941 Goins Road
Pembroke, NC 28372
910-521-0040
910-521-3266 Fax

Morning Star Assisted Living

Fax

To:	Suzanne Fay	Fax:	919-733-6592
From:	Karen Hunt	Date:	4/14/25
Re:		Pages:	11
Cc:			

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

Sorry. Forgot to sign

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOSH STEIN • Governor
DEVDUTTA SANGVAI • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

March 28, 2025

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

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

Dear Ms. Hunt:

On **March 19, 2025**, a Biennial Follow-up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is not in substantial compliance due to uncorrected deficiencies. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a **Signed Plan of Correction** must be submitted.

Plan of Correction (POC)

A POC for the deficiencies must be submitted by April 12, 2025.

Your POC for the deficiencies must contain the following:

- What corrective action(s) will be accomplished by the facility to correct the deficient practice;
- How you will identify other life safety issues having the potential to affect residents 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. Any completion date greater than **15** days from date of survey requires a written waiver from DHSR – Construction Section.

    - Corrective action must begin immediately.

Please understand that completion of current and previous surveys and/or Construction project approval in no way relieves the Provider from responsibility related to violations of governing codes and regulations not found by our office or other reviewing agencies. When such violations are found, they must be corrected.

Your Signed 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

Please do not hesitate to call us if you have questions or if we can be of further 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)

PRINTED: 03/28/2025
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 _____	R 03/19/2025

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 Biennial Follow Up Construction Survey by Suzanna Fay conducted on March 19, 2025. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected and new deficiencies have been added.	{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; This Rule is not met as evidenced by: New Deficiencies: 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 special locking the doors shall unlock upon actuation of the automatic fire detection system or automatic	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Karen Hunt — TITLE: Administrator — (X6) DATE: 4/14/25

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AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01	COMPLETED
	HAL078067	B. WING	R 03/19/2025

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

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C 101	Continued From page 1 sprinkler system. Findings on March 19, 2025: a. The fire alarm was activated using canned smoke. When the fire alarm activated, none of the magnetic locks released in the facility. 2. Based on interview and observations, it was 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 special locking, for any required emergency release switch that is of the locking type, all staff that are responsible for the evacuation of the occupants of the locked unit must carry emergency release switch keys. Findings on March 19, 2025 a. All staff responsible for the evacuation of the occupants did not carry a key for the emergency override switch.	C 101	1- a.) The magnetic lock release was repaired by Total Electric and more DBA In Home Tech and by All American Fire Protection on 4/8/2025. (see invoice) 2- a) All staff responsible for the evacuation of the occupants carry a key for the emergency override switch. 3/19/25	
{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 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	{C 116}	Please see attached ocope of work and inspection completed on the fire alarm panel. by All American Fire Protection stating what was done and all equipment was tested and in working order.	

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	HAL078067	A. BUILDING: 01 B. WING _____	R 03/19/2025

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

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{C 116}	Continued From page 2 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. Findings on March 19, 2025: 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}		

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{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: 7. Observations revealed that the building was not maintained in a safe and operable condition. Findings on March 19, 2025: a. The courtyard gate is equipped with a magnetic locking system which did not release upon activation of the fire alarm.	{C 189}	7. a) The courtyard gate magnetic locking system was repaired on 4/2/25 by Total Electric and more DBA In Home Tech and All American Fire Protection. Please see attached Invoice.	

Total Electric and More DBA In Home Tech

3529 Gillespie Street | Fayetteville, North Carolina 28306
9104794940 | Michael@inhome.tech | inhome.tech

RECIPIENT:

Anthony Hunt
941 Goins rd.
Pembroke, North Carolina 25872

Invoice #2585	
Issued	Mar 20, 2025
Due	Mar 19, 2025
Paid	Mar 31, 2025
Total	**$105.00**
Account Balance	$231.40

Check Access control system

Product/Service	Description	Qty.	Unit Price	Total
Apr 02, 2025				
Service Call	One hour on-site for service call fee, does not include parts.	1	$105.00	$105.00*

PAID

Thank you for your business. Please contact us with any questions regarding this invoice.

