STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL082022	A. BUILDING: **01** B. WING _____	**09/21/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAGNOLIA	**213 FOREST TRAIL CLINTON, NC 28328**

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C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller on September 21, 2016. Records indicate this facility was first licensed as a Home for the Aged on September 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). Deficiencies were cited during the Survey and 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	C 101		

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C 101	Continued From page 1 Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, the facility had an incomplete Special Locking system on some exits that did not have all the required components to comply with the Special Locking (Magnetic Locks) requirements. This could affect all residents, staff and visitors if they cannot egress quickly through these locked exits during an emergency. Findings on September 21, 2016: a. Cross-Corridor Door near Executive Director Office - On the Assisted Living side, there was no emergency release switch provided at the door. This door was marked as an Exit. 2. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components or procedures to properly operate doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). Findings on September 21, 2016: a. 400 Hall Courtyard - The courtyard was not large enough to provide a safe area of refuge in the event of a fire and the exits gates from the courtyard were secured with metal keyed padlocks. Staff in the unit did not have keys to operate the padlocks. Deficiency corrected before Construction Surveyors departed Site.	C 101		
C 132	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT	C 132		

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C 132	Continued From page 2 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that all Bathrooms and Toilet Rooms are designed to provide privacy when there is more than one commode, and at each tub or shower. Findings on September 21, 2016: a. Bathroom in SCU TV Room - there was no curtain for the shower.	C 132		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide commodes, tubs and showers accessible to residents with hand grips. This deficiency affects all residents who use theses fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures.	C 133		

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C 133	Continued From page 3 Findings on September 21, 2016: a. Bathroom in SCU TV Room - there was no hand grip (grab bar) for the shower. b. Bedroom 409 Bathroom - there was no hand grip (grab bar) for the shower. c. Bedroom 411 Bathroom - there was no hand grip (grab bar) for the shower.	C 133		
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide exit doors that are accessible by residents equipped with sounding devices that activated when the door opens. Findings on September 21, 2016: a. Entire Building - the "Special Locking System" exits had non-working alarmed protective cover over the emergency release toggle switches. This allows residents unrestricted access to the switch that unlocks that	C 154		

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C 154	Continued From page 4 exit. In addition, the exit had no other notification device.	C 154		
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 keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on September 21, 2016: a. Bedroom 112 - a gypsum wall was damaged from a chair. b. Bathroom in SCU TV Room - the ceramic tile base was coming off the wall. c. Bathroom in SCU TV Room - the toilet paper dispenser was broken d. Lobby Gentlemen - the mirror had black spots at the bottle edges. e. Lobby Women - the mirror had black spots at the bottle edges. f. Bedroom 305 - a gypsum corner near Bathroom wall was damaged from a walker. g. Group Bathroom near AL Staff Station - in the shower the textured ceiling was falling down. h. Corridor near Bedroom 309 -the textured ceiling was falling down. i. The ice machine drain in the Kitchen was piped directly on to the floor receptor, resulting in	C 164		

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C 164	Continued From page 5 the potential for the drain line to clog and contaminate the ice.	C 164		
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: 1. Based on Observation, the Building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. 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 September 21, 2016: a. Oxygen room - there were 25 portable medical oxygen cylinders standing up not secured to the structure. 2. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on September 21, 2016: a. Bedroom 114 - the sink was falling from the wall. b. SCU Med Prep - the sink faucet was missing its handle.	C 166		

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C 166	Continued From page 6 c. Lobby Women - the sink was falling from the wall. d. Group Bathroom near AL Staff Station - tub faucet was missing its handle. e. Mech Room behind AL Staff Station - the high gas vent was closed up with a piece of wood. f. Bedroom 409 Bathroom - the faucet handle could not be moved to supply hot water.	C 166		
C 170	Housekeeping-Curtains, Blinds, Res. Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (9) have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. The faculty failed to maintain curtains, draperies or blinds at windows for privacy. Findings on September 21, 2016: a. Bedroom 104 - the blinds on the window had several broken slats. b. Bedroom 305 - the blinds on the window were not installed.	C 170		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where	C 183		

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C 183	Continued From page 7 applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. Findings on September 21, 2016: a. Electrical Room behind Executive Director Office - the documentation of the portable fire extinguisher's monthly inspections stopped in June 2016 and the portable fire extinguisher does not have a gauge.	C 183		
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the building failed to properly post and maintain the evacuation maps. This would affect all residents, staff and visitors by not providing proper guidance during an emergency. Findings on September 21, 2016: a. Corridor near SCU Staff Station - the	C 184		

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C 184	Continued From page 8 mounted evacuation map was not oriented to the actual floor arrangement.	C 184		
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 facility failed to maintain a safe and Code compliant Special Locking (magnetic locks) system. Findings on September 21, 2016: a. Right Exit near Bedroom 114 - the emergency release switch at this exit, did not interrupt the power to the locking devices as required. b. Right Exit near Bedroom 114 - the exit was equipped with two key pads on the inside. One key pad worked and the other did not function and confused some staff. c. Right Exit near Bedroom 114 - the exit was equipped with two keypads on the inside. One keypad worked and the other did not function and confused some staff. 2. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin.	C 189		

