Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092088	A. BUILDING: 01 B. WING	R 12/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF RALEIGH	801 DIXIE TRAIL RALEIGH, NC 27607

(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}	Initial Comments Report of a Biennial Follow Up Construction Survey by Billy S. Bryant conducted on 12/07/2017 There are deficiencies cited in the Biennial Follow Up Construction Survey that remain to be corrected.	{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. Based on observation, this facility has failed to maintain the fire safety systems in a safe and operational condition. Findings on 12/07/2017: a. 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. Based on an interview with the administrator a work order has been signed and the vendor's technicians are scheduled to be on site 12/08/2017 to make repairs. 2. Based on observation there is a failure to	{C 189}	Completed 7/19/18 ADBry, ED	

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

ADBry — ED — 7/30/2018

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{C 189}	Continued From page 1 maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings and walls could allow fire and smoke to spread beyond the area of origin. Findings on 10/11/2017: a. Penetrations in the smoke barrier wall construction above the cross corridor doors in the Upper Level West Hall and also has sleeves for electrical wiring with open ends that are not fire protected. b. 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 c. There are electrical conduit ceiling penetrations that have incomplete fire protection that are located in the Main Electrical Room above Panel MDF. An attempt was made to seal the penetrations, however; an expanding foam type of sealant that is not fire resistant rated was used. 3. Based on observation, this facility has failed to identify electrical components in a safe and 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}	Completed 7/24/18 analysis Completed 7/25/18 analysis	

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{C 189}	Continued From page 2 Based on an interview with the administrator an estimate to perform the work has been prepared and the administrator is awaiting approval from the corporate office to commence with the work.	{C 189}	completed 7/25/18 awaiting $$	