

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 08/01/2019
NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF WILMINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 2744 S 17TH STREET WILMINGTON, NC 28412		
(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 Suzanna Fay conducted on August 1, 2019. There are previous cited deficiencies from the Biennial Construction Survey that require corrective action and a new Plan of Correction is required.	{C 000}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired 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. This Rule is not met as evidenced by: 1. Observations revealed that the walls were not kept in good repair. Findings on August 1, 2019: a. SCU Room 228 - there is a 1 1/2" x 4" hole in the wall behind the door that has not been repaired. b. SCU Room 238 - there is a hole in the wall behind the closet door that has not been repaired.	{C 164}		
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	{C 189}		

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

TITLE

(X6) DATE

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{C 189}	Continued From page 1 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 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 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. Findings on August 1, 2019: a. Second Floor - the veneer is coming loose at the top of the cross corridor doors by the elevator which prevents the door from latching properly. Attempts were made to correct the door. The door does latch, but the veneer is pulling away when opened. b. First Floor - the left leaf on the cross corridor doors by the elevator does not automatically latch when activated by the fire alarm. The leaf did not latch on the follow up survey. 2. 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. Findings on August 1, 2019:	{C 189}		

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{C 189}	Continued From page 2 c. First Floor Dining Room - the doors to the service hall do not latch. The covers are missing on the hardware and the latching hardware is pulling loose from the face of the door. This has not been corrected. Interview with staff revealed that they have ordered the hardware needed for repairs. d. Kitchen - the doors to the corridor do not latch. The end caps are missing on the door hardware. This has not been corrected. Interview with staff revealed that they have ordered the hardware needed for repairs. e. Kitchen - the door to the janitor closet is damaged and no longer closes. This has not been corrected. Interview with staff revealed that they have ordered the hardware needed for repairs. f. Second Floor Nurses' Office - the hinges are damaged and the door is extremely hard to open and close. Interview with staff revealed that attempts to correct the damage failed and he intends to order a new door. 7. 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. Findings on August 1, 2019: i. Boiler Room - some of the gray spray-on fireproofing has come loose and fallen out at the hanger rods leaving holes in the fire rated assembly. Interview with staff revealed that he has not found anyone qualified willing to do the patchwork. 8. Observations revealed that the electrical equipment was not maintained in a safe and	{C 189}		

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{C 189}	Continued From page 3 operating condition. Findings on August 1, 2019: e. Front Lobby - one of the cover plates for the floor outlets is missing. Interview with staff revealed that the part has been ordered. 11. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Damages to fire rated assemblies compromise the assembly's ability to withstand fire. Findings on August 1, 2019: a. Boiler Room - a large section, approximately 18" x 4', of the spray-on fire-proofing material has fallen off of the ceiling over the exhaust fan. Pieces of the fire-proofing material has fallen off the beams over the boiler piping. Interview with staff revealed that he has not found anyone qualified willing to do the patchwork. b. Exterior Electrical Room - a small section, approximately 8"x12", of the spray-on fire-proofing material has fallen off near the electrical panels. Interview with staff revealed that he has not found anyone qualified willing to do the patchwork. 12. Based on observation, this facility has not maintained the fire safety components in a safe and operating condition. Findings on August 1, 2019: a. The exit signs in the Interior Courtyard have damaged lens covers and are not illuminated during normal use and when tested. Interview with staff revealed that they had not repaired the exit signs as they were not sure that they were required. However, the exit signs are required by the NCSBC.	{C 189}		

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