

MORNINGSIDE ASSISTED LIVING OF RALEIGH

FIVESTAR SENIOR LIVING"

PAX COVER SHEET

Date: 1-10-20	
To: Alison Godwin -	 .
Fax: (919) 733-6592	·
From: Sommer Prestianni	
Phone: 919-828-5557 Fax: 919-828-7252	. 1
Number of Pages (including cover): 15	
RE: Construction Survey	

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MORNINGSIDE OF RALEIGH STREET ADDRESS, CITY, STAYE, 2IP CODE 801 DIXE TRAIL RALEIGH, NC 27607 PROMPER ALA OF CORRECTION (SACH DEPOLIENCE WINST DE PRECEDENCES SECONDENCE WINST DE PRECEDENCE BY PULL (SACH DEPOLIENCE WINST DE PRECEDENCES REQULATORY OR LEG DENTIFYING INFORMATION) 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 Domicillary Hornes and the 1991 North Carolina State Building Code, Section 409 Institutional Occupancy and the applicable portions of the 2006 Rules for Adult care Home of Seven or More Beds. Deficiencies have been cited and a Plan of Correction is required. 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 existed in the 1991 Mental Control of the 1		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIÊR/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	COMPL	
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sion of Health Service Regulation		10A NCAC 13F .03c PHYSICAL PLANT The physical plant r care home shall be (2) Except where o licensed facilities or facilities shall meet requirements in effecting in service o renovation, or alterathe requirements fo no addition or renov than those requirem "Minimum and Desi Regulations" for "Ho copies of which are Health Service Reg	O1 APPLICATION OF REQUIREMENTS equirements for each adult applied as follows: therwise specified, existing portions of existing licensed licensure and code ect at the time of construction, about a bed count, addition, ation; however in no case shall a rany licensed facility where ration has been made, be less the found in the 1971 and Standards and the provision of				
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Division	of Health Service Re	egulation		The Control of the Co	(X3) DATE SURVEY		
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			
		HAL092088	B. WING		12/04/2019		
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DORESS, CITY,	\$TATE, ZIP CODE			
MORNIN	IGSIDE OF RALEIGH	801 DIXII RALEIGH	ETRAIL I, NC 27607				
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C 101	Continued From pa	ge 1	Ç 101				
	Observations re compliance with the at the time of const alteration. Special	et as evidenced by: vealed that the facility is not in e code requirements in effect ruction, renovation or locking doors are required to lly with the activation of the fire					
	lower level on North required Exit and is discharge leads thr Courtyard. This gat egress locking which activation of the fire b. Oakwood Dining to be a required Ex These doors are ed	iber 4, 2019: or from the SCU dining room, n end, appears to be a marked as such. The exit ough the gate in the SCU e is equippped with delayed ch did not release upon e alarm, as required. g - the back exit doors appear it and is marked as such. quipped with delayed egress ot release upon activation of		Fire and Life Safety of America were Cath on 12-5-19. Site Vis made on 12-16-19. I Inspection door release	ipon		
C 111	SECTION .0300 - F 10A NCAC 13F .03 CONSTRUCTION(f) The facility shall fire and building sa	02 DESIGN AND	C 111	Maintenance Director Continue to monitor	T-		
	1. Review of record not maintain сигтел inspection reports i			,			
	Findings on Decem	IDEI 4, 2018.					
	ealth Service Regulation		6899	405404	If continuation sheet 2 of 14		
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	C 111	inspection report was b. A copy of the an	ge 2 nual fire alarm system as not available for review. nual fire sprinkler system as not available for review.		C 111	New ED and Maint C in community. Both with maintain annual fire inspection report and a fire sprinkler reports	۱ ا	zlorm	12-5-19
	C 134	Bathrooms-Roll-in S	Shower		C 134	moving forward.			
		rooms are: (7) Each home shat opening off the correct (A) a door of three (B) a three feet by designed to allow the taking a shower with (C) a bathtub acce (D) a lavatory; and (E) a toilet. (8) If the tub and site each room shall had the table each room. Interview with a roll in shower than the table each room. Interview with a roll in shower table each room. Interview with a roll in shower table each room. Interview with a roll in shower table each room.	nts for bathrooms and toilet all have at least one bathroom ridor with: feet minimum width; three feet roll-in shower he staff to assist a resident in hout the staff getting wet; ssible on at least two sides; hower are in separate rooms, we a lavatory and a toilet; et as evidenced by: vealed that the Special Care bathroom off of the corridor r and accessible tub.			Silverado was conta by the community or 12-16-19 and 1-6-20. Visit was reguested by Community.	c t . S	ed ite	
	C 135	Bathrooms-Not to E SECTION .0300 - F	Be Utilized for Storage PHYSICAL PLANT		C 135				
) Jiviet	on of H	salth Service Regulation			****		\dashv		
	E FORM			68	99	1CF121	lf	continuatio	on sheet 3 of 14

