Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING: 01			R
		HAL041052	B. WING			31/2017
IAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ORNIN	GVIEW AT IRVING PA	RK	LM STREET BORO, NC 2	7408		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	
{C 000}	Initial Comments		{C 000}			
	Report of Biennial Follow Up Construction Survey by Ed Miller, on May 31, 2017.					
	Deficiencies were cited that will require a new Plan of Correction.					
{C 101}	Existing Licensed Fac- No less than '71 Rules		{C 101}			
	PHYSICAL PLANT The physical plant is care home shall be (2) Except where of licensed facilities of facilities shall meet requirements in effor change in service of renovation, or alter the requirements for no addition or renovit than those requirem "Minimum and Des Regulations" for "H	01 APPLICATION OF REQUIREMENTS requirements for each adult applied as follows: otherwise specified, existing r portions of existing licensed licensure and code ect at the time of construction, or bed count, addition, ation; however in no case shall or any licensed facility where vation has been made, be less nents found in the 1971 ired Standards and omes for the Aged and Infirm", available at the Division of				
	meet the Code requ of construction, Sec 409.1.5 of the 1996 "Protection From H all of the required c	et as evidenced by: rvation, the facility failed to uirements in effect at the time ction 409.1.5 and Table NC State Building Code for azardous Areas" by not having components for enclosures of This could affect all residents,				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

HRTY22

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED R 05/31/2017		
		IDENTIFICATION NOMBER.	A. BUILDING: 01 B. WING				
		HAL041052					
NAME OF PROVID	ER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
MORNINGVIEV	V AT IRVING PA		ELM STREET SBORO, NC 27	/408			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF (CORRECTION	(X5)	
PREFIX (Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
{C 101} Cont	inued From pa	age 1	{C 101}				
stora	ge room did n	the 120 plus square feet ot have a ¾ hour d corridor door.					
{C 189} Build	ing Equipmen	t Maintained Safe, Operating	{C 189}				
10A REQ (a) 1 mect care oper: (k) 1 facilit	NCAC 13F .03 UIREMENTS The building ar nanical, and pl home shall be ating condition This Rule shall ties with the ex	nd all fire safety, electrical, umbing equipment in an adult maintained in a safe and					
6. E not n Findi c. S did n d. 2 door e. 1	Based on obse naintained in a ngs on May 3 SCU Small Din ot close and la 2nd Floor Activ s did not close	ing - the pair of corridor doors atch. ity Room - the pair of corridor and latch. e Room - the pair of corridor					
	actor of choice	Maintenance Director, the door e is late in accomplishing these					
{C 199} Exha	ust Ventilation	I.	{C 199}				
10A REQ	NCAC 13F .03 UIREMENTS	PHYSICAL PLANT 11 OTHER red in this Paragraph shall be					

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041052		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NUMBER.	A. BUILDING: 01			R 05/31/2017	
		HAL041052	B. WING				
IAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ORNIN	GVIEW AT IRVING PA	1RK		7400			
(X4) ID	SUMMARY STA		BORO, NC 27	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE COM		
{C 199}	Continued From pa	age 2	{C 199}				
	two cubic feet per r requirement does r before April 1, 1984 these specified spa (1) soiled linen sto (2) soil utility room (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex- which shall not app This Rule is not me 1. Based on Obse plastic sheet, the fa- ventilation system i could affect all resid preventing the ex- Findings on May 37 a. Bedroom 242 E ventilation system of removing odors. c. Kitchen Mop R system did not work	rage; i toilet rooms; closets; and apply to new and existing kception of Paragraph (e) by to existing facilities. et as evidenced by: ervation and testing with a thin acility failed to maintain the in proper working order. This dents, staff and visitors by austing of odors. 1, 2017: Bathroom - the exhaust was very weak, and was not oom - the exhaust ventilation k, allowing a build-up of odors. Maintenance Director, the needs there fan motors traced					