

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/06/2014
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NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF GASTONIA	STREET ADDRESS, CITY, STATE, ZIP CODE 2755 UNION ROAD GASTONIA, NC 28054
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(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
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C 000	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller and Dennis Harrell on November 7, 2014.</p> <p>Records indicates that this facility was first licensed or submitted for licensure on June 27, 1997, as a Home for the Aged with 105 beds, including a 28 bed Special Care Unit. Therefore, this facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes (Homes for the Aged and Family Care Homes,) applicable portions of the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds and the 1996 North Carolina State Building Code with emphasis on Section 409, Group I-2, Unrestrained.</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>	C 000	<p>CONSTRUCTION SECTION</p> <p>DEC 16 2014</p> <p>RECEIVED</p>	
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>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, 701 Barbour Drive,</p>	C 101	<p>C101</p> <p>In relation to properly working delayed egress, signage and audible signal: Install of maglock override switch at both doors in the Memory Care Neighborhood and install of maglock override in the nurse station of Memory Care Neighborhood to unlock both doors going in and out of the neighborhood. Sounders also at both doors and nurse station to notify staff the override has been pressed.</p>	12-16-14

Division of Health Service Regulation
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Hale Ann Putnam, J.D.
 TITLE
Executive Director
 (X6) DATE
12-16-14

Division of Health Service Regulation

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C 101 Continued From page 1
Raleigh, North Carolina, 27603 at no cost;

This Rule is not met as evidenced by:
1. Based on observation, the facility failed to meet NC State Building Code at the time of initial Licensing by not having properly working delayed egress. This could affect all residents, staff and visitors by potentially delaying exiting in an emergency for more than an acceptable time. Findings on November 6, 2014:
a. The delayed egress doors to the SCU do not initiate the irreversible process to unlock the latch unless you hold the releasing device the entire 15 seconds. This is not in conformance with the Code Requirement that the process begin in 3 seconds and is irreversible.
b. The delayed egress doors to the SCU did not have the required signage saying "PUSH UNTIL ALARM SOUND, DOOR CAN BE OPENED IN 15 SECONDS."
c. Front delayed egress doors audible signal was barely audible above ambient sound level.

C 101

All other egress doors in compliance

All doors will continue to be monitored for proper operation every week. Results of monitoring will be reported by the Maintenance Director and/or designee to the Quality Assurance Committee and Regional Chief Engineer to assure continued compliance.

12-16-14

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:
1. Based on Observation, the facility failed to provide an environment in accordance with this

C 164

C164

In relation to the ice machine drain in the kitchen being piped directly on to the floor receptor, the ice machine drain in the kitchen was repaired and drains properly.

No other ice machines in community

Ice machine drain will be monitored every week for continued compliance. The results of the monitoring will be reported by the Maintenance Director and/or designee to the Quality Assurance Committee and Regional Chief Engineer every month for three months and quarterly thereafter to assure continued compliance.

12-16-14

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MORNINGSIDE OF GASTONIA**2755 UNION ROAD
GASTONIA, NC 28054**

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C 164	Continued From page 2 Rule. This would affect all residents, staff and visitors by exposing them to odors, unsanitary conditions and equipment in disrepair. Findings: on November 6, 2014: a. The ice machine drain in the Kitchen was piped directly on to the floor receptor, resulting in the potential for the drain line to clog and contaminate the ice.	C 164		
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 observations, the Building failed to maintain in a safe manner the integrity of the fire-resistance-rated construction because of breaches through the assemblies. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin. Findings on November 6 2014: a. The ceiling had three data cable running through a 1 inch hole in the Resident Relations closet, b. The ceiling had two 1/2 inch holes in the Storage Room near riser room, c. The ceiling was penetrated with a PVC conduits and there were gaps around it in the Riser Room,	C 189	C189 In relation to maintaining fire-resistant-rated construction , the hole in the resident relations closet is repaired, the ceiling in the storage room near the riser room is repaired, the ceiling gaps around the PVC in the riser room is repaired, the ceiling/wall in the main electrical room is repaired, the corridor enclosure wall in the SCU resident laundry/trash room is repaired, the ceiling/wall in the electrical room near bedroom 221 is repaired with approved caulk. In relation to oxygen storage , all oxygen cylinders are stored in the designated area in proper racks provided by the designated vendors. In relation to the wall-mounted emergency lights working on back-up power, the seven identified lights were repaired. In relation to the self-	

