



MORNINGSIDE
ASSISTED LIVING OF RALEIGH

FIVE STAR SENIOR LIVING™

FAX COVER SHEET

Date: 1-10-20

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Number of Pages (including cover): 15

RE: Construction Survey

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2019
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NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay and Frank Strickland conducted on December 4, 2019. This facility was first licensed on October 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. Deficiencies have been cited and a Plan of Correction is required.	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 Health Service Regulation at no cost;	C 101		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Thomas A. Preston</i>	TITLE Executive Director	(X6) DATE 1-9-20
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C 101	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the facility is not in compliance with the code requirements in effect at the time of construction, renovation or alteration. Special locking doors are required to release automatically with the activation of the fire alarm.</p> <p>Findings on December 4, 2019:</p> <p>a. The exterior door from the SCU dining room, lower level on North end, appears to be a required Exit and is marked as such. The exit discharge leads through the gate in the SCU Courtyard. This gate is equipped with delayed egress locking which did not release upon activation of the fire alarm, as required.</p> <p>b. Oakwood Dining - the back exit doors appear to be a required Exit and is marked as such. These doors are equipped with delayed egress locking which did not release upon activation of the fire alarm.</p>	C 101		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(</p> <p>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:</p> <p>1. Review of records revealed that the facility did not maintain current fire and building safety inspection reports in the home.</p> <p>Findings on December 4, 2019:</p>	C 111	<p>Fire and Life Safety of America were called on 12-5-19. Site visit made on 12-16-19. Upon inspection door released. Maintenance Director will continue to monitor weekly.</p>	12-16-19

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C 111	Continued From page 2 a. A copy of the annual fire alarm system inspection report was not available for review. b. A copy of the annual fire sprinkler system inspection report was not available for review.	C 111	<i>New ED and Maint Director in community. Both will maintain annual fire alarm inspection report and annual fire sprinkler reports moving forward.</i>	12-5-19
C 134	Bathrooms-Roll-in Shower SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (7) Each home shall have at least one bathroom opening off the corridor with: (A) a door of three feet minimum width; (B) a three feet by three feet roll-in shower designed to allow the staff to assist a resident in taking a shower without the staff getting wet; (C) a bathtub accessible on at least two sides; (D) a lavatory; and (E) a toilet. (8) If the tub and shower are in separate rooms, each room shall have a lavatory and a toilet; This Rule is not met as evidenced by: 1. Observations revealed that the Special Care Unit did not have a bathroom off of the corridor with a roll in shower and accessible tub. Findings on December 4, 2019: a. SCU - the Community Bath was in a state of disrepair. Fixtures were removed. Walls were torn out and materials were stacked all over the room. Interview with staff revealed that the bath had been under renovation for about a year.	C 134	<i>Silverado was contacted by the community on 12-16-19 and 1-6-20. Site visit was requested by Community.</i>	
C 135	Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT	C 135		

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C 135	<p>Continued From page 3</p> <p>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(e) The requirements for bathrooms and toilet rooms are:</p> <p>(10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the facility was utilizing bathrooms for storage.</p> <p>Findings on December 4, 2019:</p> <p>a. Room 273 Bath - the bathroom is currently being used as a storage area for chairs, carts and lifts.</p>	C 135	<p><i>Chairs, carts and lifts were removed from 273 bath. Staff educated that bath is not storage.</i></p>	12-5-19
C 150	<p>Corridors-Free of equipment and Obstructions</p> <p>SECTION .0300 - PHYSICAL PLANT</p> <p>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(g) The requirements for corridors are:</p> <p>(4) Corridors shall be free of all equipment and other obstructions.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the exits were not maintained free of equipment and other obstructions.</p> <p>Findings on December 4, 2019:</p> <p>a. Oakwood Living Room - the exterior exit door was blocked by a wheelchair, a walker, a drawing easel and gaming equipment.</p>	C 150	<p><i>Community has removed all wheelchairs, walkers, and gaming equipment from Oakwood Living Room door. Staff was educated on not blocking doors and safety of keeping doorway clear.</i></p>	12-5-19
C 160	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT</p>	C 160		

