2755 Union Road
Gastonia, NC 28054
704-810-0111
Fax: 704-810-9586

Morningside

Fax

To: Dennis Harrell/DHSR From: Paula Withers

Fax: 919-733-6592 Pages: 34

Phone: Date: 3-27-19

Re: CC:

Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Please call if you have questions.

Thanks,
Paula Withers
704-810-0111

PRINTED: 03/12/2019
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 _____	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	Portable oxygen cylinders were placed in metal crate. Plastic crate removed from the storage area. The nitrogen cylinder was returned to the vendor that had left it in error. The ED/Maintenance Director will check the oxygen storage room weekly to see that oxygen tanks are stored properly.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Paula Withers — Executive Director — 3/27/19

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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	Rehearsals of the fire plan were completed as required in 2018. Records of the rehearsals are attached to this document. Rehearsals conducted by the Maintenance Director or designee will continue as required in 2019. The Executive Director will review rehearsals immediately following their completion.	
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	Batteries changed 3/4/19 in all 4 locations. Batteries changed 3/5/19 in all 5 locations.	

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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	--Batteries changed 3/4/19 in all 4 locations. --Batteries changed 3/5/19 in all 5 locations. --Smoke barrier door adjusted and tightened 2/28/19. --Wedge removed 2/27/19. --Wedge removed 2/27/19. --Chain removed from wall 2/28/19. --Chain removed from wall 2/28/19. --The soiled linen door near 101 will be replaced by 4/20/19. --Strike plate replaced 3/4/19. --Prop removed from door of room 223 2/27/19. --Rm 223 door repaired 3/19/19. --Rm 225 door repaired 3/19/19. --Rm 223 door repaired 3/19/19. --Rm 237 door repaired 3/19/19. --Door prop removed and sign posted instructing staff not to prop the door 2/28/19. --Wedge removed from office 2/28/19.	

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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	Hole in ceiling of riser Room repaired 3/10/19. Hole in the wall patched 3/7/19. Hole in the wall patched 3/7/19. Smoke detector replaced 3/12/19. Escutcheon installed 3/11/19. Items stored too high in Activities closet removed 3/1/19. Items store too high in Maintenance Dept. removed 3/1/19. Upper section removed 3/5/19 to allow sprinkler water to flow to area.	

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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	Men's locker room emptied 3/19/19. The nozzle for the deep fryer pointed correctly 2/27/19. Ice machine drain line raised 3/9/19. Drain line raised 3/9/19. Drain line capped off 3/9/19.	

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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	Four spare heads with rack installed 3/14/19. Four spare heads with rack installed 3/14/19. The Maintenance Director and Executive Director will complete monthly a walk-through of the community to identify areas that need attention.	
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	A plumbing company has investigated the water temperature variations and determined that a boiler must be installed to consistently control water temperatures. Maintenance Director will take water temperatures weekly and submit to the Executive Director. The Executive Director will work with Maintenance Director to follow up any temperatures out of range.	

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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	Exhaust fan in Jacuzzi room to be replaced. The Maintenance Director and Executive Director will complete a walk-through of the community to identify areas that need attention.	

Logbook Report
Morningside of Gastonia - Gastonia, NC 28054-7018
Task Name: Fire Drill
All of 2018
Report Generated: 2019-03-13

Due Date	Completed By	Building/Location	Task	Date	Start Time	End Time	Location in Building	Initiated By
12/31/2018	Al Michalak	Main Building	3rd Shift	12/21/2018	6:30 AM	6:40 AM	BTR ROOM 222	AL MICHALAK MD ROY NEWTON MAINT> TECH>
11/30/2018	Al Michalak	Main Building	2nd Shift	12/21/2018	3:O5 PM	3:15 PM	B HALL ROOM 117	AL MICHALAK
10/31/2018	Al Michalak	Main Building	1st Shift	11/21/2018	9:50 AM	10:00 AM	A HALL ROOM 142	AL MICHALAK MD
9/30/2018	Al Michalak	Main Building	3rd Shift	9/4/2018	5:40 AM	5:55 AM	AL Hall	Al Michalak MD
8/31/2018	Al Michalak	Main Building	2nd Shift	8/30/2018	11.30 AM	11.50 AM	Room 131	Al Michalak Maintenance Director
7/31/2018	Tony Rick	Main Building	1st Shift	8/26/2018	1:00 PM	1:15 PM	A HALL ROOM 137	TONY D RICK
6/30/2018	Tony Rick	Main Building	3rd Shift	6/25/2018	5:00 AM	5:15 AM	A HALL ROOM 139	TONY D RICK DM
5/31/2018	Tony Rick	Main Building	2nd Shift	5/24/2018	7:30 PM	7:45 PM	B HALL	AL