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 _ HAL092088 12/04/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG !TAG DEFICIENCY) C 135 C 135 Continued From page 3 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; This Rule is not met as evidenced by: 1. Observations revealed that the facility was utilizing bathrooms for storage. Chairs, caxts and lifts 12-5-19 were removed from 273 both. Staff educated that both is not storage. Findings on December 4, 2019: a. Room 273 Bath - the bathroom is currently being used as a storage area for chairs, carts and lifts. C 150 C 150 Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Observations revealed that the exits were not maintained free of equipment and other obstructions. Community has removed Findings on December 4, 2019: all wheel chairs, walkers, a. Oakwood Living Room - the exterior exit door 12-5-19 was blocked by a wheelchair, a walker, a drawing and gaming equipment from Cakwood Living Room door. Staff was educated on not easel and gaming equipment. C 160 C 160 Outside Premises-Clean, Safe blocking doors and safety of SECTION .0300 - PHYSICAL PLANT Keeping doorway clear. Division of Health Service Regulation STATE FORM 6899 If continuation sheet 4 of 14 1CF121

\$1	ATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COME	SURVEY
			HAL092088		B. WING	<u> </u>	12/0	04/2019
		PROVIDER OR SUPPLIER	801 DIX	E	ODRESS, CITY, STATE, ZIP CODE TRAIL NO 27607			••••
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		10A NCAC 13F .03 ENVIRONMENT (m) The requirement (1) The outside gro facilities shall be modified. This Rule is not med. Observations repremises were not condition. Findings on December a. The exterior side of the roof transition peeling. b. There are 16"x all of the sprinkler is c. The walkways as Stair #1 were covered. Housekeeping and SECTION .0300 - FOURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clear (2) have no chronic (3) have furniture (4) This Rule shall facilities. This Rule is not med. Observations revenue the process of the process	ents for outside premises are: bunds of new and existing aintained in a clean and safe et as evidenced by: vealed that the outside maintained in a clean ther 4, 2019: ing along the roof edges at all ins is rotting and the paint is 16" holes cut out of the soffit a reads along the front porch. It the basement level exit from red with mud. Furnishings-Clean, Repaired PHYSICAL PLANT 06 HOUSEKEEPING AND es shall: ings, and floors or floor in and in good repair; c unpleasant odors; clean and in good repair; apply to new and existing et as evidenced by: vealed that the ceilings were	at	C 164	Community has contonered Parted Painters and requested an on-situation of the solding, reting, peeling Siding, rotting, peeling Siding, rotting, peeling to the solding to the solding the solding to the sold end cleaned walkway at the basen exit and cleaned the Maintenance Director continue to monitor a	g paint dong the	12-17-19
	ion of H	ealth Service Regulation M		8	899	ICF121	If continue	tion sheet 5 of 14
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Division	of Health Service Re	gulation				
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C 164	Findings on Decem	,	C 164	Community has contact ferfect Pointers and reg an on-site visit for cert sheetrock, ceiling pain	ing i	1-8-20
	b. Kitchen - there a ceiling finish is flakic. Kitchen - the gril a heavy accumulatid. Kitchen Pantry - accumulation of due. Laundry - the veaccumulations of df. General notation and exhaust fan gridust and are in neeg. Staff Lounge Loaround the supply va prior leak. h. The corridor ceit	le over the dishwash area has on of dust and grease. the R/A grille has a heavy st and grease. nts have excessive ust and lint most all of the R/A grilles lles have accumulations of d of cleaning. cker Room - the ceiling rent is flaking and peeling from ing outside of Room 128 has		Community has cleaned and they are free of due and lint. Maintenance and lint of monitor to monitor to community has contacted American DeGreasers for Site visit for R/A grille exhaust fon.	verts it, prector morthly is a	
	damaged tile and the grids are bent so that the tile does not lay in properly. A sprinkler head is missing its escutcheon plate. i. Oakwood Warming Kitchen - two of the ceiling tiles have been removed.			Community has repaired Ceiling and pecking Point the Staff Lourge Locker	Bacu	12-12-19
	j. Oakwood - the pathe bulkhead above and living areas.	aint is flaking and peeling at the doors entering the dining		128 corridor certing - tile been replaced, a new grid put on and sprinkler he was put in place.	08	1-7-20
		2. Observations revealed that the walls and urnishings were not kept clean and in good epair.		Cakusod Warming Kitchen have been put in place.		12-14-19
		ber 4, 2019: P panels are buckling and ints. Some of the panels have		Cakwood point has been topaired above the doors in dining room Miving area		12-18-19
	been patched and to the walls.	he patches are not adhering eeping Closet -there is a large		Community has contacted Pe Pounters for an on-site V for Kitchen Panels on	(† EC † 1514	1-8-20
	hole in the wall belo			Community repaired hale in a	<i>Loci</i>	12-12-19
1	ealth Service Regulation		2000	below the light fixture	√n ckos	e+
STATE FOR	М		689 9	1CF121	r continuati	on sheet 6 of 14

