 MORNING STAR DR Sylva, NC 28779

PT PHONE: 828-586-4002

DIAGNOSIS:

EXPECTATION: TIME ______ DATE __/__/__

PAR NAME:

FACILITY/ #:

ROOM #/ HOME:

EST TIME OF D/C

COPAY:

WITH THE PATIENT:

DOB:

HEIGHT:

WEIGHT:

SEX:

SS#:

ALT CONTACT #:

NAME:

RELATION:

ORDERING DR:

PCP:

PRIMARY INS:

2ND INS:

MEMBER ID # :

MEMBER ID # :

EQUIPMENT TO BE DELIVERED/PICKED UP: (Circle One) (PICKED UP circled)

Qty Given	Description/Brand/Serial #	Notes:
	PLASTIC TANK HOLDER	
	P/u all E-Tanks.	

The company has my consent to provide equipment, services, supplies and access/release data in my medical record to any organization involved in my care. Payments can be made by authorized payers. Copays are estimated and are your responsibility. The equipment is in good working order. I am liable for damages caused by neglect/abuse and for noncovered charges. I received an Admission Packet and Notice of Privacy Practices. Sale items are my property once paid in full. I received education with return demonstration on equipment.

We are unable to verify coverage with your insurance carrier at this time. If your insurance is a PPO (Preferred Provider Organization) or HMO (Health Maintenance Organization), Advanced Home Care, Inc. may not be considered the preferred provider; under these circumstances, you may be liable for 100% of the costs for the services to be provided. Equipment and services are typically covered if your payer determines that they are medically necessary. Items considered "Convenience Items" and/or not medically necessary will be your responsibility. Please contact our office on the next business day to minimize your financial responsibility. We will gladly work with you to coordinate services and ensure the best possible care at the most affordable price for you.

~~DELIVERED BY:~~ DATE:

~~RECEIVED BY:~~ X [signature] / PM Gunter FD DATE: 7/7/16 12:15pm

RELATIONSHIP TO PATIENT: BCC DELIVERY TIME:

HME-26 / Rev. 12/11 – B

AX Indexing Path: n/a