Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL041052 09/14/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3200 N ELM STREET MORNINGVIEW AT IRVING PARK GREENSBORO, NC 27408 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {C 000} {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 189) Building Equipment Maintained Safe, Operating (C 189) 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

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

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL041052 09/14/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3200 N ELM STREET MORNINGVIEW AT IRVING PARK GREENSBORO, NC 27408 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) (C 189) (C 189) Continued From page 1 bolt is loosely installed. New Finding on 9/14/2017 Based on observation, the Building fire safety equipment was not maintained in a safe condition. Findings on September 14, 2017: 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 199) Exhaust Ventilation (C 199) 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: soiled linen storage; 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

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