



DATE: 7/31/2019

TO: DHSR Construction Section
C/O David Hickman

FAX: 919-733-4592

FROM: Morning Glory Family Care
C/O Joyce Applewhite - Owner

FAX: ~~(919)242-~~ 4359

9 **PAGES WERE SENT**

(INCLUDING THIS COVER SHEET)



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

SECOND NOTICE

July 16, 2019

Gwendolyn Smith-Artis (via e-mail only)

112 S Church Street

Eureka, NC 27830

RE: Morning Glory Family Care - FC Biennial Construction Survey

112 South Church Street

Eureka Wayne County

FID #960906 Fcl096038

Dear Ms. Artis:

The Division of Health Service Regulation (DHSR) - Construction Section conducted a Biennial Survey of your facility on June 19, 2019. This survey was conducted by David Hickman. As a result of this survey, deficiencies were cited which required an acceptable Plan of Correction that was to be returned to our office by July 09, 2019.

As of the date of this letter, the Construction Section has not received your Plan of Correction. Enclosed is a copy of the letter and Statement of Deficiencies that was mailed or emailed to you.

You will need to type or print clearly your correction action and then **SIGN, DATE AND RETURN** the Plan of Correction to DHSR-Construction by July 31, 2019. Failure to return the signed Plan of Correction within this time period could potentially cause a suspension of admissions, provisional license or license revocation. The Provider may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705

www.ncdhhs.gov/dhsr/ • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL096038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 06/24/2019
NAME OF PROVIDER OR SUPPLIER MORNING GLORY FAMILY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 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		A fire drill was conducted on 7/28/19 using the smoke detector on 3rd shift. Fire drill will be conducted every	

Division of Health Service Regulation

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

TITLE

(X5) DATE

STATE FORM

5899

RZ5R21

continuation sheet 1 of 6

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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 storm 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 correct this deficiency. 7. At the time of the survey it was observed that the door between the kitchen and utility room had	C 174	3 months on 3rd shift. The fire extinguishers were checked on 7/22/19 and was initial and dated on the tag. Fire extinguishers will be checked by the 22nd of every month. A call system was placed in the rooms so the residents can communicate to the staff on 3rd shift and all other shifts. The front storm door lock was removed on 7/23/19. The filter for the range hood will be cleaned and unclogged and the cover over the light will be replaced by 9/31/2019. The range vent pipe will be sealed where it pass through the ceiling will be fixed by 9/31/19.	7/28/19 7/22/19 7/30/19 7/23/19 9/31/19 9/31/19

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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 handrail 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 position 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	The door knob was replaced with another door knob that did not have a lock on it on 7/23/19. The lint was cleaned behind the clothes dryer and the vent hose was checked for holes and tears on 7/23/19 The handrail for the interior steps in the staff living quarters will be fixed by 9/31/19 The door from the kitchen to the den was removed on 7/23/19. The fire place in the den will be vented and flue will be able to close by 9/31/19. The bathroom light bulbs were replaced on 6/19/19. The drain cover in bathroom 1 will be fixed by 9/31/19.	7/23/19 7/23/19 9/31/19 7/23/19 9/31/19 6/19/19 9/31/19

Division of Health Service Regulation
STATE FORM

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RZ5R21

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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 communicating 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	The locks on the windows in bedrooms 1 and 3 will be fixed by 9/31/19 The egress window in bedroom 1 will be fixed so the window will be easier to raised and will open all the way will be fixed by 9/31/19. The smoke detector in bedroom 1 will be replaced and the hole in the wall will be fixed by 9/31/19 The electrical junction boxes in the attic was fixed on 7/30/19 The attic pull down steps will be fixed by 9/31/19 The heat detector in the attic over the carport was installed on 7/30/19 The light bulbs in the carport was replaced on 7/30/19	9/31/19 9/31/19 9/31/19 7/30/19 9/31/19 7/30/19 7/30/19

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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 time 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	The storage room door in the carport will be replaced by 9/31/19 The patio outside of the utility room will be even by 9/31/19 There will be another hand rail placed on the other side of steps out of the utility room by 9/31/19 The dryer exhaust vent will have proper cover replaced by 9/31/19 The ramp in the front will be replaced by 9/31/19. The rear ramp was removed on 7/28/19. The ramp in the front will be replaced by 9/31/19. The rear ramp was removed on 7/28/19.	9/31/19 9/31/19 9/31/19 9/31/19 9/31/19

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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 fascia boards at several locations around the house. This is not compliant with the rule. Take the necessary steps to replace the rotten fascia 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	The rear ramp was removed on 7/28/19. The metal pole was removed from rear ramp on 7/28/19. The ramp in the front will be replaced by 9/31/19 The rear ramp was removed on 7/28/19. The rotten fascia boards will be replaced in several locations around the house by 9/31/19. The rotten window sills on the left end of the house will be replaced by 9/31/19. The broken glass in the window at bedroom 2 will be fixed by 9/31/19.	7/28/19 7/28/19 9/31/19 9/31/19 9/31/19

Division of Health Service Regulation
STATE FORM

9899

RZ5R21

If continuation sheet 6 of 6

Sincerely,

David Hickman

David Hickman

Architectural/ Engineering Technician

DHSR - Construction Section

cc: DHSR - Adult Care Licensure Section
County Building Inspection Department-(via e-mail only)
Wayne County DSS-(via e-mail only)