NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

March 28, 2024
Karen Hunt, Owner/Administrator (via email only)
941 Goins Road
Pembroke, NC 28372

RE: Morning Star AL #4 – ACH Biennial Survey
941 Goins Road
Pembroke (Robeson County)
FID #921057

Dear Ms. Hunt:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on February 21, 2024. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR – Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

SIGN, DATE, AND RETURN the Plan of Correction to DHSR – Construction by April 12, 2024. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

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

Faxed to: (919) 733-6592

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

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction."

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by April 12, 2024. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by April 12, 2024. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Jeff Harms, Acting Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: https://info.ncdhhs.gov/dhsr/.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Suzanna Fay

Suzanna Fay
Biennial Institutional Engineering Surveyor
DHSR – Construction Section

cc: DHSR – Adult Care Licensure Section
County Building Inspection Department – with attachment (via email only)
Robeson County DSS – with attachment (via email only)

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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
	HAL078067	A. BUILDING: 01 B. WING _____	02/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR AL #4	941 GOINS ROAD PEMBROKE, NC 28372

(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 a Construction Section Biennial Survey by Suzanna Fay conducted on February 21, 2024. This facility was licensed on August 3, 1992. Therefore, we are requiring that this facility meet the 1984 Rules for Homes for the Aged, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or more beds and the1978 Edition Volume I of the North Carolina State Building Code-Section 409-Instutional Occupancies. The Facility is currently licensed for twelve beds. 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 is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. For licensed facilities equipped with magnetic hold open devices on smoke barrier doors, the magnets shall release upon activation of the fire alarm. Findings on February 21, 2024: a. The magnet for the cross corridor door did not release the door when the fire alarm was activated. 2. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Facilities shall have two clear means of exiting from each smoke compartment. Findings on February 21, 2024: a. When the cross corridor door is closed, there are not two marked exit paths on the Bedroom side of the corridor. There is an exit sign over the exterior door but not over the cross corridor door.	C 101	a) The fire alarm company has been called to fix the magnet for the cross corridor door in order for it to release when the fire alarm is activated. a) Exit signs will be placed over the cross corridor doors to mark exit paths.	5/2/24 5/2/24
C 116	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with	C 116		

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C 116	Continued From page 2 final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not submit plans when construction or remodeling occurred.	C 116	1.) The facility will submit plans when any type of construction or remodeling occurred.	5/2/24

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C 116	Continued From page 3 Findings on February 21, 2024: a. The fire alarm panel has been replaced within the last 12 months and there is not a record that plans were submitted to DHSR/Construction for review.	C 116		
C 162	Outside Premises-Outdoor Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level. This Rule is not met as evidenced by: 1. Observations revealed that the outdoor walkways and drives are not illuminated. Findings on February 21, 2024: a. There is not a working exterior light at the kitchen exit. b. The exterior light at the exit by Room 4 is burned out.	C 162	a.) Kitchen exit - a exterior light will be repaired at the exit. b.) The exterior light at the exit by room 4 will be replaced.	5/2/24 5/2/24
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.	C 164		

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C 164	Continued From page 4 This Rule is not met as evidenced by: 1. Observations revealed that the ceilings were not kept in good repair. Findings on February 21, 2024: a. Shower Bath - there is a large brown water stain on the ceiling starting at the back corner and radiating out about six feet.	C 164	a) Shower Bath - the ceiling will be repaired and painted.	5/2/24
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 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 could allow fire and smoke to spread beyond the area of origin. Findings on February 21, 2024: a. Guest Toilet - there are two 3/4" holes in the ceiling. b. Laundry - there is an unsealed penetration at the fire alarm panel. c. Laundry - there are two open duct penetrations from the old water heater and one of the flanges	C 189	a) Guest toilet - the holes in the ceiling will be repaired. b) Laundry - the unsealed penetration at the fire alarm panel will be repaired. c) Laundry - the two open duct penetrations from the old water heater and one of the flanges that has dropped in the ceiling will be repaired.	5/2/24 5/2/24 5/2/24

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C 189	Continued From page 5 is dropped at the ceiling. d. Kitchen Closet - there is a hole at the base of the sprinkler head. e. Corridor - there are five 1/2" diameter holes in the ceiling at the the cross corridor doors on the side of the bedrooms. f. Med Room - there are two 1/2" diameter holes in the ceiling. 2. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Findings on February 21, 2024: a. Laundry - the duct for the dryer exhaust was disconnected from the back of the dryer. This was corrected at the time of survey. b. Laundry - the exterior cap for the dryer exhaust has fallen off leaving a hole for pests to enter the facility. c. Service Hall - there is an opening for a vent or fixture in the ceiling at the door. The radiation damper is in the closed position. 3. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment could not operate properly to suppress a fire. Findings on February 21, 2024: a. There was a pattern of dust collecting on the sprinkler heads in the Laundry and Service Hall areas. b. The most current Sprinkler Inspection, dated 2/14/2023, indicated two corroded heads and three loaded heads and there was not documentation that these had been repaired.	C 189	d) Kitchen closet - the hole at the base of the oprinkler head will be closed. e) Corridor - the holes in the ceiling will be closed. f.) Medroom - the holes in the ceiling will be closed. 4) Laundry - dryer exhaust was corrected. b) Laundry - the esterior cap for the dryer has been replaced. c) Service Hall - the opening will be repaired and the radiation damper will be repaired. a) The dust collecting on the oprinkler heads in the Laundry and Service Hall will be cleaned. b) Documentation on the repairs for the corroded heads and three loaded heads will be obtained.	5/2/24 5/2/24 5/2/24 2/21/24 ~~5/2/24~~ 5/2/24 5/2/24 5/2/24 5/2/24

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C 189	Continued From page 6 4. 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 affected if the equipment failed to alert the occupants in case of a fire. Findings on February 21, 2024: a. Service Hall - the heat detector in the storage room is dangling from its wires.	C 189	a) Service Hall - the heat detector in the storage room will be repaired.	5/2/24
	5. Observations revealed that the building was not maintained in a safe and operable condition. Findings on February 21, 2024: a. Med Room - the outer pane of glass has several cracks running through the glass. b. Bedroom 1 - the outer pane of glass has several cracks running through the glass.		a) Medroom - the window will be replaced. b) Bedroom 1 - the window will be replaced.	5/2/24 5/2/24
	6. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Water Closets securely mounted to maintain seal prevent water leaks and sewer gas from entering the facility. Findings on February 21, 2024: a. Tub Bath - the toilet is not secure to the floor.		a) Tub room - the toilet will be secured to the floor.	5/2/24
	7. Observations revealed that the building was not maintained in a safe and operable condition. Findings on February 21, 2024: a. The courtyard gate is equipped with a magnetic locking system. The electromagnetic lock is not working at this time.		a) The courtyard gate electromagnetic lock will be repaired.	5/2/24
C 199	Exhaust Ventilation	C 199		

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C 199	Continued From page 7 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: 1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on February 21, 2024: a. Shower Bath - the exhaust fan is not working.	C 199	a) Shower Bath - the exhaust fan will be repaired.	5/6/24