Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013026	A. BUILDING: 01 B. WING _____	06/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF CONCORD	500 PENNY LANE, NE CONCORD, NC 28025

(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 Construction Section Biennial Survey by Billy S. Bryant and Frank Strickland conducted on 06/15/2017. Records indicate this facility was first licensed on 10/02/1996. The facility is currently licensed for 105 Beds including a 39 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	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:	C 101		

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C 101	Continued From page 1 1. Based on observation the facility did not meet the building code requirements for special locking in effect at the time of construction or renovation. Finding on 06/15/2017: a. A schematic wiring diagram of the special locking system showing the devices and the location of the electrical power supply was not displayed adjacent to the fire alarm panel.	C 101		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(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. This Rule is not met as evidenced by: 1. Based on an interview with the provider one of the required current (within the calendar year) inspection report was not available for review at the the time of the survey. Finding on 06/15/2017: a. A current fire marshal's inspection report was not available for review at the time of the survey.	C 111		
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;	C 166		

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C 166	Continued From page 2 (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the facility free from hazards. Emergency means of egress/pathways must be kept clear of obstructions and encroachments and not used for storage. In the event of an emergency requiring evacuation from the facility, obstructing or encroaching on the means of egress/pathways could effect occupants of the facility by delaying evacuation. Finding on 06/15/2017: a. Kitchen Area Service Hall - The path of egress was obstructed by items stored in the exit hallway. Note: Corrected while the surveyor was on site. 2. Based on observation the facility was not maintained free from hazards due to oxygen bottles that are stored without any means of restraint to prevent them from falling or being knocked over. Oxygen bottles that are improperly stored may present a danger to the occupants of the facility. Finding on 06/15/2017: a. Room 114 - Oxygen cylinders in the resident's closet standing were stored upright and without any means of restraint to prevent them from falling over.	C 166		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 189		

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C 189	Continued From page 3 (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 the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not operate properly to provide the required protection function. Finding on 06/15/2017: a. Kitchen - A shelf is mounted over the stove and appears that it would block the discharge from the fire suppression heads if they activated. 2.. Based on observation there is a failure to maintain the facility's fire safety systems in a safe manner due to gaps in the fire resistant rated ceilings. Penetrations, gaps or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin. Finding on 06/15/2017: a. "B" Hall, Clean Linen Room - In the fire resistant rated ceiling there is an approximately ½" gap along the perimeter of the recessed light fixture. b. Main electrical Room - There is a gap at the PVC sleeve for the cable where it penetrates the fire resistant rated ceiling.	C 189		

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C 189	Continued From page 4 3. Based on observation the facility's fire safety equipment was not maintained in a safe manner. This could effect the occupants in the facility if the fire safety equipment was prevented from functioning as required. Finding on 06/15/2017: a. Laundry - The fire resistant rated door to the laundry is held open by a magnetic lock which releases on fire alarm and is also equipped with an automatic door closer. Clothes hampers stored in front of the washing machines would prevent the door from completely closing and latching.	C 189		

FIVE STAR SENIOR LIVING * ***Morningside of Concord*** * 500 Penny Lane.
Concord, NC, 28025 * (704) 795-1200-Phone * (704) 795-1210-Fax

July, 21 2017

Billy Bryant
Biennial Institutional Engineering Surveyor
DHSR – Construction Section

Williams Building
1800 Umstead Drive
Raleigh, NC 27603

RE: Morningside of Concord – HA Biennial Survey
500 Penny Lane, NE
Concord Cabarrus County
FID: #960752 Hal013026

Dear Mr. Bryant:

In reference to the recent Division of Health Service Regulation – Construction Section Biennial survey of our facility on June 15, 2017. All deficiencies cited have been addressed and corrected as of 20 July 2017.

C 101:

Corrective Action:

- Amplified Electronic Design installed a "Maglock Release Switch" in the memory care unit as required. *Invoice of completed work from Amplified Electronic Design is attached.*

Identification of other areas having the potential to be affected:

- No other areas are affected.

What measures/changes will be put into place to ensure compliance:

- No other areas are affected.

How will the corrective action be monitored to ensure continued compliance?

- Monthly system test to ensure system is working properly as designed.

C 111:

Corrective Action:

- Place Current Fire Inspection Report in multiple binders so that information is readily available when requested.
  The Fire Inspection report was on site as of the time of your survey, it was placed in a yearly inspections binder and not in the binder you were given.
  The current Concord Fire & Life Safety Inspection Report is attached.

Identification of other areas having the potential to be affected:

- No other areas are affected.

What measures/changes will be put into place to ensure compliance:

- Place Current Fire Inspection Report in multiple binders so that information is readily available and will be reviewed bi-annually.

How will the corrective action be monitored to ensure continued compliance:

- Bi-Annual review of all inspection documents by the Maintenance Director.

