Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL050016 05/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 95 MORNINGSTAR LANE MORNINGSTAR ASSISTED LIVING **SYLVA, NC 28779** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 000 Initial Comments C 000 Report of a Construction Section Biennial Survey by Ed Miller, conducted on May 3, 2018. 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. Deficiencies were cited that require a Plan of Correction. C 164 Housekeeping and Furnishings-Clean, Repaired C 164 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building ceiling are not kept clean and in good repair. 1. New acoustical ceiling tile 5/8/18 Findings on May 3, 2018: Bedroom 108 - an acoustical ceiling tile is not was secured in the grid. secure in its grid. 2. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect residents, staff, and visitors by exposing

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

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(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL050016 05/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 95 MORNINGSTAR LANE MORNINGSTAR ASSISTED LIVING **SYLVA, NC 28779** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) C 164 Continued From page 1 C 164 2. Resident in room 108 has 5/3/18 them to an unpleasant environment. persistent incontinent issues. Findings on May 3, 2018: and from time-to-time, the a. Bedroom 108 - a urine odor persisted during resident will urinate on the the Construction Survey in this room. floor. Housekeeping staff has always, and will continue to C 166 Housekeeping-Maintained Free of Hazards C 166 monitor this situation to assist in controlling urine odor. 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 1. O2 cylinder was placed in 5/3/18 maintained free of hazards, if oxygen cylinders container tray on day of inspection. fall, breaking their valves, propelling the cylinder. All staff has been made aware to and turning it into a dangerous projectile. monitor. 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 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)

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL050016 05/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 95 MORNINGSTAR LANE MORNINGSTAR ASSISTED LIVING **SYLVA, NC 28779** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) C 189 Continued From page 2 C 189 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Fire Alarm system 1. 400 Hall Water Heater room was not maintained in a safe and operating 5/3/18 condition. This would affect all by not providing smoke detector has been properly early detection and activating the fire alarm mounted to the ceiling. system. Findings on May 3, 2018: a. 400 Hall Water Heater Room - the fire alarm system's smoke detector is dangling from the ceiling by its power/operational wires. 2. a) Baseboard heater has been secure 5/3/18 Based on observation, the Facility failed to to the wall properly. maintain the electrical system in a safe and operating condition. Findings on May 3, 2018: b). Light Cord has been replaced, and 5/8/18 a. Bedroom 108 - a wall mounting electric is now working properly. 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 3. Dryer duct has been repaired and 5/4/18 condition. This could expose all to fire/smoke if secured properly. Fire caulking not contained in Room of origin. Findings on May 3, 2018: has been applied. a. Laundry -the dryer duct has drop down creating a gap not firestopped as it penetrates the fire-resistance-rated ceiling assembly.. Based on observation, the smoke tight corridor doors are not maintained in a safe and

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operating condition. Findings on May 3, 2018:

a. 100 Hall Firewall - the door closure tied in to

Bedroom 106 - the roller ball latched door is

the fire alarm is missing its cover.

4. a) Commercial door contractor

to replace missing cover.

has been contacted and instructed

6/22/18

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(X1) PROVIDER/SUPPLIER/CLIA

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(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL050016 05/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 95 MORNINGSTAR LANE MORNINGSTAR ASSISTED LIVING **SYLVA, NC 28779** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) Continued From page 3 C 189 4. b) Roller ball latch has been 5/3/18 not latching. adjusted and is working properly. 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: Bedroom 108 - the corridor door has a bed **5.** Bed was moved awat from the 5/3/18 holding the door open. This prevents the rapid door opening, and the resident release of the door with a light push or pull of the has been instructed not to move door, to close and latch. back in doorway. 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: (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:

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