STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034097	A. BUILDING: 01 B. WING _____	05/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA CREEK ASSISTED LIVING	2560 WILLARD ROAD WINSTON SALEM, NC 27107

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C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell on 5-8-2018. Records indicate this facility was first licensed as a Home for the Aged on 11-15-1988. The facility is currently licensed for 117 beds including a 33 bed Special Care Unit. Therefore, the facility was surveyed usung the 1987 Rules Homes For The Aged and Disabled and Minimum Standards and Regulations, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds and the 1978 North Carolina State Building Code.	C 000	Responses to cited deficiencies do not constitute an admission or agreement by the facility of truth of the facts alleged or conclusions set-forth in the Statement of Deficiencies or Corrective Action report; the Plan of Correction is prepared solely as a matter of compliance with State Law.	
C 144	Med Prep Area-Sink with Lever Handles SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (5) Handwashing facilities with wrist type lever handles shall be provided immediately adjacent to the drug storage area; This Rule is not met as evidenced by: Based on observation, the faucet for the lavatory in the med prep area was not equipped with lever type handles.	C 144	Med Prep Area-Sink with Lever Handles Section.0300 - Physical Plant 10A NCAC 13F.0305 Physical Environment The faucet for the lavatory in the med prep area is now equipped with a lever handle	5/10/2018
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.	C 150	Corridors-Free of equipment and obstructions SECTION .0300 - Physical Plant 10A NCAC 13F.0305 Physical Environment Staff re-educated on the importance of storing all deliveries promptly to ensure compliance with all requirements of keeping corridors free of equipment and other obstructions.	5/8/2018

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C 150	Continued From page 1 This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Findings include: There were 57 boxes of diapers stored in the corridor reducing the clear width to about 5.5 feet. Staff stated the diapers were there only temporarily until they could be moved into the proper storage room. The boxes of diapers were in the corridor at the beginning of the survey and were still there 4 hours later when the survey ended at 5:40 PM.	C 150	Continued from Page 1 Executive Director and Housekeeping Supervisor will monitor the area daily to help ensure continued compliance.	
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: Based on observation, the outside premises was not maintained in a clean and safe condition. The exit path designated by staff from the smoking courtyard was hazardous in the following ways; a. There was a pile of dried waste concrete about 24 inches in diameter and 9 inches high directly in the exit path. b. The exit path is between the courtyard fence and the bank of a small creek and is only about 3 feet wide. c. The exit path near the fence slopes about 10	C 160	Outside Premises-Clean, Safe SECTION .0300 - Physical 10A NCAC 13F.0305 Physical Environment a. The pile of concrete waste that was found upon inspection has been removed from the outside courtyard. b. The path between the courtyard fence and the bank of the small creek is not an exit path. c. The path of near the fence that slopes about 10 degrees toward the creek is not an exit path. d. The path near the fence that had several roots is not an exit path. All staff have been re-educated on the correct exit path to take in an emergency. Executive Director and Housekeeping Supervisor will ensure that the designated exit path will remain in clean and safe condition.	6/04/2018 5/08/2018 5/08/2018 5/08/2018 5/22/2018

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C 160	Continued From page 2 degrees down toward the creek. d. There were several roots across the exit path near the fence. The roots presented a significant trip and fall hazard.	C 160		
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 in a safe manner by not properly handling portable medical oxygen cylinders. 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 include: a. Several (10) portable medical oxygen cylinders were stored in unapproved beverage crates in the oxygen storage room. b. Two portable medical oxygen cylinders were stored in no container or rack in the closet off the parlor. 2. Based on observation, several plumbing fixtures had been removed and the waste drains were left open. Waste drains that are not properly capped allow noxious, combustible odors and possibly harmful bacteria to enter the facility. Findings include,	C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - Physical Plant 10A NCAC 13F .0306 Housekeeping and services. 1. All medical oxygen cylinders will be stored in the oxygen room on Assisted living side in containers that are appropriate for their storage a. All oxygen cylinders are now stored in approved stands. All unapproved stands have been removed from the facility. b. The two portable oxygen cylinders that were stored in no container have been removed from the closet offf the parlor. 2. Plumbing fixtures that have been removed as part of a renovation project will have all waste drains properly capped. a. The renovation of the bathroom near the entrance of Memory Care will be completed soon. All drains left open will be covered properly. b. Renovation on the sink area in the Memory Care dining room will be completed soon. The drain left open will be capped properly. Executive Director will talk with the renovation team to ensure completion ofthe identified areas	5/10/2018 5/10/2018

