

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGVIEW AT IRVING PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 N ELM STREET GREENSBORO, NC 27408
---	--

(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	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller and Billy Bryant, conducted on February 9, 2017.</p> <p>Records indicate this facility was first licensed on about December 17, 1997 for One Hundred Five (105) Resident Beds including a standalone Thirty (30) Beds Special Care Unit. Based on the above information, the facility is required to meet the 1996 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 1996 North Carolina State Building Code (1997 Revision) Section 409. 1, Group I- Unrestrained Occupancy.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of</p>	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2017	
NAME OF PROVIDER OR SUPPLIER MORNINGVIEW AT IRVING PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 N ELM STREET GREENSBORO, NC 27408		
(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 101	<p>Continued From page 1</p> <p>Health Service Regulation at no cost;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components for doors equipped with Special Locking Arrangements.</p> <p>Findings on February 9, 2017:</p> <p>a. SCU - the cross-corridor doors separating the SCU and AL units have metal keyed emergency release switches, but not all SCU staff had keys on themselves to operate the emergency release switches. This is not in accordance with the NC State Building Code requirement that if emergency release switches are of the keyed type, all staff responsible for evacuation of the locked unit must carry keys at all times.</p> <p>2. Based on observation, the facility failed to meet the Code requirements in effect at the time of construction, Section 409.1.5 and Table 409.1.5 of the 1996 NC State Building Code for "Protection From Hazardous Areas" by not having all of the required components for enclosures of Hazardous areas. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin.</p> <p>Findings on February 9, 2017:</p> <p>a. SCU Laundry - the 120 plus square feet storage room did not have a ¾ hour fire-resistance-rated corridor door or door closer.</p>	C 101		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND</p>	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGVIEW AT IRVING PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 N ELM STREET GREENSBORO, NC 27408
---	--

(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 164	<p>Continued From page 2</p> <p>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 unpleasent odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent chronic unpleasent odors. This would affect residents, staff and visitors by exposing them to an unpleasent environment. Findings on February 9, 2017: a. 2nd Floor the Montessori Closet - the sink's plumbing trap had dried-up, allowing sewer gases to enter the Building.</p> <p>2. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on February 9, 2017: a. 2nd Floor Corridor near SCU Large Dining - the acoustical ceiling tiles were stained and dirty.</p>	C 164		
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>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 hazards; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p>	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGVIEW AT IRVING PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 N ELM STREET GREENSBORO, NC 27408
---	--

(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 166	<p>Continued From page 3</p> <p>1. Based on observations, the facility has failed to provide a facility free of tripping hazards. Findings on February 9, 2017:</p> <p>a. Bedroom 224 - with no residents in the bed, there was a "Landing Strip" pad on the floor creating a tripping hazard.</p> <p>b. Bedroom 223 - with no residents in the bed, there was a "Landing Strip" pad on the floor creating a tripping hazard.</p> <p>c. Bedroom 241 - with no residents in the bed, there was a "Landing Strip" pad on the floor creating a tripping hazard.</p> <p>2. Based on Observation, the Building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. 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 on February 9, 2017:</p> <p>a. Bedroom 202 - two portable medical oxygen cylinders were stored standing up not secured to the structure.</p> <p>b. Oxygen Storage - two portable medical oxygen cylinders were stored standing up not secured to the structure. Deficiency corrected before Construction Surveyors departed the site.</p>	C 166		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGVIEW AT IRVING PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 N ELM STREET GREENSBORO, NC 27408
---	--