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C 189	<p>Continued From page 3</p> <p>d. The ceiling/wall was penetrated with a cable bundle in the Main Electrical Room that exceeded the number of cables that could be protected by filling the space around the cables, and was not protected with collar or other acceptable methods,</p> <p>e. The corridor enclosure wall had three ½ inch unprotected holes in the SCU Resident Laundry Trash Room,</p> <p>f. The ceiling/wall was penetrated with a cable not properly sealed against fire and smoke in the Electrical Room near Bedroom 221.</p> <p>2. Based on Observation, the Building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on November 6, 2014:</p> <p>a. Several portable medical oxygen cylinder were stored standing up in beverage crates and not secured to the structure in the Oxygen Storage Room.</p> <p>3. Based on observation, the Building failed to maintain in an operating manner emergency illumination of the egress pathways. This would affect all residents, staff and visitors, by causing confusion and delay exiting if the egress pathways were not illuminated in an emergency. Findings on November 6, 2014:</p> <p>a. The wall-mounted emergency light did not work on backup power when the test button was pushed in the following locations to include but not limited to:</p> <ol style="list-style-type: none"> Corridor near Bedroom 132, Corridor near Soiled Utility in service corridor, Activity Storage, SCU back Nurse Station Area, 	C 189	<p>closing door at the first floor soiled linen area, the latch has been repaired. The laundry cart was moved at the bulk laundry area to allow the door to close and latch. In relation to the in-swing doors to the kitchen, the dead bolt was put in the proper place and all dietary employees were inserviced on the proper position of the dead bolt lock. All hasp device and padlocks to storage closets were removed and replaced with a key lock. In relation to the cross corridor fire doors near the second floor elevator, the doors have been repaired to assure proper operation. In relation to corridor door latching, doors to bedroom 240, 225 and 222 were repaired and latch properly</p> <p>All other wall/ceiling openings were checked to assure proper and adequate fire-resistant-rated seals were in place. All other areas of the community were checked for proper oxygen storage. All wall-mounted emergency egress lights were checked for proper operation on backup power. All self-closing doors in the</p>	

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C 189	<p>Continued From page 4</p> <p>v. Corridor near Bedroom 242, vi. Corridor near Beauty Shop, vii. Corridor near second floor Clean Linen.</p> <p>4. Based on observation, the Building was not maintained in a safe manner by not maintaining the fire resistance of all doors the 1996 NC State Building Code defines as "Hazardous Area" and corridor doors in fire/ smoke barrier walls. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin. Findings on November 6, 2014: a. The self-closing door did not close on their own power and latch at the first floor soiled Linen. b. The fire alarm released the hold-open on the Bulk Laundry Room door but cannot close and latch for the laundry cart blocking the opening.</p> <p>5. Based on Observation, the Building was not maintained in a safe manner by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect staff and visitors if someone becomes trapped inside. Findings on November 6, 2014: a. A pair of in-swing doors to the Kitchen were locked with normal door hardware and a dead bolt. Staff throws the bolt on the dead bolt before the door closes to keep the door from latching. b. The closet door in the Jefferson Room was locked with a hasp device and padlock, c. The closet door in the Jackson Room/Therapy room was locked with a hasp device and padlock, d. The closet door in the SCU Activity Room was locked with a hasp device and padlock.</p> <p>6. Based on observation, the fire resistance rating was not maintain in a safe manner, by</p>	C 189	<p>community were checked to assure they operated properly and were un-obstructed. All doors with dead bolts were checked for proper position. All other closet areas were checked to assure there were no other hasp device and padlocks in place. All other cross corridor fire doors were checked for proper operation. All corridor doors were checked to assure they latched properly.</p> <p>The Maintenance Director and/or designee will monitor walls and ceilings every month and after known repairs/installs that could penetrate walls and ceilings to assure continued compliance. The Maintenance Director and/or designee will monitor the oxygen storage area every week for three months and monthly thereafter to assure continued compliance. The Maintenance Director and/or designee will monitor all emergency lighting weekly for three months and monthly thereafter to assure continued compliance. The Maintenance Director and/or designee will monitor all self-closing doors weekly to assure continued</p>	

Attn: Ed Miller

PRINTED: 12/03/2014
FORM APPROVED

Division of Health Service Regulation

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CONSTRUCTION SECTION

NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF GASTONIA	STREET ADDRESS, CITY, STATE, ZIP CODE 2755 UNION ROAD GASTONIA, NC 28054
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DEC 17 2014

RECEIVED

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C 189

Continued From page 5

having doors that do not automatically latch into their frame. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room or compartment of origin.

