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FORM APPROVED

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
	HAL036019	A. BUILDING: 01 B. WING	R 05/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF GASTONIA	2755 UNION ROAD GASTONIA, NC 28054

(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 Biennial Follow-Up Construction Survey report by Frank Strickland on 05/24/2017: The deficiencies cited during the previous Construction Section Biennial Survey have not been satisfactorily corrected and will require a new Plan of Correction.	{C 000}	The Maintenance Dir. will work with appropriate vendor to replace fire-proofing in the main electrical equipment room, the second floor storage room, and the second floor transformer room. The Maintenance Dir./designee will check maintenance rooms and storage rooms quarterly for any hazards and document findings and actions. The ED will review the documentation and complete quarterly observations.	8/7/17
{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: 1-Based on observation, this facilityfailed to maintain the building and fire safety equipment in areas required to have a fire rating perscribed by the North Carolina Building Code for the buiding type of construction and use. Findings on 05/24/2017: The fire-proofing has been removed or disturbed at the following locations due to roof repair and new shingle installation: (a) Main Electrical Equipment Room/First Floor (b) Storage Room-Second Floor (c) Transformer Room/Second Floor	{C 189}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Paula P Withers — TITLE: Ex. Dir. — (X6) DATE: 6-28-17