

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL041052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/31/2017</b>
--	--	--	---

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

(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 Follow Up Construction Survey by Ed Miller, on May 31, 2017.  Deficiencies were cited that will require a new Plan of Correction.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules  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 Health Service Regulation at no cost;  This Rule is not met as evidenced by: 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. Findings on May 31, 2017:	{C 101}		

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

*Kedney T. ...*

TITLE

*Maintenance Director*

(X6) DATE

*6/30/17*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL041052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/31/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>MORNINGVIEW AT IRVING PARK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3200 N ELM STREET GREENSBORO, NC 27408</b>		
(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}	Continued From page 1 a. SCU Laundry - the 120 plus square feet storage room did not have a ¾ hour fire-resistance-rated corridor door.	(C 101)	Contractor replacing the doors. The Silverado Group confirmed today that the doors were being fitted with all appropriate hardware and should be installed within the next week or two.  Item C has not yet been completed due to contractor waiting for door arrival which they say is within the next few days, which at that point, the doors will be installed. Items D and E have been replaced or repaired, with pictures and/or video attached to show.	7/21/17
(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: 6. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on May 31, 2017: c. SCU Small Dining - the pair of corridor doors did not close and latch. d. 2nd Floor Activity Room - the pair of corridor doors did not close and latch. e. 1st Floor Game Room - the pair of corridor doors did not close and latch.  Per interview with Maintenance Director, the door contractor of choice is late in accomplishing these tasks.	(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	(C 199)		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL041052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>05/31/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>MORNINGVIEW AT IRVING PARK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3200 N ELM STREET GREENSBORO, NC 27408</b>		
(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)	<p>Continued From page 2</p> <p>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:</p> <ul style="list-style-type: none"> <li>(1) soiled linen storage;</li> <li>(2) soil utility room;</li> <li>(3) bathrooms and toilet rooms;</li> <li>(4) housekeeping closets; and</li> <li>(5) laundry area.</li> </ul> <p>(k) This Rule shall apply to new and existing 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 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.</p> <p>Findings on May 31, 2017:</p> <ul style="list-style-type: none"> <li>a. Bedroom 242 Bathroom - the exhaust ventilation system was very weak, and was not removing odors.</li> <li>c. Kitchen Mop Room - the exhaust ventilation system did not work, allowing a build-up of odors.</li> </ul> <p>Per interview with Maintenance Director, the ventilation system needs there fan motors traced out to eliminate electrical issues</p>	(C 199)	<p>Both issues (C 199) A + B have been repaired and pictures and/or videos have been attached.</p>	



June 26, 2017

Mr. Newman

I appreciate the opportunity to allow us to work on repairing the doors for you in the Laundry room, the Discovery room, and the Dining room. We have reached out to our suppliers and the doors are in production. I am being told it will be the first week of July before they will be out of production and ready to ship. We should have it the following week and will be able to install then. That would put us installing no later than the week of July 17<sup>th</sup>-21<sup>st</sup>.

We look forward to working with you on this project.

Regards,

Matt Salyer  
704-320-3091

---

*The Silverado Group, Inc*

Post Office Box 784  
Locust, NC 28097

Email: [matt@silveradogroupinc.com](mailto:matt@silveradogroupinc.com)  
Web Site: [www.silveradogroupinc.com](http://www.silveradogroupinc.com)

Phone: 704-320-3091  
Fax: 704-888-0054

# P.O. Number to Contractor for Replacement Doors

---

Newman, Rodney

**From:** Newman, Rodney  
**Sent:** [REDACTED]  
**To:** 'Contina Salyer'  
**Cc:** [REDACTED]  
**Subject:** RE: [EXTERNAL] Estimate from The Silverado Group, Inc.

The PO number for this quote is PO894160. Please begin the work as soon as possible. Thanks.

-----Original Message-----

**From:** Contina Salyer [mailto:csalyer2@carolina.rr.com]  
**Sent:** Thursday, June 08, 2017 9:01 AM  
**To:** Newman, Rodney  
**Subject:** [EXTERNAL] Estimate from The Silverado Group, Inc.

Dear Rodney :

Please review the attached estimate for the replacement of the fire rated door to the Laundry Room. Feel free to contact us if you have any questions.

We look forward to working with you.

Sincerely,

The Silverado Group, Inc.  
704-320-3091

# P.O. Number to Contractor for Replacement Doors

---

Newman, Rodney

**From:** Newman, Rodney  
**Sent:** [REDACTED]  
**To:** 'Contina Salyer'  
**Cc:** [REDACTED]  
**Subject:** RE: [EXTERNAL] Estimate from The Silverado Group, Inc.

The PO number for this quote is PO894762. Please begin the work as soon as possible. Thanks.

-----Original Message-----

**From:** Contina Salyer [mailto:csalyer2@carolina.rr.com]  
**Sent:** Thursday, June 08, 2017 8:57 AM  
**To:** Newman, Rodney  
**Subject:** [EXTERNAL] Estimate from The Silverado Group, Inc.

Dear Rodney :

Please review the attached estimate for the replacement of the fire rated doors in the discovery room. Feel free to contact us if you have any questions.

We look forward to working with you.

Sincerely,

The Silverado Group, Inc.  
704-320-3091

# P.O. Number to contractor for replacement doors.

---

**Newman, Rodney**

**From:** Newman, Rodney  
**Sent:** [REDACTED]  
**To:** 'Contina Salyer'  
**CC:** [REDACTED]  
**Subject:** RE: [EXTERNAL] Estimate from The Silverado Group, Inc.

The PO number for this quote is PO894761. Please begin the work as soon as possible. Thanks.

-----Original Message-----

**From:** Contina Salyer [mailto:csalyer2@carolina.rr.com]  
**Sent:** Thursday, June 08, 2017 8:59 AM  
**To:** Newman, Rodney  
**Subject:** [EXTERNAL] Estimate from The Silverado Group, Inc.

Dear Rodney:

Please review the attached estimate for the replacement of the double doors in the Dining Room. Feel free to contact us if you have any questions.

We look forward to working with you.

Sincerely,

The Silverado Group, Inc.  
704-320-3091