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C 160	<p>Continued From page 4</p> <p>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(m) The requirements for outside premises are:</p> <p>(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:</p> <p>1. Observations revealed that the outside premises were not maintained in a clean condition.</p> <p>Findings on December 4, 2019:</p> <p>a. The exterior siding along the roof edges at all of the roof transitions is rotting and the paint is peeling.</p> <p>b. There are 16"x 16" holes cut out of the soffit at all of the sprinkler heads along the front porch.</p> <p>c. The walkways at the basement level exit from Stair #1 were covered with mud.</p>	C 160	<p>Community has contacted Perfect Painters and requested an on-site visit regarding exterior siding, rotting, peeling paint, 16"x16" hole in soffit along front porch.</p>	1-8-20
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT</p> <p>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. Observations revealed that the ceilings were not kept clean and in good repair.</p>	C 164	<p>Harmony landscape removed and cleaned the walkway at the basement exit and cleaned the mud. Maintenance Director will continue to monitor weekly.</p>	12-17-19

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C 164	<p>Continued From page 5</p> <p>Findings on December 4, 2019:</p> <p>a. A section of the ceiling sheetrock tape is loose and separating from the ceiling near the corridor door.</p> <p>b. Kitchen - there are several areas where the ceiling finish is flaking and peeling.</p> <p>c. Kitchen - the grille over the dishwasher area has a heavy accumulation of dust and grease.</p> <p>d. Kitchen Pantry - the R/A grille has a heavy accumulation of dust and grease.</p> <p>e. Laundry - the vents have excessive accumulations of dust and lint.</p> <p>f. General notation - most all of the R/A grilles and exhaust fan grilles have accumulations of dust and are in need of cleaning.</p> <p>g. Staff Lounge Locker Room - the ceiling around the supply vent is flaking and peeling from a prior leak.</p> <p>h. The corridor ceiling outside of Room 128 has damaged tile and the grids are bent so that the tile does not lay in properly. A sprinkler head is missing its escutcheon plate.</p> <p>i. Oakwood Warming Kitchen - two of the ceiling tiles have been removed.</p> <p>j. Oakwood - the paint is flaking and peeling at the bulkhead above the doors entering the dining and living areas.</p> <p>2. Observations revealed that the walls and furnishings were not kept clean and in good repair.</p> <p>Findings on December 4, 2019:</p> <p>a. Kitchen - the FRP panels are buckling and separating at the joints. Some of the panels have been patched and the patches are not adhering to the walls.</p> <p>b. Kitchen Housekeeping Closet - there is a large hole in the wall below the light fixture.</p>	C 164	<p>Community has contacted Perfect Painters and requested an on-site visit for ceiling sheetrock, ceiling paint, kitchen grille and pantry.</p> <p>Community has cleaned vents and they are free of dust, and lint. Maintenance Director will continue to monitor monthly.</p> <p>Community has contacted American DeGreasers for a site visit for R/A grilles, exhaust fan.</p> <p>Community has repaired the ceiling and peeling paint in the Staff Lounge Locker Room</p> <p>128 Corridor ceiling - tile has been replaced, a new grid was put on and sprinkler head was put in place.</p> <p>Oakwood Warming Kitchen tiles have been put in place.</p> <p>Oakwood paint has been repaired above the doors in dining room/living area</p> <p>Community has contacted Perfect Painters for an on-site visit for kitchen panels on</p> <p>Community repaired hole in wall below the light fixture in closet</p>	<p>1-8-20</p> <p>12-4-19</p> <p>12-12-19</p> <p>1-7-20</p> <p>12-14-19</p> <p>12-18-19</p> <p>1-8-20</p> <p>12-12-19</p>
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C 164	<p>Continued From page 6</p> <p>c. Staff Lounge - the wall in front of the cabinetry has water damage at the base. The wall is soft and deteriorating and the base no longer adheres to the wall.</p> <p>d. Room 273 Community Bath - a wall tile has broken off by the door. The door is heavily scuffed.</p> <p>e. Room 222 Bath - the grab bar at the toilet is not secure to the wall.</p> <p>f. Room 236 - the veneer on the corridor door is splitting and breaking off along the bottom edge of the door.</p> <p>g. Room 129 - the bathroom door is out of adjustment.</p> <p>h. Room 156, Handicap Toilet - there is a large damaged section of wall by the toilet.</p> <p>3. Observations revealed that the facility was not maintained free of unpleasant odors.</p> <p>Findings on December 4, 2019:</p> <p>a. Room 210 - there is a strong odor of urine in the room that emanates into the hallway.</p> <p>b. Housekeeping, Room 255 - there is a strong chemical odor in the room. The fan is not working. See Citation 0199.</p> <p>c. Room 156, Handicap Toilet - there is an unpleasant odor in the room.</p> <p>4. Observations revealed that the floors were not kept clean and in good repair.</p> <p>Findings on December 4, 2019:</p> <p>a. Laundry - a six foot section of cove base is missing behind the door.</p>	C 164	<p>Sherwin Williams was contacted by the community. Site visit has been requested.</p> <p>273 - Community has replaced wall tile and repaired door.</p> <p>222 - Grab bar was repaired by Community.</p> <p>236 - Veneer was repaired by Community.</p> <p>129 - bathroom door was repaired by Community.</p> <p>156 - Damaged wall was repaired by community.</p> <p>210 - Maintenance Director cleaned carpet and will continue to monitor weekly.</p> <p>255 - Progressive contacted by Community and on-site visit requested.</p> <p>156 - Community cleaned bathroom. Maintenance Director replaced wax seal and replaced bolts.</p> <p>Community has contacted Sherwin Williams for an on-site visit to repair laundry cover base</p>	<p>12-26-19</p> <p>12-13-19</p> <p>12-13-19</p> <p>12-14-19</p> <p>12-13-19</p> <p>12-18-19</p> <p>12-5-19</p> <p>1-6-20</p> <p>12-5-19</p> <p>12-26-19</p>
C 166	Housekeeping-Maintained Free of Hazards	C 166		
SECTION .0300 - PHYSICAL PLANT				

