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
	FCL096038	A. BUILDING: _____ B. WING _____ ADULT CARE LICENSURE SECTION RALEIGH	R 08/13/2021

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 The Adult Care Licensure Section and the Wayne County Department of Social Services conducted an annual and follow-up survey on 08/13/21.	C 000		
C 098	10A NCAC 13G .0316 (c) Fire Safety And Disaster Plan 10A NCAC 13G .0316 Fire Safety And Disaster Plan (c) Any fire safety requirements required by city ordinances or county building inspectors shall be met. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain fire safety requirements required by city ordinances or county building inspectors. The findings are: Observation of a fire safety inspection report revealed the date of inspection was 01/28/20. Interview with the Owner on 08/13/21 at 10:40am revealed: -She "didn't get around to" scheduling the annual fire inspection because "it slipped my mind." -She needed to pay the fee at the fire inspector's office before the inspection would take place. -She thought the fire inspection was not due until August 2021. Telephone interview with the local fire inspector's office on 08/13/21 at 12:35pm revealed: -The fire inspection was to be completed	C 098	I will check on The fire safety inspection in January to make sure we stay up-to-Date. The fire safety inspection was done on 8-25-21. A copy will be sent with this paperwork.	

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

Mwendelyn Tinto — Administrator — 9/17/2021

Reviewed and acknowledged. SM 10/01/21

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C 098	Continued From page 1 annually. -The fire inspector's office had not been contacted by anyone from the facility to schedule the annual fire inspection.	C 098		