

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL082022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/14/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE MAGNOLIA

213 FOREST TRAIL
CLINTON, NC 28328

(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 Complaint Survey by Frank Strickland on 01/14/2015. The facility self reported that a domestic water line broke and damaged the kitchen ceiling necessitating closing the kitchen for repairs. Records indicate this facility was first licensed as a Home for the Aged on 09/29/1998. The facility is currently licensed for 91 beds including 45 SCU beds. Therefore, we are requiring that this facility meet the 1991 "Regulations for Homes for the Aged and Disabled : Minimum standards and Regulations and the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds and the 1996 edition of the North Carolina State Building Code Volume I - General Construction - Section 409 Institutional Occupancy (Group I).	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on observation and interview a portion of the kitchen ceiling had fallen due to a domestic water line leak in the attic above the kitchen. At the time of survey the kitchen was out of service and an emergency food plan had been approved by the Sampson County Environmental Health Section and was in place.	C 111		

CONSTRUCTION SECTION
JUN 02 2015
RECEIVED

Division of Health Service Regulation

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

TITLE

(X6) DATE

Facilities Director

6/01/2015

STATE FORM

6829

EPQ021

If continuation sheet 1 of 2

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL062022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/14/2015
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NAME OF PROVIDER OR SUPPLIER

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C 111	Continued From page 1 Further interview revealed the Sampson County Fire Marshal and Building Inspection Departments were coordinating the permitting of repairs and had issued a Building Permit, Plumbing Permit and Electrical Permit on 01/13/2015. Review of documentation and interview revealed that the extent of the repairs include a) Repair and reinsulating of water line. b) Replacement of the ceiling membrane for the 1 hour fire resistant rated roof/ceiling assembly. c) Replacement of the freeze protection for the wet sprinkler piping by 'tenting' and replacing the blown in insulation. d) Replacing the automatic fire detection and notification devices that were water damaged. e) Replacing the ceiling radiation dampers (fire dampers) for the heating and air conditioning vents that were damaged. f) Replacing light fixtures and any other electrical equipment that was damaged. The facility was instructed to provide to DHSR-Construction Section all approval documentation from the Local Authorities having jurisdiction for the repairs including the testing, per NFPA 72 - The Fire Alarm Code, of Fire Alarm devices that had been replaced.	C 111	All items A through F were permitted properly, had progress inspections, and final inspections by Clinton City Building Department and Fire Marshall's office. The attached pictures shows the finish product installed properly. We have requested documentation from the Local Authorities showing approval on all items requiring an inspection. We will submit once we have received. Estimated date to receive paper work is 6/5/2015	3/3/2015

Division of Health Service Regulation
STATE FORM

5185

6PQN21

If continuation sheet 2 of 2