FIVE STAR SENIOR LIVING * ***Morningside of Concord*** * 500 Penny Lane.
Concord, NC, 28025 * (704) 795-1200-Phone * (704) 795-1210-Fax

C 166: (1)
Corrective Action:
- Corrected while surveyor was on site.

Identification of other areas having the potential to be affected:
- Back Hall – Emphasize the importance of keeping the areas of egress open.

What measures/changes will be put into place to ensure compliance:
- Employee training

How will the corrective action be monitored to ensure continued compliance:
- Daily checks to ensure areas of egress are clear.

C 166: (2)
Corrective Action:
- Contacted oxygen cylinder supplier to secure additional oxygen bottle stand for room 114.

Identification of other areas having the potential to be affected:
- Check all resident rooms to make sure all oxygen bottles are properly stored in their stand

What measures/changes will be put into place to ensure compliance:
- Daily checks by care staff when entering resident's rooms.

How will the corrective action be monitored to ensure continued compliance:
- Daily checks by care staff when entering resident's rooms.

C 189: (1)
Corrective Action:
- Repositioned fire heads to clear the shelf so that the discharge is un-obstructed.

Identification of other areas having the potential to be affected:
- No other areas are affected.

What measures/changes will be put into place to ensure compliance:
- Bi-Annual checks to ensure the fire heads are in their proper position.

How will the corrective action be monitored to ensure continued compliance:
- Bi-Annual checks to ensure the fire heads are in their proper position.

C 189: (2A & 2B)
Corrective Action:
- Applied Fire Stop Caulk in the gaps to solidify the fire resistant rating of the ceiling and wall penetrations

Identification of other areas having the potential to be affected:
- Checked all other fire rated walls and ceilings for gaps.

What measures/changes will be put into place to ensure compliance:
- Annual check of gaps and penetrations as they pertain to rated fire walls and ceilings.

How will the corrective action be monitored to ensure continued compliance:
- Annual checks will be added to the maintenance annual list of responsibilities.

FIVE STAR SENIOR LIVING * ***Morningside of Concord*** * 500 Penny Lane.
Concord, NC, 28025 * (704) 795-1200-Phone * (704) 795-1210-Fax

C 189: (3)

Corrective Action:

- Installation of signs in the area to ensure information is clearly posted as regard to keeping the fire doors clear at all times.

Identification of other areas having the potential to be affected:

- Multiple fire doors located throughout the facility.

What measures/changes will be put into place to ensure compliance:

- Employee Training - To emphasize the importance of keeping all areas of egress clear.

How will the corrective action be monitored to ensure continued compliance:

- Daily checks of all areas by all employees as they do their daily tasks.
  Safety is employee's responsibility.

This concludes our summary of corrections.
Please feel free to contact me for any questions,

Best Regards,

Brian Overcash
Maintenance Director
Morningside of Concord, A Five Star Community
500 Penny Lane, NE
Concord, NC 28025

704.795.1200 Main Line
704.425.4381 Cell
704.795.1210 Fax

Invoice

Cust Phone #	Cust Fax #
704-795-1200	

Date	Invoice #
7/18/2017	07181701
Ref Estimate # 06211701	

Amped

Amplified Electronic Design

1451 S. Elm Eugene St. Box 29, Greensboro, NC 27406
www.ampedco.com p:336-223-4811 f:336-441-1109

To: Brian Overcash
Morningside-Concord
500 Penny Lane, N.E.
Concord, NC 28025

Work Location:
Morningside-Concord
500 Penny Lane, N.E.
Concord, NC 28025

Work Completion Date: 7/18/2017 Vend# Payment Due Date: 8/18/2017

Item #	Description of Work and Materials	Qty	Price Each	Extended
	Install bopper stopper mag lock release swtich at nurse station in BTR Pull wire from nurse station to all 3 doors in BTR. 5 Star Customer PO# 900533			
1	Green Bop Stop w/cvr/horn	1	$162.00	$162.00
2	Cable, wire, connections and installation hardware	1	$50.00	$50.00
3	Labor	1	$1,050.00	$1,050.00

Thank you for your business and the opportunity to service your facility.
Please contact us at 336-223-4811 or amped@ampedco.com with questions.
Invoice is to be paid in full by the due date specified above. Please make check payable to Amped, Inc.
Invoices not received within 30 days of receipt will be assessed a 2% finance charge per month. Material warranty is based on the supplier/manufacturer and not subject to labor warranty. All work is guaranteed for one (1) year, unless specified in writing.