Subtotal	$105.00
state tax (7.0%)	$0.00
Total	**$105.00**
Paid	– $105.00
Invoice balance	**$0.00**
Account balance	**$231.40**

Total Electric and More DBA In Home Tech

3529 Gillespie Street | Fayetteville, North Carolina 28306
9104794940 | Michael@inhome.tech | inhome.tech

RECIPIENT:

Transaction date Mar 31, 2025

Anthony Hunt
3017 Dunn Road
Eastover, North Carolina 28312

Receipt for Payment
Amount: $105.00

Transaction date: Mar 31, 2025
Method of payment: Credit/debit card

Payment applied to Invoice #2585

FIRE ALARM INSPECTION AND TESTING REPORT

All American Fire Protection
159 S. Main St.
Spring Lake, NC 28390
(910) 496-0600

Name: Morning Star Assisted Living
Street: 941 Goins Road
City, Zip: Pembroke
POC: BUILDING #4

Job Number: 30783265
Job Dates/Times: 09/18/2023 08:30
System Monitored: Yes
Phone: (910) 521-0040

SUMMARY

Test Result: PASS
Device Total
Control Panel Condition OK
Battery Condition OK
Notification Circuit OK
Alarm Circuit OK

NOTES

System all normal.

CONTROL PANEL

MANUFACTURER: Autocall
MODEL: 4006
SOFTWARE VERSION:
TYPE: Conventional
LOCATION: In Laundry room #4
CIRCUIT STYLE:

PRIMARY POWER SUPPLY

LOCATION: Laundry room hall
MFR: Square d
MODEL:
QTY: 1
VOLTAGE: 120
AMPS:
TYPE: Breaker
PANEL #: Panel A,#2

SECONDARY POWER SUPPLY

LOCATION: In FACP
MFR: Battery center
MFR DATE: 2020
VOLTAGE:
INSTALL DATE:
BATTERY SIZE: 12v7ah
BATTERY QTY: 2
RATING:

TESTING RESULTS

CONTROL UNIT:	PASS	TROUBLE SIGNALS:	PASS	LOCAL ANNUNCIATOR:	N/a	BATTERY CONDITION:	PASS
LAMPS/LED/LCD:	PASS	GROUND FAULT:	PASS	REMOTE ANNUNCIATOR:	N/a	LOAD VOLTAGE:	PASS
FUSES:	PASS	SUPERVISION:	PASS	REMOTE POWER PANEL:	N/a	DISCHARGE & CHARGER TEST:	PASS

MONITORING VERIFICATION

ENTITY NAME: Security Central
ENTITY ADDRESS:
ENTITY PHONE: 800-286-5699
ACCOUNT NUMBER: 1515-A2372
TRANSMISSION TYPE:
APPROVING AGENCY:

TIME	DESCRIPTION	TEST	COMMENTS
1202	ALARM SIGNALS	1202	PASS
1203	ALARM RESTORE	1203	PASS
1215	TROUBLE SIGNAL	1215	PASS
	SUPERVISORY SIGNAL		N/a
	SUPERVISORY RESTORE		N/a