Due Date	Completed By	Building/Location	Task	Date	Start Time	End Time	Location in Building	Initiated By
4/30/2018	Tony Rick	Main Building	1st Shift	4/19/2018	10:00 AM	10:15 AM	ROOM 104	MICHALE K
3/31/2018	Tony Rick	Main Building	3rd Shift	3/23/2018	5:00 AM	5:15 AM	ROOM 111	TONY D RICK
2/28/2018	Tony Rick	Main Building	2nd Shift	2/20/2018	7:00 PM	7:15 PM	ROOM 216	TONY D RICK DM
1/31/2018	Tony Rick	Main Building	1st Shift	1/16/2018	10:00 AM	10:15 AM	KITCHEN	AL MISHALA K
							A HALL ROOM 141	TONY D RICK DM

Logbook Documentation

Morningside of Gastonia - Gastonia, NC 28054-7018
Task Name: Perform a fire drill during 3rd shift - (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done on-time by Al Michalak on 12/21/2018.

Date	12/21/2018
Start Time	6:30 AM
End Time	6:40 AM
Location in Building	BTR ROOM 222
Drill Initiated By (Name & Position)	AL MICHALAK MD ROY NEWTON MAINT> TECH>
Participants (Names & Positions)	CYNTHIA GREEN NURSING,ANGIE CAMDEN CNA, PAMELA DANIEL CNA, D.E. SAUNDERS CNA, AL MICHALAK MD, ROY NEWTON MAINT. TECH.
Response Time	3 seconds
911/Monitoring Company Follow-up Call By (Name & Position)	AL MICHALAK MD
Resident Head Count	92
Staff Head Count	6
Visitor Head Count	0
All Fire Equipment Functional? (if "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (if "No," please describe in the Remarks section)	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Repair/Replace	No

Defective Equipment (if "Yes," please describe in the Remarks section)	
Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Was the building evacuated?	No
External Weather Conditions	DARK AND RAINING
Remarks of Person Holding Drill	SATISFACTORY

Logbook Documentation

Morningside of Gastonia - Gastonia, NC 28054-7018
Task Name: Perform a fire drill during 2nd shift - (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done late by Al Michalak on 12/21/2018.

Date	12/21/2018
Start Time	3:O5 PM
End Time	3:15 PM
Location in Building	B HALL ROOM 117
Drill Initiated By (Name & Position)	AL MICHALAK
Participants (Names & Positions)	ANGELA ST LARENT DIETARY, HELEN McDOWELL RSA, CYNTHIA GREEN NURSING, BRANDY SHIELDS HOUSEKEEPING, AL MICHALAK MD, PAUL NEWTON MAINT. TECH EMPRIS ORR ADMIN. ASSIT. BRENDA LEDFORD ,CMT
Response Time	2 seconds
911/Monitoring Company Follow-up Call By (Name & Position)	EMPRIS ORR ADMIN. ASSIT.
Resident Head Count	92
Staff Head Count	8
Visitor Head Count	0
All Fire Equipment Functional? (if "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (if "No," please describe in the Remarks section)	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section)	No

Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Was the building evacuated?	No
External Weather Conditions	DAY LIGHT RAINING
Remarks of Person Holding Drill	SATISFACTORY

Logbook Documentation

Morningside of Gastonia - Gastonia, NC 28054-7018
Task Name: Perform a fire drill during 1st shift- (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done late by Al Michalak on 11/21/2018.

Date	11/21/2018
Start Time	9:50 AM
End Time	10:00 AM
Location in Building	A HALL ROOM 142
Drill Initiated By (Name & Position)	AL MICHALAK MD
Participants (Names & Positions)	DENISE GRANT ACTIVITY DIRECTOR,ELLEN MOORE DIETARY,CHRISTY MELTON DIETARY,BROOKE MOODY DIETARY,SAVANNAH MEADOWS DIETARY,ALISSA SMITH HOUSEKEEPING,LAQUANA HARRIS LAUNDRY,SHIELIA MCDOWELL NURSING,MARRIHA PATTERSON NURSING,KIM WILLIAMSON NURSING,RACHEL JORDAN NURSING,JATARA MILLS HOUSEKEEPING,BRENDA MILLS HOUSEKEEPING,HELEN MSDOWELL NURSING,BARBARA BRICE NURSING,JESSICA EVANS NURSING,ROY PAUL NEWTON MAINTENANCE TECH.,AL MICHALAK MAINTENANCE DIRECTOR
Response Time	5 seconds
911/Monitoring Company Follow-up Call By (Name & Position)	EMPRIS ORR ADMIN. ASSIT.
Resident Head Count	93
Staff Head Count	17
Visitor Head Count	0
All Fire Equipment Functional? (if "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (if "No," please describe in the Remarks section)	Yes

Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Was the building evacuated?	No
External Weather Conditions	COLD AND SUNNY
Remarks of Person Holding Drill	SATISFACTORY

Logbook Documentation

Morningside of Gastonia - Gastonia, NC 28054-7018
Task Name: Perform a fire drill during 3rd shift - (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done on-time by Al Michalak on 9/5/2018.

Date	9/4/2018
Start Time	5:40 AM
End Time	5:55 AM
Location in Building	AL Hall
Drill Initiated By (Name & Position)	Al Michalak MD
Participants (Names & Positions)	Kim Williamson Nursing Sarah Wilson NSG Leigh Ann Stacey Nursing Angela St.Laurent Dietary Al Michalak MD Rebecca Driscoll Nursing
Response Time	2 seconds
911/Monitoring Company Follow-up Call By (Name & Position)	Al Michalak MD
Resident Head Count	88
Staff Head Count	7
Visitor Head Count	0
All Fire Equipment Functional? (if "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (if "No," please describe in the Remarks section)	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe	No

in the Remarks section)	
Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Was the building evacuated?	No
External Weather Conditions	Hot and Humid
Remarks of Person Holding Drill	Satisfactory

Logbook Documentation

Morningside of Gastonia - Gastonia, NC 28054-7018
Task Name: Perform a fire drill during 2nd shift - (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done on-time by Al Michalak on 8/31/2018.

Date	8/30/2018
Start Time	11.30 AM
End Time	11.50 AM
Location in Building	Room 131
Drill Initiated By (Name & Position)	Al Michalak Maintenance Director
Participants (Names & Positions)	Wanda Clark Housekeeping Rachel Jordon Nursing Jessica Evans NSG Tammy Green NSG Mildrel Sadler Laquna Harris Landuary Sharon Crump Teay Norton Dietary Jatara Mills Housekeeping Brenda Mills Housekeeping Barbara Brice Dietary LaDonna Nitt Nurse Alisa Smith Housekeeping Paula Withers ED Domde Passmore Nurse Al Michalak MD
Response Time	20 MIN seconds
911/Monitoring Company Follow-up Call By (Name & Position)	Karen Johnson Business Office Manager
Resident Head Count	83
Staff Head Count	16
Visitor Head Count	1
All Fire Equipment Functional? (if "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (if "No," please describe in the Remarks section)	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action	No

(if "Yes," please describe in the Remarks section)	
Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Was the building evacuated?	No
External Weather Conditions	Hot and Humid
Remarks of Person Holding Drill	Satisfactory

Logbook Documentation

Morningside of Gastonia - Gastonia, NC 28054-7018
Task Name: Perform a fire drill during 1st shift- (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done on-time by Tony Rick on 8/2/2018.

Date	8/26/2018
Start Time	1:00 PM
End Time	1:15 PM
Location in Building	A HALL ROOM 137
Drill Initiated By (Name & Position)	TONY D RICK
Participants (Names & Positions)	SE ATTACHED
Response Time	2 seconds
911/Monitoring Company Follow-up Call By (Name & Position)	TONY D RICK DM
Resident Head Count	89
Staff Head Count	24
Visitor Head Count	5
All Fire Equipment Functional? (if "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (if "No," please describe in the Remarks section)	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section)	No

Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Was the building evacuated?	Yes
External Weather Conditions	SUNNY
Remarks of Person Holding Drill	NONE DONE ON TIME JUST FORGOT TO DO IT ON TELS

Logbook Documentation

Morningside of Gastonia - Gastonia, NC 28054-7018
Task Name: Perform a fire drill during 3rd shift - (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done on-time by Tony Rick on 6/30/2018.

Date	6/25/2018
Start Time	5:00 AM
End Time	5:15 AM
Location in Building	A HALL ROOM 139
Drill Initiated By (Name & Position)	TONY D RICK DM
Participants (Names & Positions)	SEE ATTACHED
Response Time	2 seconds
911/Monitoring Company Follow-up Call By (Name & Position)	TONY D RICK DM
Resident Head Count	87
Staff Head Count	8
Visitor Head Count	0
All Fire Equipment Functional? (if "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (if "No," please describe in the Remarks section)	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section)	No

Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Was the building evacuated?	Yes
External Weather Conditions	RAINY
Remarks of Person Holding Drill	NONE

Logbook Documentation

Morningside of Gastonia - Gastonia, NC 28054-7018
Task Name: Perform a fire drill during 2nd shift - (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done on-time by Tony Rick on 5/28/2018.

