

5-28-15

CONSTRUCTION SECTION  
MAY 28 2015  
RECEIVED

Plan of Correction from Follow-up Biennial  
Construction Survey

FID #960752 HAL 013026 Morningside of Concord

C101- Release switch keys were all replaced on 5/7/15. All new keys were tested and worked correctly. Keys were also spray painted red for easier recognition. Maintenance staff, when conducting fire drills will also question staff about the release switch keys and ask for demonstration. Fire drill completed 5/26/15 and second shift staff demonstrated knowledge.

2. S&S made repairs and work completed on 5/22/15. Flanges added to side without flanges.

C166- the exit sign in BTR near room 230 has been corrected as of 5/8/15. A thicker coat of paint applied.

C189- c- 3 inch area of fireproofing has been added in the elevator room as of 5/15/15.

f- Communication wires across from Community relations office have been corrected where there was unsealed penetration as of 5/15/15.

C189- 2 a. Door 111 repaired and closes correctly as of 5/7/15.

b. Door to 2<sup>nd</sup> floor activity room was repaired and now latching correctly as of 5/7/15.



Starr Noles RN, BSN

Executive Director

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL013026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/06/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MORNINGSIDE OF CONCORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 PENNY LANE, NE CONCORD, NC 28025</b>
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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
{C 000}	Initial Comments  Report of Follow-up Survey by Dennis Harrell and Ed Miller on 5-6-2015.  Some deficiencies were not corrected. Further action 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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;  This Rule is not met as evidenced by: 1. Based on observation, the locks provided on the exit doors from the Special Care Unit did not meet the Building Code requirements for egress. This facility is equipped with Special Locking (magnetic locks) on the exit doors as allowed by Section 1012.6 of the 1996 NC State Building Code. Section 1012.6.1. 4. F. requires, "If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys."	{C 101}		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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{C 101}	Continued From page 1  Findings include: The required emergency release switches located at both magnetically locked exit doors were of the locking type. a. All staff interviewed did not carry release switch keys. Finding on 5-6-2015: The maintenance staff had made keys and distributed them to the staff in the Special Care Unit. However, most of the keys checked would not operate the locking type emergency release switches.  2. Based on observation, the fire and smoke damper installed through a smoke barrier wall near the kitchen is equipped with flanges on only one side. Verify that the manufacturer's installation instructions allow installation with only one side flanged.	{C 101}		
{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: Based on observation, the facility failed to be maintained free of hazards because of exits signs directing exiting in the wrong directions. Exit signs that lead in the wrong direction could delay an evacuation in an emergency. Findings include:	{C 166}		

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{C 166}	Continued From page 2  The required exit sign in the BTR near room 230 has the exit arrows pointing in the wrong directions for exiting. Finding on 5-6-2015: The exit arrows had been partially painted white but were still clearly visible.	{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 the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: c. Some fireproofing has fallen off a steel bar joist above the suspended ceiling in the elevator room. Finding on 5-6-2015: The fireproofing had been partially replaced. A small area, about 3 inches across, was still unprotected. f. Unsealed penetration at communication wires above the smoke barrier doors at Community	{C 189}		

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{C 189}	Continued From page 3  Relations office on 1st floor.  2. Based on observation, many corridor doors are not closing well and/or latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. Door to room 111 will not latch when closed. c. Door to 2nd floor Activity room will not latch when closed.	{C 189}		