(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 189	<p>Continued From page 4</p> <p>facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency.</p> <p>Findings on February 9, 2017:</p> <p>a. 2nd Floor Corridor near SCU Nurse Station - the exit sign (36) did not illuminate on backup power when tested.</p> <p>b. 2nd Floor Corridor near Oxygen Room - the exit sign (39) did not illuminate on backup power when tested</p> <p>c. Rehab Gym - the exit sign did not illuminate on backup power when tested</p> <p>2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin</p> <p>Findings on February 9, 2017:</p> <p>a. 2nd Floor Stair Tower near Bedroom 224 - there were gaps around a cable not firestopped as it penetrates the fire-resistance-rated door frame and wall assembly.</p> <p>b. 2nd Floor Maintenance Office - there were gaps around a pipe not firestopped as it penetrates the fire-resistance-rated wall assembly.</p> <p>c. Pantry - many of the fire-resistance-rated acoustical ceiling tiles were ajar, not properly seated in the ceiling grid.</p> <p>d. Kitchen - several of the fire-resistance-rated acoustical ceiling tiles had been replaced with</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGVIEW AT IRVING PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 N ELM STREET GREENSBORO, NC 27408
---	--

(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 189	<p>Continued From page 5</p> <p>none fire-resistance-rated acoustical ceiling tiles.</p> <p>e. Kitchen - a fire-resistance-rated acoustical ceiling tile had a hole not firestopped as it penetrated the fire-resistance-rated ceiling assembly.</p> <p>3. Based on Observation, fire rated doors of hazardous areas were not being maintained in a safe and operating condition. By not maintaining the fire and smoke resistance of doors, keeping rooms the NC State Building Code defines as "Hazardous Area" separated from the rest of the Building. This could affect residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on February 9, 2017: a. 2nd Floor Soiled Linen near 224 - the corridor door (45 min rated, self-closing) did not latch into its frame, on its own power.</p> <p>4. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on February 9, 2017: a. Loading Dock - the fire sprinkler escutcheon plate had moved away from the wall exposing an opening that allows the spread of smoke and heat back into the building.</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance and documentation required to ensure a properly working system. This could affect residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed.</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGVIEW AT IRVING PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 N ELM STREET GREENSBORO, NC 27408
---	--

(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 189	<p>Continued From page 6</p> <p>Findings on February 9, 2017:</p> <p>a. Kitchen -since the semi-annual maintenance of the commercial kitchen hood's fire suppression system in October 2016, there has been no documentation of the monthly inspections.</p> <p>6. Based on observation, the interior doors were not maintained in a safe and operating condition.</p> <p>Findings on February 9, 2017:</p> <p>a. 2nd Floor Clean Linen near 224 - the corridor door did not latch into its frame when closed.</p> <p>b. Bedroom 133 - the corridor door did not latch into its frame when closed.</p> <p>c. SCU Small Dining - the pair of corridor doors did not close and latch.</p> <p>d. 2nd Floor Activity Room - the pair of corridor doors did not close and latch.</p> <p>e. 1st Floor Game Room - the pair of corridor doors did not close and latch.</p> <p>7. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames with acceptable gaps under normal operating conditions. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin.</p> <p>Findings on February 9, 2017:</p> <p>a. Kitchen - the left leaf of the pair of corridor doors had a ¼ inch gap between the top of the door and the bottom of the frame's stop.</p> <p>8. Based on Observation, the Building was not maintained in a safe condition. This could affect all by not containing smoke and fire in the room of origin.</p> <p>Findings on February 9, 2017:</p> <p>a. Kitchen - the left leaf of the pair of corridor doors had a wedge holding the door open,</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGVIEW AT IRVING PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 N ELM STREET GREENSBORO, NC 27408
---	--

(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 189	Continued From page 7 preventing the rapid release of the door with a push or pull of the door, to close and latch 9. Based on observation, the electrical system was not being maintained safe. Findings on February 9, 2017: a. 2nd Floor Oxygen Room - there was an electrical power receptacle missing its cover plate.	C 189		
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; (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. This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on February 9, 2017: a. Bedroom 242 Bathroom - the exhaust ventilation system was very weak, and was not	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGVIEW AT IRVING PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 N ELM STREET GREENSBORO, NC 27408
---	--

(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 199	Continued From page 8 removing odors. b. SCU Laundry - the exhaust ventilation system did not work, allowing a build-up of odors. c. Kitchen Mop Room - the exhaust ventilation system did not work, allowing a build-up of odors.	C 199		