STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL096038	A. BUILDING: **01** B. WING _____	**06/24/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING GLORY FAMILY CARE	**112 SOUTH CHURCH STREET EUREKA, NC 27830**

(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 by David Hickman DHSR Construction Section conducted a Biennial Survey on June 19, 2019 from 9:45 AM to 11:10 AM at the above referenced facility. DHSR records indicate the home was first licensed on November 14, 1996 as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1996 North Carolina State Building Code - Section 419.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the fire drills were not being conducted on third shift and were not being conducted by using the	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL096038	A. BUILDING: **01** B. WING _____	**06/24/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING GLORY FAMILY CARE	**112 SOUTH CHURCH STREET EUREKA, NC 27830**

(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 174	Continued From page 1 smoke detectors. This is not compliant with the rule. Take the necessary steps to use the smoke detectors to conduct the drills and conduct drills on all shifts. 2. At the time of the survey it was observed that the fire extinguishers were not being monitored by the staff on a monthly basis. This is not compliant with the rule. Take the necessary steps to have the staff check the extinguishers monthly and date and initial the tags. 3. At the time of the survey it was observed that the staff was not awake at all times and there was not a call system presently installed. This is not compliant with the rule. Take the necessary steps to install a call system in the rooms that communicates to the staff room. 4. At the time of the survey it was observed that the front storm door lock did not have a single motion unlocking device. This is not compliant with the rule. Take the necessary steps to disable the strom door lock. 5. At the time of the survey it was observed that the filter for the range hood was dirty and clogged and the cover for the light was missing. This is not compliant with the rule. Take the necessary steps to replace the filter. and replace the cover for the light. 6. At the time of the survey it was observed that the range vent pipe was not sealed where it passed through the ceiling. /this is not compliant with the rule. Take the necessary steps to coreect this deficiency. 7. At the time of the survey it was observed that the door between the kitchen and utility room had	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL096038	A. BUILDING: **01** B. WING _____	**06/24/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING GLORY FAMILY CARE	**112 SOUTH CHURCH STREET EUREKA, NC 27830**

(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 174	Continued From page 2 a locking device and was a path of egress. This is not compliant with the rule. Take the necessary steps to remove the locking device from the door. 8. At the time of the survey it was observed that there was a build up of lint behind the clothes dryer. This is not compliant with the rule. Take the necessary steps to clean out the lint and check the vent hose for holes or tears. 9. At the time of the survey it was observed that the handraill for the interior steps in the staff living quarters was loose. This is not compliant with the rule. Take the necessary steps to secure the rail. 10. At the time of the survey it was observed that the door from the kitchen to the den was off the hinges. this is not compliant with the rule. Take the necessary steps to remove the hinges or install the door properly. 11. At the time of the survey it was observed that the gas fireplace in the den was required to be vented at all times and had a flue that could be closed. This is not compliant with the rule. Take the necessary steps to Disable the flue into the open postion so that it cannot be closed. 12. At the time of the survey it was observed that there were burnt out light bulbs in the hall bathroom. This is not compliant with the rule. Take the necessary steps to replace the bulbs and check them on a regular basis. 13. At the time of the survey it was observed that the shower in bathroom 1 was missing the drain cover and was draining slow. This is not compliant with the rule. Take the necessary steps to clear the drain and replace the drain cover.	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL096038	A. BUILDING: **01** B. WING _____	**06/24/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING GLORY FAMILY CARE	**112 SOUTH CHURCH STREET EUREKA, NC 27830**

(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 174	Continued From page 3 14. At the time of the survey it was observed that the locks on the windows in bedrooms 1 and 3 were broken. This is not compliant with the rule. Take the necessary steps to repair the window locks. 15. At the time of the survey it was observed that the egress window in bedroom 1 was hard to raise and would not open all the way. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 16. At the time of the survey it was observed that the smoke detector in bedroom 1 had a hole in the wall around it and the detector was not communcating with the other smoke detectors. This is not compliant with the rule. Take the necessary steps to seal the hole and replace the smoke detector. 17. At the time of the survey it was observed that there were open electrical junction boxes in the attic. This is not compliant with the rule. Take the necessary steps to properly close of these junction boxes. 18. At the time of the survey it was observed that the attic pull down steps in the carport were broken and unable to be used. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 19. At the time of the survey it was observed that there was not a heat detector in the attic area over the carport. This is not compliant with the rule. Take the necessary steps to add the proper heat detector in this area. 20. At the time of the survey it was observed that there were missing bulbs in the carport lights.	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL096038	A. BUILDING: **01** B. WING _____	**06/24/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING GLORY FAMILY CARE	**112 SOUTH CHURCH STREET EUREKA, NC 27830**

(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 174	Continued From page 4 This is not compliant with the rule. Take the necessary steps to replace the bulbs. 21. At the time of the survey it was observed that the storage room door in the carport was damaged and not able to be locked. This is not compliant with the rule. Take the necessary steps to replace the door and ensure it can be locked. 22. At the time of the survey it was observed that the patio outside of the utility room was uneven and causing a trip hazard. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 23. At the time of the survey it was observed that the steps out of the utility room only had a handrail on one side. This is not compliant with the rule. Take the necessary steps to add a handrail on the open side of the steps. 24. At the time of the survey it was observed that the dryer exhaust vent did not have a proper cover. This is not compliant with the rule. Take the necessary steps to install an approved dryer exhaust vent. 25. At the time of the survey it was observed that the transitions at the bottom of the front and rear ramps were not smooth and causing a trip hazard. This is not compliant with the rule. Take the necessary steps to taper the front of the ramps to create a smooth transition. 26. At the ime of the survey it was observed that the handrails on the front ramp were not at an approved height. This is not compliant with the rule. Take the necessary steps to correct the height of the rails to between 34 and 38 inches.	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL096038	A. BUILDING: **01** B. WING _____	**06/24/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING GLORY FAMILY CARE	**112 SOUTH CHURCH STREET EUREKA, NC 27830**

(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 174	Continued From page 5 27. At the time of the survey it was observed that the handrail on the rear ramp was split and breaking into. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 28. At the time of the survey it was observed that there was a metal pole at the bottom of the rear ramp causing a trip hazard. This is not compliant with the rule. Take the necessary steps to remove the pole. 29. At the time of the survey it was observed that both ramps were covered with mildew causing them to be slick. This is not compliant with the rule. Take the necessary steps to have the ramps cleaned. 30. At the time of the survey it was observed that there was rotten facia boards at several locations around the house. This is not compliant with the rule. Take the necessary steps to replace the rotten facia boards. 31. At the time of the survey it was observed that the window sills on the left end of the house were rotten. This is not compliant with the rule. Take the necessary steps to replace the rotten wood as needed. 32. At the time of the survey it was observed that there was broken glass in the window at bedroom 2. This is not compliant with the rule. Take the necessary steps to replace the broken glass.	C 174		