STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013047	A. BUILDING: **01** B. WING _____	**07/27/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF CONCORD	**500 PENNY LANE, NE CONCORD, NC 28025**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on July 27, 2023. This facility was licensed on October 2, 1996 and is currently licensed for 105 Beds including a 39 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1991 Edition of the North Carolina Building Code(s) with 19956 revisions, Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;	C 101		

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, alteration. In fully sprinklered facilities, all areas are required to have protection. Findings on July 27, 2023: a. Boiler Room - there was not a sprinkler head located in the room. b. SCU Med Room - a small closet was added that does not have sprinkler protection. c. Elevator Equipment Room - there is not a sprinkler head in the room. 2. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Electromagnetic locks shall release with the fire alarm. Electromagnetic locks shall have an on/off emergency release switch capable of interrupting power to all electromagnetically locked doors in the facility. Release switches shall be located and properly identified at each nurses station serving the locked unit. An additional emergency release switch shall be provided for each locked door and located within 3 feet of the door. Findings on July 27, 2023: a. First Floor Service Hall - the exterior door with the electromagnetic locking device did not release upon activation of the fire alarm. b. First Floor - there is not an emergency release switch located in the nurses' station or a central accessible location for the first floor electromagnetic lock.	C 101		

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C 144	Continued From page 2	C 144		
C 144	Med Prep Area-Sink with Lever Handles SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (5) Handwashing facilities with wrist type lever handles shall be provided immediately adjacent to the drug storage area; This Rule is not met as evidenced by: 1. Observations revealed that the handwashing facilities adjacent to drug storage areas were not equipped with wrist type lever handles. Findings on July 27, 2023: a. 310 Nurses' Station - the sink does not have wrist type lever handles. b. 304 Nurses' Station - the sink does not have wrist type lever handles. c. SCU Nurses' Station - the sink does not have wrist type lever handles.	C 144		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:	C 164		

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C 164	Continued From page 3 1. Observations revealed that the walls were not kept in good repair. Findings on July 27, 2023: a. Maintenance Office - a section of the wall insulation is falling down in the caged storage area.	C 164		
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: 1. Observations revealed that the facility was not maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards. Findings on July 27, 2023: a. Marketing Storage - there is an excessive amount of combustible storage on the floor and stacked in piles in the room preventing safe passage and creating a fall hazard. The amount of combustible storage is also a fire hazard. 2. Based on observation the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility.	C 166		

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C 166	Continued From page 4 Findings on July 27, 2023: a. Room 125 - there are five oxygen bottles sitting unsecured on a black plastic step. b. Room 126 - there is one unsecured oxygen bottle on the floor.	C 166		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER 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 and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be effected if the equipment failed to alert the occupants in case of a fire. Findings on July 27, 2023: a. The FACP has a trouble indicator on. Interview with staff revealed that the smoke detector in the maintenance office needs to be replaced and are in the process of having the work completed. 2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could	C 189		

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C 189	Continued From page 5 effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on July 27, 2023: a. Emergency light F1-10 behind the reception desk did not illuminate on test. b. North Stair - emergency light SW1-02 on the intermediate landing did not illuminate on test. c. AL Dining - emergency light F1-02 did not illuminate on test. 3. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on July 27, 2023: a. Kitchen Pantry - there is a kickdown on the Pantry door that creates an impediment to quickly closing the door. b. Second Floor Activity Room - the magnetic hold open device is pulling loose from the wall so a kickdown was added to keep the door open but does not allow the door to close and latch during a fire alarm. There was also a hanging sign on the door that prevented the door from closing and latching when released. The hanging sign was removed at the time of survey. 4. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain 18" clearance below the sprinkler heads creates an obstruction which limits the ability of the sprinkler system to suppress a fire.	C 189		

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C 189	Continued From page 6 Findings on July 27, 2023: a. Kitchen Pantry - there were food boxes and disposable product boxes stored within 18" of the ceiling. 5. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin. Findings on July 27, 2023: a. Boiler Room - there is a small hole in the ceiling above the gas line. b. Electrical across from Room 222 - there is one unsealed cable penetration through the corridor wall. c. Room 225 Closet - the escutcheon plate on the sprinkler head is missing leaving a hole in the fire resistant rated ceiling.	C 189		