

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL050016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/03/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSTAR ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 95 MORNINGSTAR LANE SYLVA, NC 28779
--	---

(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	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller, conducted on May 3, 2018.</p> <p>Records indicate this facility was first licensed on 12-1-1973, for 55 residents. Based on this information we are requiring the facility to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1967 North Carolina State Building Code Section 407.1, Group D-2 Institutional Occupancy.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
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, the building ceiling are not kept clean and in good repair.</p> <p>Findings on May 3, 2018:</p> <p>a. Bedroom 108 - an acoustical ceiling tile is not secure in its grid.</p> <p>2. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect residents, staff, and visitors by exposing</p>	C 164		

Division of Health Service Regulation
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: HAL050016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/03/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSTAR ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 95 MORNINGSTAR LANE SYLVA, NC 28779
--	---

(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 164	Continued From page 1 them to an unpleasant environment. Findings on May 3, 2018: a. Bedroom 108 - a urine odor persisted during the Construction Survey in this room.	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, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on May 3, 2018: a. Linen Room - one portable medical oxygen cylinder is stored standing up on the floor not secured. Deficiency corrected before Construction Surveyors departed site.	C 166		
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)	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL050016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/03/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSTAR ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 95 MORNINGSTAR LANE SYLVA, NC 28779
--	---

(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	<p>Continued From page 2</p> <p>which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system. Findings on May 3, 2018: <ol style="list-style-type: none"> a. 400 Hall Water Heater Room - the fire alarm system's smoke detector is dangling from the ceiling by its power/operational wires. 2. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on May 3, 2018: <ol style="list-style-type: none"> a. Bedroom 108 - a wall mounting electric baseboard heater has become loose and one side has fallen to the floor. b. Bedroom 108 - the over the sink light did not work in this room. 3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room of origin. Findings on May 3, 2018: <ol style="list-style-type: none"> a. Laundry -the dryer duct has drop down creating a gap not firestopped as it penetrates the fire-resistance-rated ceiling assembly.. 4. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on May 3, 2018: <ol style="list-style-type: none"> a. 100 Hall Firewall - the door closure tied in to the fire alarm is missing its cover. b. Bedroom 106 - the roller ball latched door is 	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL050016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/03/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSTAR ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 95 MORNINGSTAR LANE SYLVA, NC 28779
--	---

(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 3 not latching. 5. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on May 3, 2018: a. Bedroom 108 - the corridor door has a bed holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch.	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 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. Findings on May 3, 2018:	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL050016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/03/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MORNINGSTAR ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 95 MORNINGSTAR LANE SYLVA, NC 28779
--	---

(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 4 a. Bedroom 302 - the required exhaust ventilation system did not work, and there is odor. b. Bedroom 306 - the required exhaust ventilation system did not work, and there is light odor. c. Laundry - the required exhaust ventilation system did not work, and there is odor.	C 199		