Date	5/24/2018
Start Time	7:30 PM
End Time	7:45 PM
Location in Building	B HALL ROOM 104
Drill Initiated By (Name & Position)	AL MICHALEK
Participants (Names & Positions)	SEE ATTACHED
Response Time	2 seconds
911/Monitoring Company Follow-up Call By (Name & Position)	CAROL PARKER RECEIPTIONIST
Resident Head Count	89
Staff Head Count	24
Visitor Head Count	5
All Fire Equipment Functional? (if "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (if "No," please describe in the Remarks section)	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section)	No

Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Was the building evacuated?	Yes
External Weather Conditions	RAINY
Remarks of Person Holding Drill	NONE

Logbook Documentation

Morningside of Gastonia - Gastonia, NC 28054-7018
Task Name: Perform a fire drill during 1st shift- (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done on-time by Tony Rick on 4/27/2018.

Date	4/19/2018
Start Time	10:00 AM
End Time	10:15 AM
Location in Building	ROOM 111
Drill Initiated By (Name & Position)	TONY D RICK
Participants (Names & Positions)	SEE ATTACHED
Response Time	2 seconds
911/Monitoring Company Follow-up Call By (Name & Position)	YAX FESTERMAN RESP
Resident Head Count	90
Staff Head Count	36
Visitor Head Count	5
All Fire Equipment Functional? (if "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (if "No," please describe in the Remarks section)	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section)	No

Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Was the building evacuated?	Yes
External Weather Conditions	WARM
Remarks of Person Holding Drill	NONE

Logbook Documentation

Morningside of Gastonia - Gastonia, NC 28054-7018
Task Name: Perform a fire drill during 3rd shift - (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done on-time by Tony Rick on 3/29/2018.

Date	3/23/2018
Start Time	5:00 AM
End Time	5:15 AM
Location in Building	ROOM 216
Drill Initiated By (Name & Position)	TONY D RICK DM
Participants (Names & Positions)	SEE ATTACHED
Response Time	2 seconds
911/Monitoring Company Follow-up Call By (Name & Position)	TONY D RICK DM
Resident Head Count	89
Staff Head Count	10
Visitor Head Count	0
All Fire Equipment Functional? (if "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (if "No," please describe in the Remarks section)	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section)	No

Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Was the building evacuated?	Yes
External Weather Conditions	CLOUDY
Remarks of Person Holding Drill	NONE

Logbook Documentation

Morningside of Gastonia - Gastonia, NC 28054-7018
Task Name: Perform a fire drill during 2nd shift - (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done on-time by Tony Rick on 3/2/2018.

Date	2/20/2018
Start Time	7:00 PM
End Time	7:15 PM
Location in Building	KITCHEN
Drill Initiated By (Name & Position)	AL MISHALAK
Participants (Names & Positions)	SEE ATTACHED
Response Time	2 seconds
911/Monitoring Company Follow-up Call By (Name & Position)	AL MISHALAK
Resident Head Count	90
Staff Head Count	25
Visitor Head Count	8
All Fire Equipment Functional? (if "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (if "No," please describe in the Remarks section)	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section)	No

Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Was the building evacuated?	Yes
External Weather Conditions	RAINY
Remarks of Person Holding Drill	NONE

Logbook Documentation

Morningside of Gastonia - Gastonia, NC 28054-7018
Task Name: Perform a fire drill during 1st shift- (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done on-time by Tony Rick on 1/25/2018.

Date	1/16/2018
Start Time	10:00 AM
End Time	10:15 AM
Location in Building	A HALL ROOM 141
Drill Initiated By (Name & Position)	TONY D RICK DM
Participants (Names & Positions)	SE ATTACHED
Response Time	2 seconds
911/Monitoring Company Follow-up Call By (Name & Position)	YAZMEN FESTER RECEIPTIONIST
Resident Head Count	91
Staff Head Count	36
Visitor Head Count	8
All Fire Equipment Functional? (if "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (if "No," please describe in the Remarks section)	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section)	No

Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Was the building evacuated?	Yes
External Weather Conditions	SUNNY
Remarks of Person Holding Drill	NONE