

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL078065</b>               | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>11/14/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MORNING STAR AL # 3</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>941 GOINS ROAD</b><br><b>PEMBROKE, NC 28372</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG                                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {C 000}                                                        | Initial Comments<br><br>Report of a Biennial Follow Up Construction<br>Survey by Suzanna Fay conducted on November<br>14, 2024.<br><br>There are deficiencies cited in the Biennial<br>Construction Survey that remain to be corrected.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | {C 000}                                                                                     |                                                                                                                          |                                                                    |
| {C 189}                                                        | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(a) The building and all fire safety, electrical,<br>mechanical, and plumbing equipment in an adult<br>care home shall be maintained in a safe and<br>operating condition.<br>(k) This Rule shall apply to new and existing<br>facilities with the exception of Paragraph (e)<br>which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation and testing there is<br>failure to maintain the facility's emergency fire<br>alarm system devices and equipment in a safe<br>operating condition. All the occupants of the<br>facility could be affected if the equipment failed to<br>alert the occupants in case of a fire.<br><br>Findings on November 14, 2024:<br>a. The FACP was in trouble mode indicating<br>problems with two duct detectors. Interview with<br>staff revealed that they have not found the correct<br>parts at this time.<br><br>2. Observations revealed that the electrical<br>equipment was not maintained in a safe and<br>operating condition. | {C 189}                                                                                     |                                                                                                                          |                                                                    |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| {C 189}                                                        | <p>Continued From page 1</p> <p>Findings on November 14, 2024:</p> <p>a. Kitchen - the outlet to the right of the sink currently has power but does not trip when tested. The tester indicates that the outlet has an "open neutral."</p> <p>3. 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.</p> <p>Findings on November 14, 2024:</p> <p>a. Laundry - there is an unsealed conduit over the light switch. An orange foam product was used to seal the penetrations. This product does not meet the required fire resistant rating of the ceiling.</p> <p>b. Laundry - there are two open ducts penetrating the ceiling. An orange foam product was used to seal the penetrations. This product does not meet the required fire resistant rating of the ceiling.</p> <p>4. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Water Closets must be securely mounted to maintain seal, prevent water leaks, and sewer gas from entering the facility.</p> <p>Findings on November 14, 2024:</p> <p>a. Shower Room - the toilet is not secure to the floor.</p> | {C 189}                                                                                     |                                                                                                                          |                                                                    |