Sub Total	**$1,262.00**
Sales Tax 7%	**$88.34**
Total Due	**$1,350.34**

CONCORD FIRE & LIFE SAFETY INSPECTION REPORT

Fire Marshal's Office

Page 1 of 1
Activity Code: 218-3
Inspection Zone: DIST8

100 Warren C Coleman Blvd N.
Concord, NC 28026
(704) 920-5517; Fax (704) 920-6936

Inspection Date: 08/24/2016
Inspection Fee: $75.00
Inspection No: 4DS0YBEVQ

Business Name: Morningside of Concord Nursing Home			Phone: OFFC 704-795-1200
Address: 500 Penny Ln Ne	City: Concord	St: NC	Zip: 28027
Mailing Address:	City:	St:	Zip:
Contact 1:			Phone:
Contact 2:			Phone:

Stories: 2 A Grd / 0 B Grd	Total Sq.Ft. 29746	Building Class I2	[NN] Mixed Use	[ ]
Inspection Level: 3 Inspection Rate: 12	[N] Knox Box (Key Verified) [ ] Knox Box (Key Rec'd)	[ ] Risk Assessment Required	[ ] Emergency Generator	
[X] Fire Alarm	[X] Sprinkler Sys.	[ ] Standpipe Sys.	[ ] Fire Pump	[ ] Fixed Extinguishing System

MEASURES SHALL BE IMMEDIATELY TAKEN TO CORRECT ALL VIOLATIONS HEREIN. IF THE VIOLAITONS HAVE NOT BEEN CORRECTED AT THE TIME OF REINSPECTION A CIVIL CITATION MAY BE ISSUED. ALL VIOLATIONS AND/OR HAZARDOUS CONDITIONS NOT RECOGNIZED BY THE INSPECTOR DOES NOT IMPLY APPROVAL OF SAME.

CODE	DESCRIPTION OF VIOLATION OR HAZARD	CORRECTED
	No violations noted at the time of inspection. Maintain all equipment rooms free of storage.	

A re-inspection will be conducted on or about 30 days. If the violaitons have not been corrected at the time of re-inspeciton, a civil citation may be issued. All violaitons and/or hazardous conditions not recognized or noted by the inspector do not imply approval of same.

Received by:	Inspector John T McGaha

White - Inspector Yellow - Occupant 08/25/2016

NC. Department of Environmental and Natural Resources
Division of Environmental Health
Inspection of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions

Score: 99
Date of Insp/Chg: 06/30/2017
Status Code: A

Health Department: CABARRUS
Current ID Number: 02013400019
Old ID Number:

Water Supply	☒ Community	☐ Non-Transient Non-Community	**Water sample taken?** ☐ Yes ☒ No		
	☐ Transient Non-Community	☐ Non-Public Water Supply	☒ Inspection	☐ Name Change	
			☐ Visit	☐ Status Change	
Wastewater	☒ Community	☐ On-Site System **Capacity:** 0	☐ Re-Inspection	☐ Verification of Closure	

Name of Establishment: MORNINGSIDE ASSISTED LIVING
Location Address: 500 PENNY LANE
City: CONCORD State: NC Zip: 28025

Permittee: MORNINGSIDE OF CONCORD
Mailing Addr:
City: State: Zip:

		Deduction Full/half	
FLOORS, WALLS AND CEILINGS [.1309,.1310]			
01	Floors easy to clean, no obstacles, drains where needed	2	1
02	Floors clean, carpet clean, dry, odor free	2	1
03	Walls and ceilings cleanable, clean, good repair	2	1
LIGHTING, VENTILATION, MOISTURE CONTROL [.1311]			
04	Lighting at least 10 foot candles 30 inches above floor	2	1
05	Ambient air temperature 65° to 85° F, equipment clean	2	1
06	No evidence of microbial growth	3	1.5
07	Indoor smoking limited to dedicated smoking rooms	2	1
TOILET, HANDWASHING, LAUNDRY AND BATHING FACILITIES [.1312]			
08	Facilities conveniently located, clean and in good repair	2	1
09	Toilet rooms free of storage, handwash signs posted	1	0.5
10	Bedpans, urinals, bedside commodes and emesis basins properly cleaned and disinfected	1	0.5
11	Hand sinks used only for intended purpose	2	1
12	Lavatories have mixing faucet or tempered water, soap, hand towel or hand drying device	3	1.5
13	Lavatory and bathing hot water between 100° and 116° F	2	1
14	Disinfectant accessible, properly used	2	1
WATER SUPPLY [.1313]			
15	Approved water supply, no cross-connections	4	2
16	Quantity and hot water sufficient, backup water supply plan	2	1
DRINKING WATER FACILITIES, ICE HANDLING [.1314]			
17	Water fountains clean, good repair, properly regulated	2	1
18	Drinking utensils properly handled	2	1
19	Ice protected, dispensed, equipment clean, in good repair	2	1
LIQUID AND SOLID WASTES [.1315,.1316]			
20	Wastewater disposed of properly	4	2
21	Solid waste stored properly, areas clean, facilities for cleaning	4	2
22	Solid waste disposed of frequently, no insect breeding or nuisance	2	1
23	Medical wastes handled and disposed of properly	2	1
VERMIN CONTROL, PREMISES [.1317]			
24	Vermin excluded	3	1.5
25	Approved pesticides properly stored and handled	2	1
26	Premises clean, no breeding places or rodent harborage	2	1
27	Pet areas clean, veterinary records available	2	1

