

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 12/13/2018
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NAME OF PROVIDER OR SUPPLIER MORNINGVIEW AT IRVING PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 N ELM STREET GREENSBORO, NC 27408
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(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
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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay and Frank Strickland conducted on December 13, 2018. Records indicate this facility was first licensed on about December 17, 1997 for one hundred five (105) Resident Beds including a thirty (30) Bed Special Care Unit. Based on the above information, the facility is required to meet the 1996 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 1996 North Carolina State Building Code (1997 Revision) Section 409. 1, Group I- Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Alina King EXECUTIVE DIRECTOR TITLE
STATE FORM 6899 GXJ021 1/21/19 (X6) DATE
If continuation sheet 1 of 11

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C 101	<p>Continued From page 1</p> <p>Health Service Regulation at no cost;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the facility was not maintained to meet the licensure and code requirements in effect at the time of construction, change in service or bed count, renovation or alteration.</p> <p>Findings on December 13, 2018:</p> <p>a. Exits in the SCU are magnetic locks equipped with key pads and a keyed manual override switch. NCSBC requires staff responsible for evacuation to carry a key for the manual override with them at all times. None of the staff carried a key for the manual override.</p>	C 101	<p>Tag C101</p> <p>Training for the SCU mag lock and key will be completed on or before 2/13/19. Keys have been made available to the team.</p> <p>Tag C159</p> <p>There is a washing machine and dryer available for the residents use. It is located on the first floor. 1/1/19</p>	
C 159	<p>Laundry-Minimum One Res. Washer & Dryer</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(l) The requirements for laundry facilities are: (3) A minimum of one residential type washer and dryer each shall be provided in a separate room which is accessible by staff, residents and family, even if all laundry services are contracted.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the facility did not provide a residential type washer and dryer accessible to staff, residents and family.</p> <p>Findings on December 13, 2018:</p> <p>a. The residential laundry room on the second floor beside the spa has been converted to storage and the washer and dryer units have</p>	C 159		

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C 159	Continued From page 2 been removed.	C 159		
C 160	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition.</p> <p>Findings on December 13, 2018: a. The base of the columns at the front portico are damaged and deteriorating.</p>	C 160	<p>Tag C 160 The base of the column was repaired/replaced with work completed on or before 12/31/18.</p>	
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the ceilings were not kept clean and in good repair.</p>	C 164	<p>Tag C 164 The Preventative Maintenance List has been reviewed with training assigned to ensure the cleaning standard is executed. Training will be ongoing. Initial repairs and cleaning are being completed by a third party provider. These repairs will be completed no later than 3/15/19. The request to March is due to the 3rd party provider and need to complete extensive repair.</p>	

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C 164	<p>Continued From page 3</p> <p>Findings on December 13, 2018:</p> <ul style="list-style-type: none"> a. Room 111 - mildew stains were observed on the wall and ceiling above the exterior door. The stains continued across the bedroom ceiling to the bathroom wall. There was a gray water stain in the center of the room, approximately 3' in length b. Kitchen - One of the ceiling tiles at the column was damaged and had been sealed with fire caulk. c. Kitchen - a triangular section of the ceiling tile had fallen out to the left of the prep area hood. d. First Floor Dining Room - the ceiling around the diffuser nearest the living room is cracked and flaking. The finish is separating at the seam. <p>2. Observations revealed that the walls were not kept clean and in good repair.</p> <p>Findings on December 13, 2018:</p> <ul style="list-style-type: none"> a. Service corridor outside of Kitchen - the wall corner across from the kitchen doors is heavily damaged. The corner trim has been knocked loose and is separating from the wall. b. Riser Room - the lower portion of the wall separating the kitchen and the riser room is heavily damaged. Sections of the sheetrock have been completely knocked out compromising the integrity of the fire rated construction. c. Laundry Room - the corridor wall to the right of the door has been hit and a 12" x 24" section of the wall is damaged and broken. d. Boiler Room - the outside wall is heavily damaged. The sheetrock is broken out and the wall has heavy mildew stains. e. Toilet outside of Laundry - the wall supporting the sink is cracked and moves with the sink. <p>3. Observations revealed that the facility was not</p>	C 164		
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STATE FORM

