

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL082022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/18/2018
NAME OF PROVIDER OR SUPPLIER THE MAGNOLIA		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Donna Dawson Executive Director

11/16/18

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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 labeled 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 labeled. b. The central emergency release switch on the Assisted Living side was labeled 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	A- Central emergency release switch on SCU will be labeled correctly. B- Central emergency release switch on AL side will be labeled correctly C- In service will be done so that all current and future staff are aware of the emergency release switch and what its use is.	12/5/18
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	Sprinkler system inspections will be completed and show deficiencies have been corrected by First Fire	12/5/18
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	 Handrails have been ordered and will be installed by tech/vendor	 12/5/18
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	 Zip ties will be placed on all emergency release switches, will not hinder access from staff, but will keep residents out Of emergency release switch boxes. Maintenance Director, ED, or other designated staff will monitor to ensure Compliance.	 12/5/18

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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	Emergency Release switch will be turned on. Maintenance Director, ED, RCM, MCM, BOM and other designated staff Will monitor to ensure compliance.	12/5/18
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	Bench will be removed.	12/5/18
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 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	1. A-D All fire drills will be rehearsed on each shift, one per month. 2. Documentation will be precise. ED will ensure fire drills are rehearsed and proper documentation will be kept to ensure compliance.	12/5/18
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	1. A&B: First Fire will repair emergency release switch on SCU at nurse's station as well as AL side double doors in dining room. 2. A - B Proper fitted sprinkler escutcheons in main med prep room & janitor's closet in SCU will be replaced by First Fire.	12/5/18 12/5/18

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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	C199: A-E Exhaust fans will be repaired or replaced in all areas listed and will be monitored by Maintenance Director.	12/5/18