		Deduction Full/half	
MISCELLANEOUS [.1318]			
28	Adequate storage, area clean, items properly stored	1	0.5
29	Mop sinks provided and used	1	0.5
30	Medication carts clean, sharps containers affixed, food and utensils handled properly	2	1
31	Feeding syringes and oral suction catheters handled properly, tube-feeding bags changed per instructions	2	1
FURNISHINGS AND PATIENT CONTACT ITEMS [.1319,.1312]			
32	Furniture clean and in good repair. Mattresses clean, dry, odor free	2	1
33	Linen changed when soiled. Soiled linen handled properly	2	1
34	Laundry area and equipment clean, linen disinfected, clean laundry stored and handled separately	2	1
35	Patient contact items in good repair, properly stored, cleaned and disinfected	1	0.5
FOOD SERVICE UTENSILS AND EQUIPMENT [.1320]			
36	Approved utensils and equipment, cleaned and sanitized	2	1
37	Activity kitchens used only for approved activities	1	0.5
38	Handwash lavatory provided wherever food is handled	2	1
FOOD SUPPLIES AND PROTECTION [.1321,.1322,.1323]			
39	Food supply complies with 15A NCAC 18A .2600	4	2
40	Food brought by employees or visitors handled properly	1	0.5
41	Milk and milk products comply with 15A NCAC 18A .1200	2	1
42	Food protected. Potentially hazardous food maintained at 45°F or below, or 140°F or above, consumed or discarded within 2 hours of being removed from temperature control	4	2
43	Food storage units with thermometers, maintain temperatures	1	0.5
44	Food stored above floor	1	0.5
45	No live animals where food is prepared or stored. Pets prevented from contaminating food utensils, equipment,condiments, pets excluded and tables cleaned before meals	2	1
EMPLOYEES [.1324]			
46	Clothing clean, no tobacco used while handling food	1	0.5
47	Hands properly washed or decontaminated	3	1.5
48	Persons with infections excluded from food service work	2	1
	TOTAL	1	

Rcpt Received by: Wayne Beam WAYNE BEAM

Comments:
14.FACILITY HAS GONE TO P & G PRODUCTS FOR CLEANING-NEED TO USE CORRECT CHEMICALS TO DISINFECT SHOWERS AND BATHS WHERE THERE ARE SHARED BY RESIDENTS-HAD COMET DISINFECTING-SANITIZING BATHROOM CLEANER A CITRIC ACID BASE PRODUCT IN SHARED BATH BUT SHOULD HAVE BEEN COMET WITH BLEACH OR SPIC AND SPAN DISINFECTION ALL PRUPOSE CLEANER WHIC IS QUAT BASED-NEED TO DESCIDE WHAT TO USE PROPERLY AND TRAIN STAFF.

26.ROOM 119 LOOKS MUCH BETTER-MOST PAPER ITEMS AND BOXES REMOVED FROM FLOOR AND THIS HAS ELIMINATED HABORAGE ISSUES.

(Continued on Addendum Page) ...

Inspection By: REHS Jim Osborne, REHS

EHS ID#: 1299

N.C. DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

Comment Addendum

COUNTY: CABARRUS

NAME: MORNINGSIDE ASSISTED LIVING ID: 02013400019

STREET: 500 PENNY LANE

CITY: CONCORD DATE: 06/30/2017

STATE: NC ZIP CODE: 28025 TIME: 11:50 AM - 12:50 AM

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

COMMENTS

27.) ONLY PETS ARE VISITING THERAPY DOGS AND THEIR VET RECORDS ARE KEPT AT FRONT DESK.
Deduction: 0

Instructions:
Purpose: This form is developed to be used for making explanatory comments about violations observed during inspections and/or notices of permit actions during inspections of restaurants, foodstands, commissaries, hotels, bed and breakfast homes and inns, summer camps, meat markets, institutions, residential care facilities, public swimming pools, tattoo establishments and other establishments inspected by Environmental Health Specialists under rules adopted by the Commission for Health Services. **Preparation:** Local Environmental Health Specialists shall complete form DENR 4008 when necessary during inspections and or notices of permit actions. The original and two copies will be distributed with the inspection form about which they provide comments. **Disposition:** This form may be destroyed in accordance with Standard-8.B.6., Inspection Records, of the Records Retention and Disposition Schedule for County/District Health Departments published by the North Carolina Division of Archives & History. **Additional forms may be ordered from:** Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632. (Courier 52-01-00)