

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 R 07/12/2017
--	--	--	---

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}	Initial Comments Report of a Biennial Follow Up Construction Survey by Billy S. Bryant conducted on 07/12/2017. There are deficiencies that remain to be corrected. Note: This Follow Up Construction Survey was conducted prior to 07/21/2017 which was the date accepted for completion.	{C 000}		
{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. Fire resistant rated cross corridor doors are required to completely close and latch in the event of a fire. Doors that do not completely close and latch to help limit the spread of smoke or fire to the area of origin could effect occupants in the smoke compartment. Findings on 07/12/2017: a. S.C.U Small Dining Room - One leaf of the fire resistant rated cross corridor double doors failed to completely close and latch when released from the magnetic hold open device.	{C 189}	Doors were replaced by Silverado, Inc. on 8/17/17	8/17/17

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 R 07/12/2017
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 1 b. 2nd Floor, Adjacent to the Nurses' Station - One leaf of the fire resistant rated cross corridor double doors dragged on the carpet preventing the door from completely closing and latching. The other leaf of the door did not have a bolt at the top of the door to engage the latch mounted to the door frame. c. 2nd Floor Activity Room - The fire resistant rated doors that open into the corridor failed to completely close and latch. Note: Based on an interview with the administrator and review of documentation the doors have been ordered by a vendor/installer and are to be replaced or repaired as required the week of 07/17/2017.	(C 189)	Door was repaired in house. Latch was installed. 8/1/17 Doors and hardware was replaced by Silverado, Inc. on 8/17/17.	8/17/17
(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:	(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 R 07/12/2017
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 2 1. Based on observation the facility failed to maintain the required exhaust ventilation equipment in resident rooms required to be mechanically exhausted by rule. New Finding on Finding on 07/12/2017: a. S.C.U., 200 Hall - The exhaust system was not operating in six out of six randomly selected resident rooms rooms indicating a pattern of exhaust fans not operating on the hall.	(C 199)	Exhaust system has been repaired in house. Several belts or motor were not functioning properly.	8/1/17

Rodney Newman
Rodney Newman
Maintenance Director