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 12/04/2019 HAL092088 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Sherwin Williams was C 164 C 164 Continued From page 6 contacted by the community. 12-26-19 c. Staff Lounge - the wall in front of the cabinetry Site visit has been requested. has water damage at the base. The wall is soft and deteriorating and the base no longer adheres 273 - Community has replaced wall tile and repaired door. 12-13-19 d. Room 273 Community Bath - a wall tile has broken off by the door. The door is heavily 222 - Grab bor was repaired by 12-13-19 e. Room 222 Bath - the grab bar at the toilet is Community. not secure to the wall. 236 - Veneer was repaired by 12-14-19 f. Room 236 - the veneer on the corridor door is Community. 129- bath room door was repaired 12-13-9 splitting and breaking off along the bottom edge of the door. g. Room 129 - the bathroom door is out of adjustment. by Community. 156 - Damaged wall was repaired 12-18-19 h. Room 156, Handicap Toilet - there is a large damaged section of wall by the toilet. by community. Observations revealed that the facility was not maintained free of unpleasant odors. 210- Maintenance Director 12-5-19 Cleaned carpet and will continue to monitor weekly. Findings on December 4, 2019: a. Room 210 - there is a strong odor of urine in the room that emanates into the hallway. 255 - Progressive contacted by community and on-site visit 1-6-20 b. Housekeeping, Room 255 - there is a strong chemical odor in the room. The fan is not requested. working. See Citation 0199. 156- Community cleaned bathwoom 12-5-19 c. Room 156, Handicap Toilet - there is an unpleasant odor in the room. maintenance Director replaced wax sed and replaced boths Observations revealed that the floors were not kept clean and in good repair. community has contacted Findings on December 4, 2019: 12-26-19 Sherwin Williams for an a. Laundry - a six foot section of cove base is on-site vist to repoir Labry missing behind the door. cover base C 166 C 166 Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT Division of Health Service Regulation If continuation sheet 7 of 14 STATE FORM 1CF121

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 12/04/2019 HAL092088 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 801 DIXIE TRAIL MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 166 C 166 Continued From page 7 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 (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility was not 222-Maintenance Director 12-13-19 maintained free of hazards. has repaired the carpet. Findings on December 4, 2019: a. Room 222 - the carpet at the bathroom Community has contacted Perfect Painters for an threshold is fraying creating a trip hazard. b. SCU Community Bath - the bathroom was in a on-site visit to make repairs state of disrepair. Building materials were stacked around the room and a rusty metal panel to scu community Both. was propped against the tub. The room was unlocked at the time of survey and was an unsafe 160 - Maintenance Director environment for residents. 12-13-19 c. Room 160, Toilet - the toilet paper dispenser has repaired dispenser has broken off of the wall leaving the sharp, metal brackets. 106-maintenance Director d. Room 106, Toilet - the towel bar is broken off 1-2-20 has repaired towel bar. of the wall leaving sharp, metal brackets exposed. 2. Based on observation the facility was not maintained free from hazards. Oxygen bottles without any means of restraint to prevent them 243- Oxygen bottles were removed and placed in a from falling or being knocked over may present a danger to the occupants of the facility. proper Cylinder. Findings on December 4, 2019: 12-12-19 a. Room 243 - there were four oxygen bottles stored in a shallow plastic crate without any restraints to prevent the bottles from tipping or Division of Health Service Regulation 6899 STATE FORM If continuation sheet 8 of 14 1CF121

