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 05/11/2017

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 a Biennial Follow Up Construction Survey by Billy S. Bryant conducted on 0511/2017 There are deficiencies from the Biennial Follow Up Construction Survey performed on 11/22/2017 that remain to be corrected.	(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 failed to maintain a safe and Code compliant Special Locking (magnetic locks) system. Finding on 05/11/2017: c. Right Exit near Bedroom 114 - the exit was equipped with two keypads on the inside. One keypad worked and the other was not functional and confused some staff as to which operated	(C 101)	We have contracted First Fire Security to eliminate the 2nd key pad. Estimated completion: 6/19/2017	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 6/6/2017

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 05/11/2017

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 the lock. 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). Finding on 05/11/2017: a. Staff responsible for emergency evacuation in the special care unit did not have keys to operate the fence padlocks on their person. There were 2 keys for the fence padlocks in the unit. One was in an unlocked key box held on the exterior side of the exit door by a magnet and the other was in a drawer at the nurses' station. The drawer contained several sets of keys and the key for padlocks could not be identified in a timely manner by staff responsible for emergency evacuation.	(C 101)	We are utilizing a combination lock. All employees have the combination on their name tag. Also at the gate the combination is available but coded.	5/25/2017
(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 (a) which shall not apply to existing facilities. This Rule is not met as evidenced by:	(C 189)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL082032	A. BUILDING: 01 B. WING	R 05/11/2017

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

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(C 189)	Continued From page 2 1. Based on observation the facility did not maintain plumbing equipment in a safe condition . Finding on 05/11/2017: a. Kitchen - 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. The facility maintenance man stated that the work was to be completed the following day. 2. Based on observation there is a failure to maintain the facility's fire safety systems in a safe manner due to penetrations or gaps in the fire resistant rated ceilings. Penetrations, gaps or holes in fire resistant rated ceilings could affect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin. Finding on 05/11/2017: a. In the Electrical Room behind the Executive Director's Office - There is an open ended pipe sleeve for cabling that penetrates he fire resistant rated ceiling. The facility maintenance man stated he overlooked the sleeve, the other sleeve was caulked.	(C 189)	The ice machine drain has been corrected All penetrations have been sealed with UL Rated Fire Caulk. Theopen ended pipe sleeve for cabling that penetrates the fire resistant rated ceiling has been sealed with Ul Rated Fire Caulk.	5/12/2017 5/12/2017 5/12/2017
(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.	(C 202)		

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	HAL082022	A. BUILDING: 01 B. WING	R 05/11/2017

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(C 202)	Continued From page 3 This Rule is not met as evidenced by: 1. Based on Observation, the call system did not operate to call for assistance when activated. This could affect occupants and staff if the system fails to notify staff that assistance is requested. Finding on 05/11/2017: a. Bathroom in SCU TV Room - The facilty maintenance man stated that First Fire Systems had been to the facility to repair the call system but the call system's pull station did not notify staff when tested by the surveyor.	(C 202)	We have contracted First Fire Protection to repair nurse call system. Estimated completion 6/19/2017	