6899

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C 164	Continued From page 4 kept free of offensive odors. Findings on December 13, 2018: a. SCU - there was a strong unpleasant odor in and around Room 225.	C 164	Tag C 164 The cleaning schedule and standard have been reviewed with housekeeping. Ongoing training will be lead by the Maintenance Director or Designee.	
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 facility was not maintained free from hazards. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on December 13, 2018: a. Room 105 - there was one unsecured oxygen tank on the floor in front of the sink. b. Room 140 - there was one unsecured oxygen tank in the room.	C 166	In addition room 225 was cleaned on or before 12/14 and will be monitored routinely by the Maintenance Director or Designee. Tag C 166 Oxygen Training and Storage Standards Training have been executed with the team and will be ongoing as part of routine education and monitoring. Training for current staff will be completed on or by 1/31/19.	
C 188	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	C 189		

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C 189	<p>Continued From page 5</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated walls and ceilings could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on December 13, 2018:</p> <ul style="list-style-type: none"> a. Fire wall outside of Game Room - there is a 1" diameter hole in the fire wall where a cable penetrates the wall. b. Electrical Room by Kitchen - a section of the sheetrock wall to the left of the transfer vent, has pulled loose and is falling compromising the fire rated assembly. c. Boiler Room - there is an unsealed pipe penetrating the interior wall. d. Boiler Room - the dryer duct is unsealed where it penetrates the boiler room wall. e. Boiler Room - there is a small hole where the wall is damaged in the top left corner of the back wall. f. Living Room adjacent to Dining - there are two holes at the middle can light nearest the dining area. g. Electrical Room by Room 223 - there are two unsealed cable penetrations along the corridor wall and one unsealed cable penetration below the transfer vent on the right wall. h. Electrical Room by Maintenance Office - there is a unsealed cable penetration at the corridor wall. 	C 189	<p>Tag C 189 Fire Resistant Caulk will be used to seal holes as noted during the routine construction survey in the following areas: game room, kitchen, living room, electrical room, and boiler room. These repairs will be completed no later than 2/15/19.</p>	
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C 189	<p>Continued From page 6</p> <p>2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage.</p> <p>Findings on December 13, 2018:</p> <p>a. The exit sign outside of Room 101 did not illuminate on battery test.</p> <p>b. Level 1, Stair 2 - the exit sign on the corridor side is not illuminated.</p> <p>3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have holes in the door or gaps between the door and the door frame stops.</p> <p>Findings on December 13, 2018:</p> <p>a. There was a pattern of doors on the Rooms from 100 to 120 where the tops of the doors were warped or uneven creating gaps at the tops of the doors.</p> <p>b. SCU Oxygen Storage - the door hardware was loose and there is a small hole through the door at the door knob.</p> <p>4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if the smoke or fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin.</p> <p>Findings on December 13, 2018:</p> <p>a. The fire doors leading into the kitchen had a gap as large as 1" between the doors when</p>	C 189	<p>Tag C 189 Exit lighting will be replaced and tested no later than 1/31/19.</p> <p>C Tag 189 Third party provider will be used to restore or replace the doors in the 100-120 range. Completion will be on or before 3/30/19.</p>	
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C 189	<p>Continued From page 7</p> <p>closed.</p> <p>b. Room 236 - the hinge on the corridor door is loose and the door does not latch when closed.</p> <p>5. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin.</p> <p>Findings on December 13, 2018:</p> <p>a. Kitchen - the left leaf of the kitchen door was held open by adjusting the closer. When the fire alarm was activated, the door was still open.</p> <p>b. Dietary Office - the door to the office has a magnetic device tied to the fire alarm. At the time of survey, the door could not close due to the desk blocking the door.