SYSTEM PASS/FAIL

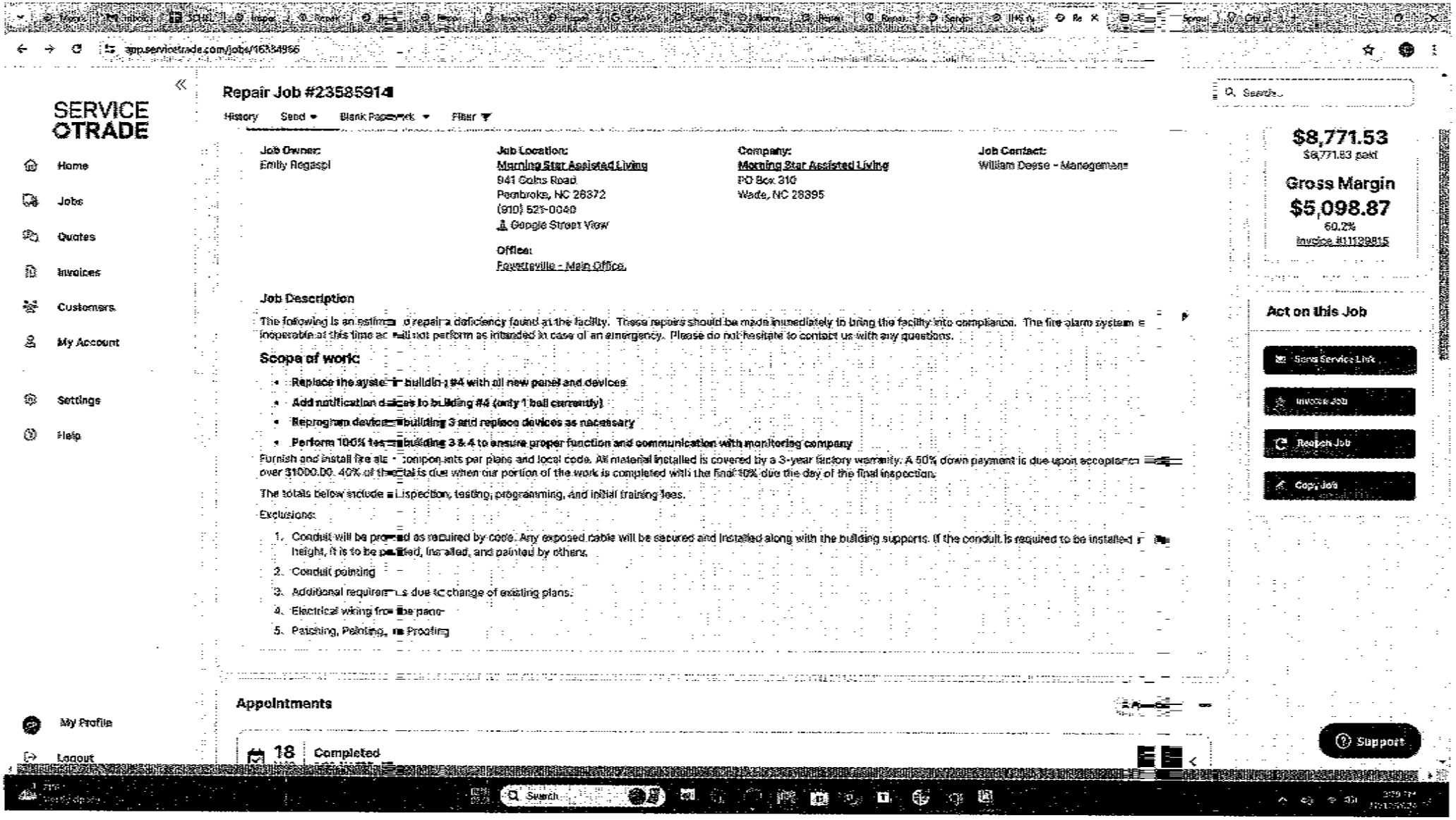
PASS

DEVICE QUANTITY

MANUAL PULL STATION	4	SMOKE DETECTOR	17	HEAT DETECTOR	3	DUCT DETECTOR	
TAMPER SWITCH		WATERFLOW SWITCH		OTHER INITIATING		OTHER SUPERVISORY	
HIGH/LOW PRESSURE		FIRE PUMP		SMOKE DAMPER		SUPPRESSION TANK	
STROBE ONLY		HORN STROBE	2	SPEAKER		SPEAKER STROBE	

BEAM DETECTOR			
DOOR HOLDER			
BELL			
BELL STROBE			

DATE:	09/18/2023	JOB NUMBER	30783265
CUSTOMER PRINT:		TECHNICIAN PRINT:	Micah Stevens
CUSTOMER SIGN:		TECHNICIAN SIGN:	Micah Stevens



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Job Owner:
Emily Regaspi

Job Location:
Morning Star Assisted Living
941 Oaks Road
Pembroke, NC 28372
(910) 521-0040
Google Street View

Company:
Morning Star Assisted Living
PO Box 310
Wade, NC 28395

Job Contact:
William Deese - Management

Office:
Fayetteville - Main Office

$8,771.53
$8,771.53 paid

Gross Margin
$5,098.87
60.2%
Invoice #11139815

Job Description

The following is an estimate to repair a deficiency found at the facility. These repairs should be made immediately to bring the facility into compliance. The fire alarm system is inoperable at this time and will not perform as intended in case of an emergency. Please do not hesitate to contact us with any questions.

Scope of work:

- Replace the system in building #4 with all new panel and devices
- Add notification devices to building #4 (only 1 bell currently)
- Reprogram devices in building 3 and replace devices as necessary
- Perform 100% testing in building 3 & 4 to ensure proper function and communication with monitoring company

Furnish and install fire alarm components per plans and local code. All material installed is covered by a 3-year factory warranty. A 50% down payment is due upon acceptance for over $1000.00. 40% of the total is due when our portion of the work is completed with the final 10% due the day of the final inspection.

The totals below include inspection, testing, programming, and initial training fees.

Exclusions:

1. Conduit will be provided as required by code. Any exposed cable will be secured and installed along with the building supports. If the conduit is required to be installed at height, it is to be installed, installed, and painted by others.
2. Conduit painting
3. Additional requirements due to change of existing plans.
4. Electrical wiring from the panel
5. Patching, Painting, Fireproofing

Act on this Job

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Reopen Job
Copy Job

Appointments

18 Completed

Support