

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL078064</b>            | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____                                                                                                        | (X3) DATE SURVEY COMPLETED<br><br><b>04/24/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MORNING STAR AL # 2</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>941 GOINS ROAD<br/>PEMBROKE, NC 28372</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<br><br>Construction Section Biennial Survey report by Frank Strickland on 04/24/2018:<br><br>This facility was licensed on 05/05/1986. Therefore, we are requiring that this facility meet the 1984 Rules for Homes for the Aged, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or more beds and the 1978 Edition Volume I of the North Carolina State Building Code-Section 409-Institutional Occupancies. The Facility is currently licensed for TWELVE BEDS.<br><br>Deficiencies have been cited and a Plan of Correction is required.                                           | C 000                                                                                 |                                                                                                                                                                                   |                                                     |
| C 166                                                          | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1-Based on observation, the facility has failed to maintain the Kitchen equipment in a safe operating condition.<br><br>Findings on 04/24/2018:<br>The Kitchen range exhaust hood filters and hood have an excessive amount of grease build-up. | C 166                                                                                 | The kitchen range exhaust hood filters and hood has been cleaned of all grease build-up.<br><br>This area will be monitored by the Administrator each month to ensure compliance. | 5/21/18                                             |

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Karen Hunt* Administrator 5/23/18

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MORNING STAR AL # 2</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>941 GOINS ROAD<br/>PEMBROKE, NC 28372</b> |                                                                                                                                                                |                                                     |
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| C 189                                                          | Continued From page 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | C 189                                                                                 |                                                                                                                                                                |                                                     |
| C 189                                                          | <p>Building Equipment Maintained Safe, Operating</p> <p><b>SECTION .0300 - PHYSICAL PLANT</b><br/> <b>10A NCAC 13F .0311 OTHER REQUIREMENTS</b><br/> (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.<br/> (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:<br/> 1- Based on observation, this facility has failed to maintain the mechanical equipment in a safe and operating condition.</p> <p>Findings on 04/24/2018:<br/> The exhaust fan for the Men's Guest Bathroom does not operate.</p> | C 189                                                                                 | <p>The exhaust fan for the Men's Guest Bathroom will be replaced.</p> <p>This area will be monitored by the Administrator each month to ensure compliance.</p> | 4/15/18                                             |