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/\$UPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION 5: 01	(X3) DATE COMF	SURVEY LETED
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ORNIN	GSIDE OF RALEIGH	801 DIXIE	TRAIL , NC 27607	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODE DEFICIENCY)	.D₿E	(X5) COMPLETE DATE
C 166	Continued From pa	ge 8	C 166			
C 189	Building Equipment SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the ex which shall not app This Rule is not med 1. Based on obsermaintain the building	11 OTHER Id all fire safety, electrical, Immorrance equipment in an adult Immaintained in a safe and	C 189			
	through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin. Findings on December 4, 2019: a. Kitchen Pantry - the hole for the sprinkler hanger rod has not been sealed. b. Kitchen - there is a 3" hole in the ceiling between the kitchen hood and the prep area. 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. d. Main Electrical Room - there is an unsealed conduit penetration in the ceiling above the		Maintenance Director Sealed the hole for the Sprinkler hanger rod Kitchen - Community has a	oAücteb	12-12-19	
			Perfect Pointers and regular on on-site visit for report Riser Room Holes have Caulked with appropriate product by Maintenance	ers. been cte	12-12-1°	
	transfer switch. e. Break Room - there is an unsealed water line penetration in the corridor wall. f. Break Room - the wall mounted sprinkler head is not secure to the wall leaving an opening in the			Main Electrical Room - Ce has been sealed by Maint Director. Breakroom water line has be Sealed in corridor well.	ikng enence	12-12-19
ion of He	ealth Service Regulation //		659S	Break room Sprinkler head 10F121 Secured to wall by Mainte Direct	ve ves	ion sheet 9 of 12-12

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL092088 12/04/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 9 C 189 C 189 Maintenance Director has 12-2c∃9 sealed the cable in the Attic. rated wall. g. Attic above the service corridor doors - there The hole in the concrete block are two unsealed cable penetrations. 12-20-19 h. There is a hole in the concrete block above has been repaired. the ceiling at the exit sign above the cross Modes in the ceiling by 224 have been repaired. 12-12-19 corridor doors by Room 203. There are holes in the wall above the ceiling by Room 224. Mountenance Director ordered 12-26-19 There are three plastic access panels installed parts needed for reposit ef in the fire rated ceiling assembly system at the elevator. Two of the panels do not fit well enough to cover the opening. 12-20-19 geu iz'x8" hole has been k. SCU - there is a 12" x 18" hole cut into the ceiling above the Nurses' Station. Interview with repeired. 12-20-19 staff revealed that it was cut to repair a leak. 6" hole has been repaired 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. The holes at the cross corridor m. There are holes in the wall above the ceiling 12-20-19 by Physical Therapy have been at the cross corridor doors by Physical Therapy. One is above the door and the second is to the reposited. right of the doors. Cakwood Warming Kitchen-hale has been repaired. п. Oakwood Warming Kitchen - there is a hole in 12-20-19 the rated ceiling above the lay-in at the access Conduits outside of room 107 The wall in the ceiling above the cross corridor 12-20-19 have been Sealed. doors outside Room 107 have three conduits not 167-hole has been repaired p. Room 167, Electrical - there is a hole in the 12-20-19 and acubie sleeves have been corridor wall over the door. The cable sleeves Sealed by Mounten ence Director have not been sealed. q. Room 170, Clean Linen - seal opening around exhaust fan duct where is penetrates the corridor wall. 170-Sect Openings Ground 12-20-19 exhaust fan have been 2. Observations revealed that the electrical equipment is not maintained in a safe and repoired. operating condition. Findings on December 4, 2019: Division of Health Service Regulation

