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 _____	**02/27/2019**

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 Report of Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 2-27-2019 Records indicate this facility was first licensed on 6-27-1997 as a Home for the Aged. The facility is currently licensed for 105 beds, including a 28 bed Special Care Unit. Therefore, this facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes, applicable portions of the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds and the 1996 North Carolina State Building Code with emphasis on Section 409, Group I-2, Unrestrained.	C 000		
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; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, the building was not maintained in a safe manner by not properly handling compressed gas cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on 2-27-2019: a. Several (5) portable medical oxygen cylinders were stored in an unapproved plastic crate. b. A large nitrogen cylinder was found leaning against the wall in the 2nd floor storage.	C 166		

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C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings on 2-27-2019: a. In the 1st quarter of last year, there were no rehearsals done during any shift. b. In the 2nd quarter of last year, there were no rehearsals done during any shift. c. In the 3rd quarter of last year, there were no rehearsals done during the 1st or 2nd shifts. 2. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.	C 185		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189		

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C 189	Continued From page 2 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, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Findings on 2-27-2019: a. The exit sign at the end of A Hall did not work on battery when tested. b. The exit signs (2) in the corridor near room 220 on the AL side did not work on battery when tested. c. The exit sign in the 2nd floor Activity room did not work on battery when tested. d. The exit sign in Special Care near room 222 did not work on battery when tested. 2. Based on observation, battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Mal-functioning lights include the following areas: a. Special Care nurse station, b. Corridor near room 226, c. Records room off Special Care nurse station, d. A Hall nurse station, e. Back hall from A Hall nurse station. 3. Based on observation, many corridor doors	C 189		

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C 189	Continued From page 3 are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings on 2-27-2019; a. One of the smoke barrier doors near the Resident Relations office did not latch when closed by the fire alarm system. b. The 3/4 hour fire door to the service hallway was wedged open. Note; This deficiency was corrected during the survey. c. The 1.5 hour fire door to the laundry was propped open. Note; This deficiency was corrected during the survey. d. The 3/4 hour fire door to the maintenance room was chained open. e. The 3/4 hour fire door to the soiled linen room is sometimes chained open. f. The 1 hour fire rated door to the soiled linen room near room 101 was sagged and could not automatically close and latch. g. The latchset strike is missing on the door to the B Hall nurse station. h. The door to room 223 was propped open. i. The door to room 223 does not fit the opening properly to be resistant to the passage of smoke. j. The door to room 225 does not fit the opening properly to be resistant to the passage of smoke. k. The door to room 233 does not latch when closed. l. The door to room 237 does not latch when closed. m. The door to the employee break room was propped open. n. A wedge was found at the door to the Special Care Manager office indicating it is sometimes wedged open.	C 189		

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C 189	Continued From page 4 4. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings on 2-27-2019: a. Hole in the ceiling of the riser room, b. Hole in the wall of the 2nd floor soiled linen room on the AL side, c. Holes in the wall in the 2nd floor storage room, d. The smoke detector was hanging by the wires in the main electrical room, e. The sprinkler escutcheon was missing in the walk-in cooler. 5. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings on 2-27-2019; a. Items had been stacked all the way to the ceiling in the closet off the Special Care Activity room. b. Items had been stacked to within 2 inches of the ceiling in the Maintenance office. 6. Based on observation, the facility was not maintained in a safe condition because of new construction blocking a fire sprinkler head. Finding on 2-27-2019; A partition wall had been installed on the outside porch behind the service corridor. The porch is protected with sidewall sprinkler heads but the new partition blocks a portion of the porch from sprinkler protection.	C 189		

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C 189	Continued From page 5 6. Based on observation, the facility failed to be maintained in a safe manner by allowing large quantities of combustible storage to be kept in an area that is not designed and equipped as a storage room in accordance with the NC State Building Code. This situation could result in a fire growing larger than the construction's ability to contain it. Finding on 2-27-2019; The men's locker room was found to contain 4 mattresses, 4 wood chests, a wood bedframe and 4 large cardboard boxes. 7. Based on observation, a nozzle for the range hood fire suppression system was not properly positioned and maintained in a safe condition. With nozzles miss-positioned, the range hood fire suppression system may not be capable of suppressing a range fire as designed. Finding on 2-27-2019; The nozzle for the deep fryer was pointed to the left toward the floor. Note; This deficiency was corrected during the survey. 8. Based on observation, plumbing equipment drain lines were not maintained in a safe condition. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated. Findings on 2-27-2019; a. The ice machine drain line extended into the floor drain. b. The drain line from the ice machine water filter extended into the floor drain. 9. Based on observation, a plumbing drain was not maintained in a safe condition. Open drains allow noxious, combustible odors and possibly harmful bacteria to enter the facility.	C 189		

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C 189	Continued From page 6 Finding on 2-27-2019; A sink had been removed in the kitchen storage closet and the drain was not properly sealed. 10. Based on observation, replacement supplies for the sprinkler system were not properly maintained. At least 6 replacement sprinkler heads must be maintained for each type of head in the facility. Findings on 2-27-2019; a. There were only 2 spare heads of the type used in the attic, b. There were only 2 spare heads of the type used in the habitable areas of the facility.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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: Based on observation, the hot water temperature was checked and found to be 121 degrees F. in room 217. Hot water temperature in excess of 116 degrees F. present the possibility of burning residents.	C 195		

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C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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: Based on observation the facility failed to maintain required exhaust in a working condition. Finding on 2-27-2019; The exhaust provided was not working in the jacuzzi room.	C 199		