</p> <p>c. Laundry Room - the laundry door has a magnetic hold open device tied to the fire alarm. The device was not in use and the door was held open by baskets and carts. Equipment was partially blocking access to the door. The items were removed. When the fire alarm was tested, a laundry basket had been placed back in front of the door and it did not close during the test.</p> <p>6. Observations revealed that the facility did not maintain the fire safety equipment in a safe condition. Damage to a fire rated assembly will compromise the ability of the facility to withstand a fire.</p> <p>Findings on December 13, 2018:</p> <p>a. Maintenance Office - a portion of the spray on fire proofing has been knocked off the end of the beam in the tool storage area.</p>	C 189	<p>Tag C 189</p> <p>Training will be completed by all team members and ongoing about the appropriate doors that may be stopped as well as those doors that need to close automatically. Education will be ongoing. Initial Training will be completed by 1/31/19.</p> <p>Tag C 189</p> <p>Third party provider to replace missing spray on or before 2/28/19.</p>	
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C 189	<p>Continued From page 8</p> <p>7. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition.</p> <p>Findings on December 13, 2018:</p> <p>a. The diffusers outside the Nurses' Station on the 1st floor had an excessive amount of mildew on the grilles. Several of the ceiling tile in the area had brown water stains.</p> <p>b. First floor living and dining rooms - several of the diffusers have an excessive build up of mildew on the grilles.</p> <p>8. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping with a minimum 2" air gap could effect all occupants of the facility if the domestic water supply became contaminated.</p> <p>Findings on December 13, 2018:</p> <p>a. Kitchen - the drain line for the icemaker was resting directly on the drain grate.</p> <p>9. Observations revealed that the electrical equipment was not maintained in a safe and operating condition.</p> <p>Findings on December 13, 2018:</p> <p>a. Kitchen - the electrical outlet to the left of the handwash sink is missing its cover plate.</p> <p>b. Boiler Room - the electric heater has been knocked off of its mounting bracket and is dangling by its electric cables.</p> <p>c. Maintenance Office - there is a double junction box that is no longer supported and dangling from its wiring at the air handler.</p>	C 189	<p>Tag C 189</p> <p>1. Routine cleaning and inspection of diffusers have been added to the routine monthly preventative maint. The Executive Director or Designee will review monthly Preventative Maintenance to ensure that it is completed. Effective 1/31/19 and ongoing.</p> <p>2. The drain in the kitchen will be cut and the air gap will be maintained. Repair to be completed on or by 1/31/19.</p> <p>3. In the boiler room the mounting bracket will be repaired. Repair to be completed on or by 1/31/19.</p> <p>4. The double junction box will be hung back on the wall on or before 1/31/19.</p>	

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C 193 C 193	Continued From page 9 Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (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. Observations revealed that ranges located in resident activity or recreational areas were operational without faculty staff supervision. Findings on December 13, 2018: a. Second Floor Activity Room - at the time of survey, the range was operational. No staff were present in the room, in the service area adjacent to the room or in the corridor to supervise the range. The oven was switched off at the time of survey.	C 193 C 193	Tag C 193 Education and training to be completed with all team members about the proper use of the oven and the supervision. Education to be completed by 1/31/19.
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT	C 199	

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C 199	<p>Continued From page 10</p> <p>10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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:</p> <ol style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) 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. Observations revealed that the facility did not provide exhaust ventilation in required areas. <p>Findings on December 13, 2018:</p> <ol style="list-style-type: none"> a. Housekeeping by Room 100 - the exhaust fan is not working. b. 100 Hall Soiled Linen - the exhaust fan is not working and there is a strong odor in the room. c. SCU Guest Toilet - the exhaust fan has a heavy accumulation of dust preventing it from operating at capacity. 	C 199	<p>Tag C 199</p> <p>Ventilation system to be repaired by third party provider. Repairs to be completed by 2/28/19.</p>