Division of Health Service Regulation STATE FORM

6899

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: 01 HAL092088 B. WING 12/04/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 189 C 189 Continued From page 10 12-12-19 Kitchen-Breaker now has a. Kitchen - there is an open breaker in the a covec. electrical panel. 12-16-19 Main Electrical Room- Cover b. Main Electrical Room - the cover plate is missing for the ceiling junction box. plate was replaced. Laundry - cutlet now has a cover plate over outlet. c. Laundry - the outlet at the work table is 12-16-19 missing a cover plate. d. The cover plate is missing in the wall outside Cover plate was put in the 12-18-19 of Room 246A. wall outside of room 246A e. The junction box outside of Oakwood Dining is missing its cover. Oakwood Warming Kitchen f. Oakwood Warming Kitchen - the junction box 12-17-19 cover plate is now tight . by the access panel above the ceiling has a loose cover plate. 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. 236-Maintenance Director 12-4-19 Findings on December 4, 2019: corrected the door and frame a. Room 236 - the door drags on the frame and at tame of surveg. requires excessive force to close. This was 136- Latch plate was put on corrected at the time of survey. 12-13-19 b. Room 136 - the latch plate is missing and the the door. door cannot close and latch. 1341 - Door and frome were c. Room 134 - the door drags on the frame and 12-13-19 requires excessive force to close. repaired so the door would not quit-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! 500 - light was replaced by Findings on December 4, 2019: 12-17-19 maintenance Director. a. SCU - The emergency light outside of Room 128 did not illuminate on test. Division of Health Service Regulation 6899 STATE FORM If continuation sheet, 11 of 14 1CF121

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 HAL092088 12/04/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 500 courtyard-lights were C 189 C 189 Continued From page 11 12-36-19 replaced by Maintenance Dir. SCU Courtyard - the exit sign at the gate is not Two exterior emergency lights 12-30-19 c. The two exterior emergency lights in the ware replaced courtyard did not illuminate on test. Boom 160 - emergency light 12-13-19 d. Room 160, Toilet - the emergency light did not was replaced. illuminate on test. e. Oakwood Living Room - the emergency light Oakwood Living Room -1-2-20 over the exterior exit doors did not illuminate on right was replaced. test. 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. All items and boxes were removed and staff educated Findings on December 4, 2019: 1-2-20 a. Room 192A Staff Storage - items boxes were stacked to within 6" of the ceiling and adult on 18" clearance rule. diapers were stacked to the ceiling. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Findings on December 4, 2019: 156- Toiled was repaired and 1-2-28 a. Room 156, Handicap Toilet - the toilet fixture is tightened by Maintenance Dir. 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: Oakwood Kitchen Warminga. Warming Kitchen in Oakwood - the can light in 12-19-19 light was fixed and repaired. 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 Division of Health Service Regulation STATE FORM 6899 If continuation sheet 12 of 14 1CF121

	IN OF DEFICIENCIES	(X1) PROVIDER/S	UPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	SURVEY	
	AND PLAN OF CORRECTION IDENTIFICATI						LETED	
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(X4) ID PREFD TAG		TEMENT OF DEFIC YMUST BE PRECED SC IDENTIFYING IN	ED BY FULL	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
	Gontinued From paragraph and completely closs spread of smoke or Findings on Decema. First Floor - the 202 released on the and latch. b. First Floor - the 225 released on the doors did not close c. First Floor - the 205 released on the and latch. Exhaust Ventilation SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (g) The spaces list provided with exhaut two cubic feet per in requirement does in before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not app. This Rule is not me 1. Observations remaintain working exmaintain working exmaintain working exmaintain working exmaintain working example contains a co	dition. The occurnt could be effected and latch to he fire to the area laber 4, 2019: cross corridor of the fire alarm but	cted if doors do elp limit the of origin. loors by Room did not close loors by Room one of the oors by Room did not close the rate of re foot. This ities licensed entilation in dexisting graph (e) cilities. by: facility did not		Fire and Life Safety America were on-site and parts were ordered Correct Corridor doors Room 202. Fire and Life Safety of America were on-site and parts were ordered correct the cross corrid by Room 225. Fire and Life Safety of America were on-site II and parts were on-site II and parts were ordered correct the cross corri doors by Room 205.	12-16-19 12-16-19 to doors	12-16-19	
Division of	Health Service Regulation			1	J			
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		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/S IDENTIFICATI	UPPLIER/CLIA ON NUMBER:	PPLIER/CLIA (X2) MULTIPLE CONSTRUCTION N NUMBER: A. BUILDING: 01			(X3) DATE SURVEY COMPLETED		
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	C 199	Continued From pa	ge 13		C 199					
		Findings on Decem a. Room 255, Hous was not working at	sekeeping - the	exhaust fan /ey.		Room 225-1 fan was re	łousekeeping paireb :	EXMOUSH	1-7-20	
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	on of He	ealth Service Regulation VI	_		689 9	1CF121	M'	continuation	n sheet 14 of 14	