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C 166	<p>Continued From page 7</p> <p>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</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. Observations revealed that the facility was not maintained free of hazards.</p> <p>Findings on December 4, 2019:</p> <p>a. Room 222 - the carpet at the bathroom threshold is fraying creating a trip hazard.</p> <p>b. SCU Community Bath - the bathroom was in a state of disrepair. Building materials were stacked around the room and a rusty metal panel was propped against the tub. The room was unlocked at the time of survey and was an unsafe environment for residents.</p> <p>c. Room 160, Toilet - the toilet paper dispenser has broken off of the wall leaving the sharp, metal brackets.</p> <p>d. Room 106, Toilet - the towel bar is broken off of the wall leaving sharp, metal brackets exposed.</p> <p>2. 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.</p> <p>Findings on December 4, 2019:</p> <p>a. Room 243 - there were four oxygen bottles stored in a shallow plastic crate without any restraints to prevent the bottles from tipping or</p>	C 166	<p>222 - Maintenance Director has repaired the carpet.</p> <p>Community has contacted Perfect Painters for an on-site visit to make repairs to SCU Community Bath.</p> <p>160 - Maintenance Director has repaired dispenser</p> <p>106 - Maintenance Director has repaired towel bar.</p> <p>243 - Oxygen bottles were removed and placed in a proper cylinder.</p>	<p>12-13-19</p> <p>1-8-20</p> <p>12-13-19</p> <p>1-2-20</p> <p>12-12-19</p>
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C 166	Continued From page 8 falling over.	C 166		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <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> <p>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 ceilings or walls could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on December 4, 2019:</p> <p>a. Kitchen Pantry - the hole for the sprinkler hanger rod has not been sealed.</p> <p>b. Kitchen - there is a 3" hole in the ceiling between the kitchen hood and the prep area.</p> <p>c. Riser Room - there are two holes for a cable bundles that have been stuffed with rock wool which is not an acceptable fire caulk.</p> <p>d. Main Electrical Room - there is an unsealed conduit penetration in the ceiling above the transfer switch.</p> <p>e. Break Room - there is an unsealed water line penetration in the corridor wall.</p> <p>f. Break Room - the wall mounted sprinkler head is not secure to the wall leaving an opening in the</p>	C 189	<p>Maintenance Director sealed the hole for the Sprinkler hanger rod.</p> <p>Kitchen - Community has contacted Perfect Painters and requested an on-site visit for repairs.</p> <p>Riser Room holes have been caulked with appropriate product by Maintenance Director.</p> <p>Main Electrical Room - ceiling has been sealed by maintenance Director.</p> <p>Breakroom water line has been sealed in corridor wall.</p>	<p>12-12-19</p> <p>1-8-20</p> <p>12-12-19</p> <p>12-12-19</p> <p>12-12-19</p>