Findings on November 6, 2014:

a. Two-Kitchen to Dining Room doors had only dead bolts and could not automatically latch into their frame.

b. The pair of cross corridor fire doors near the second floor elevator are warped and do not provide a smoke tight seal and one leaf want latch into its frame.

7. Based on observation, the smoke resistance of the corridor was not maintain in a safe manner, by having corridor doors that do not automatically latch into their frame. This could affect all residents, staff and visitors if the doors do not latch and do not contain smoke/fire in the room or compartment of origin.

Findings on November 6, 2014:

a. Corridor door the Bedroom 240 would not latch into its frame,

b. Corridor door the Bedroom 225 would not latch into its frame,

c. Corridor door the Bedroom 222 would not latch into its frame as it rubs against the threshold.

C 189

compliance. All dead bolted doors and storage closet areas will be checked monthly for three months and quarterly thereafter to assure continued compliance. The Maintenance Director and/or designee will continue to monitor the cross corridor fire doors weekly for continued compliance.

The Maintenance Director and/or designee will monitor the corridor doors weekly for one month, monthly for three months and quarterly thereafter to assure proper latching. The results of the audits mentioned above will be reported to the Quality Assurance Committee and the Regional Chief Engineer to assure continued compliance.

Latch bolt hardware will be added to item 6a

12-16-14

C 193

Ovens, Ranges in Activity or Res. Rooms

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0311 OTHER REQUIREMENTS

(4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the

C 193

C193

The Maintenance Director and/or SCU Coordinator will assure the range is turned and locked to "Off" once activity is complete. Employees educated/inserviced

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C 193	<p>Continued From page 6</p> <p>facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff.</p> <p>(5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to provide an environment in accordance with Rule by not providing proper control over the range. This could affect all residents, staff and visitors as the powered unit could burn someone or ignite nearby combustible material.</p> <p>Findings on November 6, 2014:</p> <p>a. The range in the SCU Activity Room was equipped with a locking feature controlled by staff, however staff using the room was not aware that it was powered up and had placed combustibles on the burners.</p>	C 193	<p>about not putting combustible material on the range surface.</p> <p>No other oven or ranges accessible to residents.</p> <p>The Maintenance Director and/or SCU Coordinator will continue to retain the key to the range switch and will monitor for combustible materials daily. The results of this monitoring will be reported to the Quality Assurance Committee Monthly to assure continued compliance.</p>	12-16-14

Invoice

Cust Phone #	Cust Fax #



Date	Invoice #
12/6/2014	12061404
Ref Estimate #	

To: Tony Lail
Morningside-Gastonia
2755 Union Rd
Gastonia, NC 28054

Amplified Electronic Design

1451 S. Elm Eugene St. Box 29, Greensboro, NC 27406
 www.ampedco.com p:336-223-4811 f:336-441-1109

Work Location:
Morningside-Gastonia
2755 Union Rd
Gastonia, NC 28054

Work Completion Date: 11/26/2014

Vend# Corp1 0000109250:1

Payment Due By: 1/8/2015

Item #	Description of Work and Materials	Qty	Price Each	Extended
	Installed a maglock override switch at each door in the BTR unit an Installed a maglock override in the Nurse Station to unlock both doors going in/out of BTR unit along with sounder on Nurse station. Sounder is to notify people at nurse station override has been pressed.			
	Green Bop Stop w/cw/horn	3	\$180.00	\$540.00
	12-24V Sounder - White	1	\$25.00	\$25.00
1	Labor	1	\$925.00	\$925.00
2	Trip Charge	1	\$283.40	\$283.40

Thank you for your business and the opportunity to service your facility.
 Please contact us at 336-223-4811 or amped@ampedco.com with questions.
 Invoice is to be paid in full by the due date specified above. Please make check payable to Amped, Inc.
 Invoices not received within 30 days of receipt will be assessed a 2% finance charge per month. Material warranty is based on the supplier/manufacture and not subject to labor warranty. All work is guaranteed for one (1) year, unless specified in writing.

Sub Total	\$1,773.40
Sales Tax 6.75%	\$38.14
Total Due	\$1,811.54