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C 166	Continued From page 3 a. The shower, sink and toilet had been removed had been removed and the drains left open in a bathroom near the entrance into Memory Care. b. A sink had been removwed and the drain left open in the Dining room in Memory Care. 3. Based on observation, the exterior exit paths were not maintained uncluttered and free of obstructions. Findings include; a. A board, 2"x10"x10', had been left on the sidewalk near the exit gate at the rear exit from Memory Care. b. A board, 2"x10"x10', had been left directly across the sidewalk near the exit gate at the rear exit from Memory Care. The board across the exit path presented a significant trip and fall hazard. 4. Based on observation, courtyard gates outside of Memory Care were left unlocked and unattended. Unlocked courtyard gates present an elopement risk. Findings include; a. The courtyard gate at the rear of Memory Care was found unlocked. b. The gate from the smoking area was found unlocked. 5. Based on observation, a fire extinguisher was missing from the wall cabinet in Memory Care. The extinguisher had been used to extinguish a fire 3 days earlier and had not yet been replaced. 6. Based on observation, the cover over the emergency release switch for the magnetically locked gate from the outside sitting area was locked closed with a tyrap rendering it unavailable for use in an emergency. Note; This deficiency was corrected during the survey.	C 166	3. Executive Director has re-educated all staff on the importance of keeping all exterior paths uncluttered and free of instructions a. All debris and obstructions found upon inspection, have been removed. Housekeeping Supervisor will make daily rounds to help ensure continued compliance. b. All debris and obstructions found upon inspection have been removed. Housekeeping Supervisor will make daily rounds to help ensure continued compliance. 4. Based on observations, courtyard gates outside memory care were left unlocked and attended. Unlocked courtyard gates present an elopement risk. a. Renovation team and staff have been re-educated on the importance of making sure all doors and gates that lead to the exterior of the facilityare always locked or attended to help r educe the risk of elopement. Memory Care Manager will make daily rounds to ensure continued compliance. b. All staff have been re-educated on the importance of making sure all doors and gates that lead to the exterior of the facility are securely locked or attended at all times. Housekeeping Supervisor will make daily rounds to help ensure continued compliance. 5. Fire extinguisher that was used in a fire on 5/5/2018 is being replaced by First Fire. Executuve Director has made First Fire aware of the need to replace and will continue to notify until new extinguisher is installed. 6. Tie strap that was securing the emergency release cover was corrected during survey.	5/08/2018 5/08/2018 5/08/2018 5/08/2018 5/22/2018 6/20/2018 5/09/2018

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C 166	Continued From page 4 7. Based on observation, the globe cover was hanging down on the light in soiled utility in Memory Care. The hanging globe presents a risk of falling. 8. Based on observation, there was no key onsite to allow entry into the maintenance area to survey for hazards. 9. Based on observation, the ice machine drain line was in direct contact with the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.	C 166	7. The maintenance technician secured the globe cover that was hanging down in the soiled utility on Memory Care. 8. Executuve Director has keys to all areas of the facility, including the maintenance area. 9. The maintenance technician has secured the ice machine drain line to ensure the drain line and the floor drain do not touch. The risk of ice becoming contaminated has been reduced.	5/23/2018 5/08/2018 5/23/2018
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on a review of documents, records of the rehearsals of the fire plan were available onsite for only three of the last 12 months . At	C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - Physical Plant 10A NCAC 13F .0309 Plan for Evacuation The Executive Director will ensure quarterly rehearsals of the the fire plan are completed in accordance of the local Fire Prevention Code Enforcement Official. Exevutive Director will ensure a record of the rehearsals include the date and time of the rehearsals, staff members present and have a short description of what the rehearsal involved. All rehearsal records will be maintained in a binder in the Executive Directors Office for Review.	5/8/2018

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C 185	Continued From page 5 least 12 months of records must be maintained and available for review. 2. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.	C 185		
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 is not maintained in a safe and operating condition because of faulty emergency release switches. The facility equipped with Special (magnetic) Locking and has central emergency release switches located at the nurse stations in Memory Care and on the AL side. Findings include; a. The central emergency release switch in Memory care did not unlock any of the magnetically locked doors. b. The central emergency release switch on the AL side unlocked only one of the magnetically locked doors. 2. Based on observation, combination exit signs and battery powered emergency lights would not	C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - Physical Plant 10A NCAC 13F .0311 Other Requirements 1. Faulty emergency release switches located at the Nurses stations on Memory Care and Assisted Living have been serviced by First Fire and are now in proper working order a. The central emergency release switch on Memory Care unlocks all magnetically locked doors. b. The central energency release switch on Assisted Living unlocks all magnetically locked doors. 2. The maintenance technician has replaced all batteries in all battery powered emergency lights. Maintenance technician will test the working status of all exit sign lighting weekely to help ensure all signs are working properly. a. The combination exit sign/emergency light has had the batteries changed and is being tested weekly with all other lighted signs to ensure continued compliance.The light has been secured and is no longer hanging by wires. b. Batteries in all exit signs/emergency lights	5/14/2018 5/14/2018 5/14/2018 5/23/2018 5/23/2018 5/23/2018

