

Division of Health Service Regulation

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| 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 09/14/2017 |
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| NAME OF PROVIDER OR SUPPLIER MORNINGVIEW AT IRVING PARK | STREET ADDRESS, CITY, STATE, ZIP CODE 3200 N ELM STREET GREENSBORO, NC 27408 |
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| (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 |
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| {C 000} | Initial Comments Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on September 14, 2017. Deficiencies were cited that will require a new Plan of Correction. | {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 9/14/2017: 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. The pair of new doors (with closures) for this opening, do not close and latch on their own power when released from the magnetic hold open device. In addition, the top automatic flush | {C 189} | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| {C 189} | Continued From page 1 bolt is loosely installed. New Finding on 9/14/2017 1. Based on observation, the Building fire safety equipment was not maintained in a safe condition. Findings on September 14, 2017: a. The fire alarm panel was showing a trouble signal. Review of records revealed that on August 19, 2017 the system was examined by technician who found two devices were causing the trouble. On August 23, 2017 one smoke detector was replaced but the detector in the duct detection was not. | {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 the facility failed to | {C 199} | | |

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| {C 199} | Continued From page 2 maintain the required exhaust ventilation equipment in resident rooms required to be mechanically exhausted by rule. New Finding on Finding on 07/12/2017and 9/14/2017: a. S.C.U., 200 Hall - The exhaust system was not operating in four out of seven randomly selected resident rooms rooms indicating a pattern of exhaust fans not operating on the hall. | {C 199} | | |