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	R 11/22/2016

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 000)	Initial Comments Report of Follow-up Survey by Dennis Harrell on 11-22-2016. Many 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 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	(C 101)		

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	R 11/22/2016

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 101}	Continued From page 1 emergency release switch provided at the door. This door was marked as an Exit. Finding on 11-22-2016: The exit sign over the door had been removed which still left 2 marked directions of exit. With the exit sign removed, the emergency release switch was no longer required. However, the plate covering the electrical outlet box was not properly installed. 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. Finding on 11-22-2016: Staff in the unit did not have keys to operate the padlocks. There was only 1 key available in the unit and it was kept at the med cart.	{C 101}	We contracted First Fire Safety to install an emergency release switch at the door. Estimated repair: 1/27/2017 The outlet box has been repaired. Keys are now available for staff.	12/20/2016 11/24/2016
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	{C 164}		

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	R 11/22/2016

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 164)	Continued From page 2 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 and 11-22-2016: 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 the potential for the drain line to clog and contaminate the ice.	(C 164)	Bedroom 112 damaged gypsum wall will be repaired. Esitmated completion: 1/6/2017 The ceramic tile has been repaired. The toilet paper dispenser has been repaired Replacement mirror has been ordered. Estimated completion: January 22, 2017 Replacement mirror has been ordered. Esitimated completion: January 22, 2017 #305 gypsum corner has been repaired. The textured ceiling will be repaired. Estimated completion: January 22, 2017 The textured ceiling will be repaired. Estimated completion: January 22, 2017 The ice machine drain will be repaired. Estimated completion: 1/5/2017	12/20/2016 12/20/2016 12/20/2016
(C 166)	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	(C 166)		

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	R 11/22/2016

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 166)	Continued From page 3 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. Finding on 11-22-2016: Oxygen room - there were 7 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 and 11-22-2016: b. SCU Med Prep - the sink faucet was missing its handle. f. Bedroom 409 Bathroom - the faucet handle could not be moved to supply hot water.	(C 166)	All oxygen cylinders have been secured A replacement faucet has been ordered. Estimated completion: 1/15/2017 A replacement faucet has been ordered. Estimated completion: 1/15/2017	11/23/2016

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	R 11/22/2016

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 189)	Continued From page 4	(C 189)		
(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 and 11-22-2016: 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. Findings on September 21, 2016 and 11-22-2016: 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	(C 189)	We have contracted First Fire Safety to remove all non functioning keypads. Estimated completion: 1/28/2017 The fire sprinkler escutcheon plate has been replaced in room 114. The fire sprinkler escutcheon plate has	12/22/2016

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	R 11/22/2016

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 189)	Continued From page 6 fire-resistance-rated ceiling, allowing the spread of fire and smoke. 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 and 11-22-2016: a. 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.	(C 189)	repaired and will not allow smoke or fire to spread The two open end PVC sleeves have been caulked with UL Rated Fire Caulk.	12/22/2016 11/23/2016
(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	(C 199)		

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	R 11/22/2016

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 199)	Continued From page 6 preventing the exhausting of odors. Findings on September 21, 2016 and 11-22-2016: b. Bedroom 308 - the exhaust ventilation system did not work, allowing a build-up of odors.	(C 199)	A motor in the exhaust ventilation system has been replaced.	11/22/2016
(C 202)	Existing Fac. Housing Non-ambs-Hand Bells 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 and 11-22-2016: a. Bathroom in SCU TV Room - the call system's pull station did not notify staff.	(C 202)	We have contracted First Fire Systems to repair the Nurse Call system. Estimated completion: 1/27/2017	