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	HAL082022	A. BUILDING: **01** B. WING _____	**10/18/2018**

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 Biennial Construction Survey by Dennis Harrell and Suzanna Fay on 10-18-2018. Records indicate this facility was first licensed as a Home for the Aged on 9-29-1998. The facility is currently licensed for 91 beds including 45 SCU beds. Therefore, we are requiring that this facility meet the 1996 "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 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:	C 101		

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C 101	Continued From page 1 Based on observation, the facility failed to meet the NC State Building Code in effect at the time of construction by not having all of the required components for doors with Special Locking System. The required central emergency release switch must be labled as such. This could affect all occupants who would need to evacuate through the door(s) if the exit were obstructed. Finding on 10-18-2018 a. The central emergency release switch on the Special Care side was not labled. b. The central emergency release switch on the Assisted Living side was labled wrong. Note; All staff interviewed were unaware of the location of the emergency release switch and when the switch was pointed out, most were unaware of the purpose of the switch.	C 101		
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 a review of documents, the most recent sprinkler system inspection report dated 1-18-18, listed several significant deficiencies. No subsequent documentation was available to indicate the deficiencies had been corrected.	C 111		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL	C 133		

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C 133	Continued From page 2 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: Based on observation, there was no hand grip provided at the shower in the bathroom off room 311. Further investigation indicated this situation was typical throughout the building..	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: Based on observation, this facility is equipped with Special (magnetic) Locking to prevent elopement of disoriented residents. At the beginning of the survey, we discovered the doors on the Assisted Living side were unlocked.	C 154		

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C 154	Continued From page 3 Further investigation found that the central emergency release switch for those locks was turned off. Staff members were not aware the switch was turned off. When the switch was turned on, the doors locked.	C 154		
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 failed to be maintained in a safe manner. Finding on 10-18-2018; A bench just outside an exit was broken down on one end.	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 cooking equipment	C 166		

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C 166	Continued From page 4 associated with the range hood fire suppression system was not properly positioned and maintained free of hazards. With cooking equipment miss-positioned, the range hood fire suppression system may not be capable of suppressing a range fire as designed. Findings on 10-18-2018; a. The deep fryer had been moved and was not properly situated under the system nozzle. b. The range had been moved and was not properly situated under the system nozzle. 2. Based on observation, there was no documentation of the required in house/owner's monthly inspections provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull. 3. Based on observation, part of the panic hardware latch assembly was missing on doors. The missing hardware exposed sharp edges. Findings on 10-18-2018; a. Hardware missing on both of the double doors to the Special Care Dining room. b. Hardware missing on the exit door near the employee lounge. c. Hardware missing on both of the smoke barrier doors near the med prep room on the Special Care side. 4. Based on observation, the exterior exit paths were not maintained uncluttered and free of obstructions. Finding on 10-18-2018; a. There was a treated post, 6 inches x 6 inches x 8 feet laying in the Special Care courtyard creating a substantial trip and fall hazard.	C 166		

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C 166	Continued From page 5 b. There was a 6 inch triangular shaped hole in the sidewalk at the rear exit from Special Care creating a substantial trip and fall hazard. 5. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings on 10-18-2018; Items had been stacked to within 5 inches of the ceiling in the outside storage room off the vending porch. 6. Based on observation, a window is shattered beside the rear exit door from Special Care. The shattered window presents sharp edges that are a laceration hazard. 7. Based on observation, electrical plates were damaged or missing exposing energized wires and parts. Exposed wiring could be a hazard to the residentsand staff. Findings on 10-18-2018; a. A receptacle plate was broken in the kitchen. b. A wall mounted exterior light fixture was missing at the kitchen back door. 8. Based on observation, a waste drain was not properly sealed. Improperly sealed drains allow noxious, combustible odors and possibly harmful bacteria to enter the facility. Finding on 10-18-2018: One of the sinks in the beauty parlor had been removed and the drain was plugged with a glove.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift	C 185		

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C 185	Continued From page 6 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 review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings on 10-18-2018: a. In the 1st quarter of this year, there was no rehearsal done during the 3rd shift. b. In the 2nd quarter of this year, there was no rehearsal done during the 2nd shift. c. In the 3rd quarter of this year, there was no rehearsal done during the 1st shift. d. In the 4th quarter of last year there was no rehearsal done during the 1st shift. 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	C 189		

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C 189	Continued From page 7 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 Special (magnetic) Locking System was not maintained in an operating condition. This could affect all occupants who would need to evacuate through the door(s) if the exit were obstructed. Finding on 10-18-2018; a. The central emergency release switch, located at the nurse station on the Special Care side did not release the magnetic locks when activated. b. The central emergency release switch, located at the nurse station on the Assisted Living side did not release the magnetic locks on the double exit doors in the dining room when activated. 2. Based on observation the required one-hour fire rated ceilings were compromised in several locations by improperly fitting sprinkler escutcheons. Improperly fitted sprinkler escutcheons present the possibility that a fire that begins in one space can quickly spread to the attic and could delay activation of the sprinkler system. Improperly fitted sprinkler escutcheons on 10-18-2018 include: a. Main med prep room, b. Janitor closet in Special Care. 3. Based on observation, the battery powered	C 189		

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C 189	Continued From page 8 emergency light in the corridor near room 308 would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. 4. 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. Finding on 10-18-2018; a. One of the smoke barrier doors near room 302 did not latch when activated by the fire alarm system. b. One of the smoke barrier doors near the nurse station on the Assisted Living side was obstructed from closing by a cart. c. One of the smoke barrier doors near the nutrition station is hard to open when latched closed d. The doors to rooms 106, 110, 115, 205, 301 and 411 do not latch when closed. e. The latchbolt was disabled with tape on the door from the kitchen to the dining room. f. The doors to rooms 404, the med chart room and the main med room were wedged open. g. The doors to rooms 305, 306, 315 and the TV room near 411 were propped open. h. There was a mechanical "kick-down" on the door to the Activity Director's office. i. The door to the TV room near 411 was hard to open when closed. j. The door to the pantry will not close and latch. k. The doors to rooms 106, 407, 411 and 412 do not fit the opening properly to be resistant to the passage of smoke. m. The door to room 102 was delaminating at	C 189		

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C 189	Continued From page 9 the top. 5. 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. Finding on 10-18-2018; a. Approximately 8 feet by 16 feet was missing or severely damaged in the sprinkler riser room. b. Hole in the wall behind the door in the staff prep room on the Special Care side, c. Ceiling damaged and sagging because of moisture in the mechanical room off med prep on the Special Care side, d. The bottom of the wall is deteriorating in the corridor bathroom near the nurse station on the Assisted Living side. e. The ceiling is damaged in the corridor near the nurse station on the Assisted Living side. 6. Based on observation, the facility failed to be maintained in a safe manner by allowing large quantities of combustible storage to be kept in an area that is not designed and equipped as a storage room in accordance with the NC State Building Code. This situation could result in a fire growing larger than the construction's ability to contain it. Finding on 10-18-2018: Bedroom 403 is being used for combustible storage including 8 mattresses.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 199		

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C 199	Continued From page 10 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: Based on observation the facility failed to maintain required exhaust in a working condition. Findings on 10-18-2018; a. The exhaust provided was not working in the janitor closet. b. The exhaust provided was not working in the clean utility room. c. The exhaust provided was not working in the soiled linen room. d. The exhaust provided was not working in the bathroom off room 112. e. The exhaust provided was not working in the janitor closet in Special Care.	C 199		