Division of Health Service Regulation
STATE FORM 5899

Breakroom sprinkler head was secured to wall by Maintenance Director

1CF121

If continuation sheet 9 of 14

12-12-19

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C 189	<p>Continued From page 9</p> <p>rated wall.</p> <p>g. Attic above the service corridor doors - there are two unsealed cable penetrations.</p> <p>h. There is a hole in the concrete block above the ceiling at the exit sign above the cross corridor doors by Room 203.</p> <p>i. There are holes in the wall above the ceiling by Room 224.</p> <p>j. There are three plastic access panels installed in the fire rated ceiling assembly system at the elevator. Two of the panels do not fit well enough to cover the opening.</p> <p>k. SCU - there is a 12" x 18" hole cut into the ceiling above the Nurses' Station. Interview with staff revealed that it was cut to repair a leak.</p> <p>l. There is a 6" hole with a conduit running through it in the wall above the ceiling at the cross corridor doors by Room 126.</p> <p>m. There are holes in the wall above the ceiling at the cross corridor doors by Physical Therapy. One is above the door and the second is to the right of the doors.</p> <p>n. Oakwood Warming Kitchen - there is a hole in the rated ceiling above the lay-in at the access panel.</p> <p>o. The wall in the ceiling above the cross corridor doors outside Room 107 have three conduits not sealed.</p> <p>p. Room 167, Electrical - there is a hole in the corridor wall over the door. The cable sleeves have not been sealed.</p> <p>q. Room 170, Clean Linen - seal opening around exhaust fan duct where it penetrates the corridor wall.</p> <p>2. Observations revealed that the electrical equipment is not maintained in a safe and operating condition.</p> <p>Findings on December 4, 2019:</p>	C 189	<p>Maintenance Director has sealed the cable in the Attic.</p> <p>The hole in the concrete block has been repaired.</p> <p>Holes in the ceiling by 224 have been repaired.</p> <p>Maintenance Director ordered parts needed for repair of panels.</p> <p>SCU 12'x8" hole has been repaired.</p> <p>6" hole has been repaired</p> <p>The holes at the cross corridor by Physical Therapy have been repaired.</p> <p>Oakwood Warming Kitchen-hole has been repaired.</p> <p>Conduits outside of room 107 have been sealed.</p> <p>167-hole has been repaired and cable sleeves have been sealed by Maintenance Director</p> <p>170-Seal openings around exhaust fan have been repaired.</p>	<p>12-20-19</p> <p>12-20-19</p> <p>12-12-19</p> <p>12-26-19</p> <p>12-20-19</p> <p>12-20-19</p> <p>12-20-19</p> <p>12-20-19</p> <p>12-20-19</p> <p>12-20-19</p> <p>12-20-19</p>
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2019
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NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
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C 189	<p>Continued From page 10</p> <p>a. Kitchen - there is an open breaker in the electrical panel.</p> <p>b. Main Electrical Room - the cover plate is missing for the ceiling junction box.</p> <p>c. Laundry - the outlet at the work table is missing a cover plate.</p> <p>d. The cover plate is missing in the wall outside of Room 246A.</p> <p>e. The junction box outside of Oakwood Dining is missing its cover.</p> <p>f. Oakwood Warming Kitchen - the junction box by the access panel above the ceiling has a loose cover plate.</p> <p>3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on December 4, 2019:</p> <p>a. Room 236 - the door drags on the frame and requires excessive force to close. This was corrected at the time of survey.</p> <p>b. Room 136 - the latch plate is missing and the door cannot close and latch.</p> <p>c. Room 134 - the door drags on the frame and requires excessive force to close.</p> <p>4. 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 4, 2019:</p> <p>a. SCU - The emergency light outside of Room 128 did not illuminate on test.