

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092088</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/11/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MORNINGSIDE OF RALEIGH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 DIXIE TRAIL RALEIGH, NC 27607</b>
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C 000	<p>Initial Comments</p> <p>Construction Section Biennial Survey report by Frank Strickland and Billy Bryant on 10/11/2017:</p> <p>This facility was first licensed on 10/25/1991 for One hundred ten (110) residents, including Fifty-Three (53) Special Care Residents. Based on this information, we are requiring the facility to meet the 1991 Rules for the Licensing of Domiciliary Homes and the 1991 North Carolina State Building Code, Section 409- Institutional Occupancy; and the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds.</p> <p>Deficiencies have been cited and a Plan of Correction.</p>	C 000		
C 111	<p>Must Have Current San. &amp; Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION( f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to have available current safety inspection reports for review.</p> <p>Findings on 10/11/2017: This facility does not have the following current safety inspection reports for review: (a) Fire Marshal (b) Fire Alarm Testing Report (NFPA 72) (c) Sprinkler System Testing Report (NFPA 25)</p>	C 111		

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

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C 164	Continued From page 1	C 164		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1-Based on observation, this facility has failed to keep clean all surfaces in food preparation areas.</p> <p>Findings on 10/11/2017: The Main Kitchen has not kept the following surfaces clean:</p> <p>(a) Grease build-up around the sides the cooking appliances.</p> <p>(b) Grease build-up under all kitchen equipment on the floor.</p> <p>(c) Dead bugs and grease build-up behind refrigeration appliances.</p> <p>(d) Grease build-up on the floor under food prep islands.</p> <p>2-Based on observation, this facility has failed to keep clean and in good repair the surfaces in all bathing areas.</p> <p>Findings on 10/11/2017: The Assisted Living Bath/Room 203 has the following damage:</p> <p>(a) The ceramic tile on the walls and floors are broken and missing.</p> <p>(b) The sheetrock walls are damaged due to</p>	C 164		

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C 164	Continued From page 2  water migration.  3-Based on observation, this facility has failed to keep all exterior horizontal surfaces in good repair.  Findings on 10/11/2017: The soffit located the Kitchen's Loadingdock has openings and a broken strip soffit vent.	C 164		
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to provide walking surfaces that are free of obstructions and hazards.  Findings on 10/11/2017: The ceramic tile flooring has become unlevelled due to floor settlement at the Kitchen entry area from the Assisted Living Dining Hall and a trip hazard is present.  2-Based on observation, this facility has failed to provide clear paths of egress from the facility that are free of obstructions and hazards.  Findings on 10/11/2017: The Lower Level West exit has the following	C 166		

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C 166	Continued From page 3  exterior restrictions preventing safe egress passage: (a) Exterior landing has several inches of mud that has created a slippery walking surface. (b) Wood pallets are blocking the path of egress. (c) Furniture is blocking the path of egress.  3-Based on observations, this facility has failed to store gas cylinders in a orderly manner to be free of hazards.  Findings on 10/11/2017: Oxygen bottles are not secured in approved holding racks at the locations: (a) Room 146 (b) Room 204 (c) Room 213 (d) Room 241	C 166		
C 185	Fire Safety-Rehearsals on Each Shift  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to	C 185		

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C 185	Continued From page 4  provide documentation of the rehearsals of fire drills.  Findings on 10/11/2017: No quarterly fire drill rehearsal documentation was on site for review.	C 185		
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-Based on observation, this facility has failed to maintain the fire safety systems in a safe and operational condition.  Findings on 10/11/2017: Upon testing of the Fire Alarm System, the inter-connected magnetic hold open devices for the Cross-corridor in the West Hall/Memory Care failed to release.  2-Based on observation, this facility has failed to maintained in a safe and operating condition the emergency lighting.  Findings on 10/11/2017: The emergency wall lights that are located at the following locations did not illuminate when tested	C 189		

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C 189	<p>Continued From page 5</p> <p>in the emergency mode: (a) Dining Hall adjacent to Kitchen (b) Memory Care Living Room (c) Memory Care Courtyard</p> <p>3-Based on observation, this facility has failed to provide a safe condition for the smoke-barrier wall construction.</p> <p>Findings on 10/11/2017: The smoke barrier wall construction above the cross corridor doors in the Upper Level West Hall has penetrations and electrical conduits with open ends that are not fire protected.</p> <p>4-Based on observation, this facility has failed to provide a safe condition for the smoke-barrier wall construction.</p> <p>Findings on 10/11/2017: The smoke barrier wall construction above the lay-in ceiling has penetrations that are not fire protected at the following locations: (a) Room 203 (b) Room 206 (c) Room 207</p> <p>5-Based on observation, this facility has failed to maintain the fire protection for all ceiling penetrations through the fire rated roof/ceiling assemblies.</p> <p>Findings on 10/11/2017: There are electrical conduit ceiling penetrations that have incomplete fire protection that are located in the Main Electrical Room above Panel MDF.</p> <p>6-Based on observation, this facility has failed to identify electrical components in a safe and</p>	C 189		

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C 189	Continued From page 6  operating condition.  Findings on 10/11/2017: The following rooms have electrical panels that have mislabeled electrical circuits: (a) Room 171 (b) Room 248 (c) Room 254 (d) Room 258	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, this facility has failed to provide an interior environment, by not providing ventilation where odors are generated.  Findings on 10/11/2017: The mechanical exhaust system is not exhausting interior air at the following locations: (a) 100 HALL	C 199		

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C 199	<p>Continued From page 7</p> <p>(b) 200 HALL (c) Memory Care Unit</p> <p>2-Based on observation, this facility has failed to provide exhaust ventilation where odors are generated.</p> <p>Findings on 10/11/2017: The Public Restrooms that are located outside the Assisted Living Dining Hall do not have mechanical ventilation.</p>	C 199		