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C 189	Continued From page 9 Findings on September 21, 2016: a. Bedroom 115 - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling, allowing the spread of fire and smoke. b. Dry Storage - the fire sprinkler escutcheon plate did not cover the complete hole through the fire-resistance-rated ceiling, allowing the spread of fire and smoke. c. Bedroom 114 - the fire sprinkler escutcheon plate was missing, exposing an opening through the fire-resistance-rated ceiling on window side of room. d. SCU Hopper Room - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling, allowing the spread of fire and smoke. e. Executive Director Restroom - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling, allowing the spread of fire and smoke. 3. Based on Observation, fire rated doors of hazardous areas were not being maintained in a safe and operating condition. By not maintaining the fire and smoke resistance of doors, keeping rooms the NC State Building Code defines as "Hazardous Area" separated from the rest of the Building. This could affect residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on September 21, 2016: a. Soiled Linen near SCU Hopper Room - the corridor door (45 min rated, self-closing) did not latch into its frame because the strike plate was stuffed with plastic bags. b. Soiled Linen In AL - the self-closing corridor door did not close and latch into its frame without assists.	C 189		

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C 189	Continued From page 10 4. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on September 21, 2016: a. Cross-Corridor Doors near SCU Staff Station - the exit sign did not work on backup power when tested, or normal power. Exit signs must work at all times and provide backup power to provide directions during power outages. b. Dining room - the front wall-mounted self-contained emergency light did not work on backup power when tested. Emergency lighting must illuminate the egress pathway during power outages. 5. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, staff and visitors to fire/smoke if not contained in Room or compartment of origin Findings on September 21, 2016: a. SCU Staff Station - there were two cables with gaps around then that were not firestopped as they penetrate the fire-resistance-rated ceiling assembly. b. Executive Director Restroom - there was a gap around a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. Electrical Room behind Executive Director Office - there were two open end PVC sleeves with cable(s) not firestopped as they penetrate the fire-resistance-rated ceiling assembly. d. Electrical Room behind Executive Director Office - there was an open end PVC sleeve not firestopped as they penetrate the fire-resistance-rated ceiling assembly.	C 189		

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C 189	Continued From page 11 e. Nutrition Station - there was an open end PVC sleeve with cable(s) not firestopped as it penetrate the fire-resistance-rated ceiling assembly. f. Mech Room behind AL Staff Station - the water heaters flue's escutcheon fall down providing an opening that was not firestopped as it penetrated the fire-resistance-rated ceiling assembly. g. Residents Telephone Area - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 6. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on September 21, 2016: a. Bedroom 115 - the corridor door did not latch into its frame when closed. b. Bedroom 301 - the corridor door did not latch into its frame when closed. c. Bedroom 411 - the corridor door would not latch unless you lifted up the door leaf. 7. Based on observations and record review, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed with debris. This could affect all residents, staff and visitors if the fire sprinkler heads' have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on September 21, 2016: a. Med Prep - the fire sprinkler head was debris-loaded with lint. b. Geriatric Bath - the fire sprinkler head was debris-loaded with lint. 8. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components fail to function as originally intended. This could affect	C 189		

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C 189	Continued From page 12 all residents, staff and visitors if the component or assembly does not function properly and cannot contain smoke/fire in the room or fire compartment of origin Findings on September 21, 2016: a. Right Exit near Bedroom 114 - the door closure arm was dangling from its doorframe and occupants could run into it while using the exit. b. Bedroom 111 Bathroom - the door handle was installed backwards 9. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical lighting system was not being operated or maintained safely, providing reliable illumination. This could affect all residents, staff and visitors if walking areas and drives are not properly illuminated, warning of tripping hazards or obstructions. Findings on September 21, 2016: a. Kitchen - the exterior light fixture was missing its globe.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 191		

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C 191	Continued From page 13 This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent the use of portable electric space heater(s) in an Adult Care Home. This could affect residents, staff and visitors if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on September 21, 2016: a. Business Office Manager- a portable space electric heater was found in this room.	C 191		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 Building failed to maintain the hot water temperature at a minimum of 100 degrees Fahrenheit and not to exceed 116 degrees Fahrenheit. Findings on September 21, 2016: a. Bedroom 111 Bathroom - the sink had a hot water temperature of 93 degrees Fahrenheit. b. Bedroom 411 Bathroom - the sink had a hot	C 195		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL082022	A. BUILDING: **01** B. WING _____	**09/21/2016**

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 195	Continued From page 14 water temperature of 94 degrees Fahrenheit. c. Beauty Shop - the shampoo bowl had a hot water temperature of 122 degrees Fahrenheit.	C 195		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on September 21, 2016: a. Group Bathroom neat AL Staff Station - the motor to the exhaust fan had been removed was not working. b. Bedroom 308 - the exhaust ventilation system did not work, allowing a build-up of odors.	C 199		
C 202	Existing Fac. Housing Non-ambs-Hand Bells	C 202		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL082022	A. BUILDING: **01** B. WING _____	**09/21/2016**

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C 202	Continued From page 15 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (j) Except where otherwise specified, existing facilities housing persons unable to evacuate without staff assistance shall provide those residents with hand bells or other signaling devices. (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 electrically operated call system did not provide the ability to call for assistance when activated. This could affect all residents, and staff if the system fails to notify staff that assistance is requested. Findings on September 21, 2016: a. Bathroom in SCU TV Room - the call system's pull station did not notify staff.	C 202		