</p>	C 189	<p>Kitchen - Breaker now has a cover.</p> <p>Main Electrical Room - cover plate was replaced.</p> <p>Laundry - outlet now has a cover plate over outlet.</p> <p>Cover plate was put in the wall outside of room 246A</p> <p>Oakwood Warming Kitchen - cover plate is now tight.</p> <p>236 - Maintenance Director corrected the door and frame at time of survey.</p> <p>136 - Latch plate was put on the door.</p> <p>134 - Door and frame were repaired so the door would not drag.</p> <p>SCU - light was replaced by Maintenance Director.</p>	<p>12-12-19</p> <p>12-16-19</p> <p>12-16-19</p> <p>12-18-19</p> <p>12-17-19</p> <p>12-4-19</p> <p>12-13-19</p> <p>12-13-19</p> <p>12-17-19</p>
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2019
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NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
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C 189	Continued From page 11 b. SCU Courtyard - the exit sign at the gate is not illuminated. c. The two exterior emergency lights in the courtyard did not illuminate on test. d. Room 160, Toilet - the emergency light did not illuminate on test. e. Oakwood Living Room - the emergency light over the exterior exit doors did not illuminate on test. 5. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain 18" clearance below the sprinkler heads creates an obstruction which limits the ability of the sprinkler system to suppress a fire. Findings on December 4, 2019: a. Room 192A Staff Storage - items boxes were stacked to within 6" of the ceiling and adult diapers were stacked to the ceiling. 6. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Findings on December 4, 2019: a. Room 156, Handicap Toilet - the toilet fixture is loose and moves side to side. 7. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on December 4, 2019: a. Warming Kitchen in Oakwood - the can light in the back is falling out of the ceiling. 8. Based on observation there is a failure to maintain the facility's fire safety equipment in a	C 189	SCU courtyard- lights were replaced by Maintenance Dir. Two exterior emergency lights were replaced. Room 160 - emergency light was replaced. Oakwood Living Room - light was replaced. All items and boxes were removed and staff educated on 18" clearance rule. 156 - Toilet was repaired and tightened by Maintenance Dir. Oakwood Kitchen Warming-light was fixed and repaired.	12-30-19 12-30-19 12-13-19 1-2-20 1-2-20 1-2-20 12-19-19

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/04/2019
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C 189	Continued From page 12 safe operating condition. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on December 4, 2019: a. First Floor - the cross corridor doors by Room 202 released on the fire alarm but did not close and latch. b. First Floor - the cross corridor doors by Room 225 released on the fire alarm but one of the doors did not close. c. First Floor - the cross corridor doors by Room 205 released on the fire alarm but did not close and latch.	C 189	Fire and Life Safety of America were on-site 12-16-19 and parts were ordered to correct corridor doors by Room 202.	12-16-19	
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. Observations revealed that the facility did not maintain working exhaust ventilation in required	C 199	Fire and Life Safety of America were on-site 12-16-19 and parts were ordered to correct the cross corridor doors by Room 225. Fire and Life Safety of America were on-site 12-16-19 and parts were ordered to correct the cross corridor doors by Room 205.	12-16-19 12-16-19	

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C 199	Continued From page 13 areas. Findings on December 4, 2019: a. Room 255, Housekeeping - the exhaust fan was not working at the time of survey.	C 199	Room 225 - Housekeeping exhaust fan was repaired.	1-7-20
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