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C 189	Continued From page 6 work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Mal-functioning lights include the following areas: a. The combination exit sign and battery powered emergency light at the front door would not work on battery when tested. This light was also hanging loose by the wires. b. The combination exit sign and battery powered emergency light near the entry into Memory Care would not work on battery when tested. 3. Based on observation, many corridor doors are prevented from closing quickly and 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. The doors to the dining room do not latch when closed. b. The door to the pantry of more than 100 ft. sq. is equipped with only a deadbolt and therefore does not automatically latch when closed. c. There are holes through the door to the pantry. d. There are holes through the door to the Manager's office. e. There are holes through the door to the large laundry. f. The door to the maintenance shop. is equipped with only a deadbolt and therefore does not automatically latch when closed. g. The door to bedroom 239 does not fit the opening properly to be resistant to the passage of smoke. h. There is a vent of 12 inches by 12 inches cut through near the bottom of the door to the oxygen storage room. This door must be repaired or	C 189	Continued from page 6 The combination exit sign and battery powered lights near the entry to Memory Care has been replaced and it is in proper working order. Maintenance tech will continue to test all exit lights and battered powered lights weekly to ensure compliance is maintained. 3. All corridor doors are now equipped to allow doors to close quickly and latch to resist the passage of fire and smoke. a. A top latch has been added to the doors to the dining room allowing them to latch when closed. b. The door to the pantry now has a door knob that allow the door to latch when closed. c. Holes in pantry door have been repaired. d. Holes in the manager office have been repaired. e. Holes in the door to the large laundry have been repaired. f. The door to the maintenance shop now has a doorknob that allows the door to latch. g. The door to room 239 had been repaired to resist the passage of smoke. h. The 12 X 12 vent in the door to the oxygen room has been replaced to meet the standards of the local Building Inspection Department. 4. Fire rated walls and/or ceilings that were noted to be compromised during the survey have been sealed to meet the requirements of the local Building Inspection Department. a. Holes in the ceiling of the sprinkler room have been sealed by maintenance technician	5/23/2018 5/23/2018 5/31/2018 5/23/2018 5/23/2018 5/23/2018 5/23/2018 5/31/2018 5/31/2018 5/31/2018

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C 189	Continued From page 7 replaced at the direction of the local Building Inspection Department. 4. 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: a. Hole in the ceiling of the sprinkler room at the main riser, b. Holes in the wall of the boiler room, c. Gypsum compound and tape coming off the ceiling of the boiler room, d. Holes in the wall of the diaper room, e. Unsealed penetration by a wire in the TV closet. 5. Based on observation, the warning device, "screamer," protecting the emergency release switch was not working at the entrance into Memory Care. Malfunctioning warning devices could allow resident elopement.	C 189	Continued from page 7 b. Holes in the wall of the boiler room have been sealed by the maintenance technician. c. Compound and tape have been replaced on the ceiling in the boiler room. d. Holes in the wall of the incontinent supply room have been sealed by the maintenance technician. e. All penetration areas in the wall in the TV room have been sealed. 5. First Fire technician inspected all screamer boxes to ensure they are in proper working order. The "screamer" protecting the emergency release at the entrance into Memory Care is working properly. The maintenance technician will continue to test weekly to help ensure cintinued compliance.	5/31/2018 5/31/2018 5/31/2018 5/31/2018 5/14/2018
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;	C 199	Exhaust Ventilation SECTION .0300 Physical Plant 10A NCAC 13F .0311 Other Requirements The exhaust fan was remove from the housing in the bathroom between bedrooms 110 & 112. The exhasut fan will be replaced when the damage due to the fire is repaired. Executive Director is in contact with the Home Office to ensure timely repair and replacement of the exhaust fan.	

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C 199	Continued From page 8 (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: Based on observation the facility failed to maintain required exhaust in a working condition. Findings include; The exhaust fan was removed from the housing in the bathroom between bedrooms 110 and 112.	C 199		