

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL041052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/23/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>MORNINGVIEW AT IRVING PARK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3200 N ELM STREET GREENSBORO, NC 27408</b>		
(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 Tod Hancock conducted on October 23, 2024.  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 Health Service Regulation at no cost;  This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet the code requirements in effect at the time of construction or alteration by not having all the required fire- resistant -rated construction required by the North Carolina State building code. This could affect all occupants who need time to evacuate the building. Findings on October 23, 2024: a. 2nd Floor-Special Care Laundry- Laundries	{C 101}	Maintenance Director has contacted vendor and scheduled door replacement for fire rated doors. The Maintenance Director and/or designee will inspect door on a monthly basis.	2/21/25

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

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If continuation sheet 1 of 2

Division of Health Service Regulation

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{C 101}	Continued From page 1  over 100 square feet are considered as Hazardous Area per the 1996 building code. The corridor door and frame to this room were not 45-minute fire rated with a door closer. In addition, the walls and ceilings separating this area from the remainder of the building must have a one-hour fire resistance rating.	{C 101}		
{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: 8. Based on observation, the smoke-tight corridor doors and walls are not maintained in a safe and operating condition. Findings on October 23, 2024:  b.2nd Floor- Special Care-TV Room-The pair of corridor doors equipped with electromagnetic hold open devices that release on fire alarm activation were released. The inactive leaf rubbed the floor and did not close and latch. In addition, when the inactive leaf was forced closed and latched, the active leaf did not latch onto the inactive leaf.	{C 189}	Maintenance Director will contact vendor to replace doors with 45 minute fire rated doors. Maintenance Director and/or designee will inspect on monthly basis.	12/6/24