STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL030002	A. BUILDING: 01 B. WING	03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA PLACE	270 DUKE STREET MOCKSVILLE, NC 27028

(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 by Kelly Myers DHSR Construction Section conducted a Biennial Survey on March 14, 2022 from 11:00 AM to - 12:45 PM at the above referenced facility. DHSR records indicate the home was first licensed on August 6, 1997 as a Family Care Home for six ambulatory Residents (Who are able to resond and evacuate without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 1992 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules (10A NCAC 13G) for Family Care Homes and the 1996 (1997 Revision) North Carolina State Building Code - Section 419.2 - Residential Care Homes. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite staff during the exit interview. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. The cited deficiencies are as follows:	C 000		
C 110	Construction-Basement, Attic SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (g) The basement and the attic shall not to be	C 110	10A NCAC 13G.0302 All combustible items have been removed from the Basement	4/2/24

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C 110	Continued From page 1 used for storage or sleeping. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there were combustible items being stored within the basement. This is not compliant with the rule. Take the necessary steps to remove combustible items within the basement. In family care homes, basements items can not be stored in the basement.	C 110		
C 142	Corridor-Night Lights SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (b) Corridors shall be lighted with night lights providing 1 foot-candle power at the floor. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was only one night light between bedroom number five and bedroom #3. There was not a night light in the hallway between the living room and the kitchen. This is not compliant with the rule. Take the necessary steps to ensure that all hallways have night lights that illuminate at nighttime.	C 142	10ANCAC 13G .0311 Nightlights have been installed EXHIBIT A	3/15/24
C 149	Outside Entrances/Exits-Handrails At Porches SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the front ramp did not have a handrail on the	C 149		

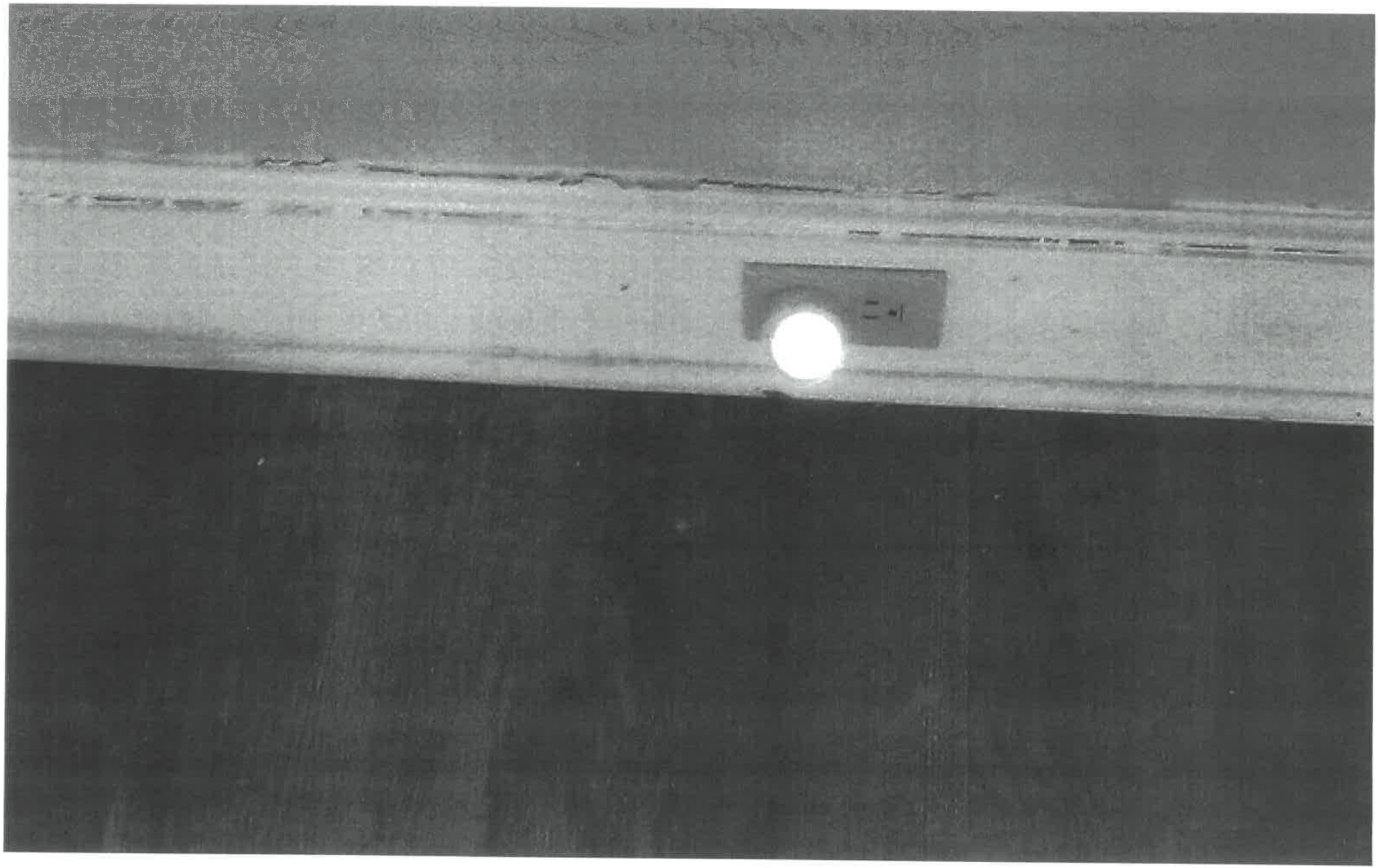

EXHIBIT A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 149	Continued From page 2 porch side. This is not compliant with the rule. Take the necessary steps to add a handrail. * This deficiency was previously cited during our March 16, 2022 Biennial Survey, and March 22, 2023 Biennial Follow-up survey, take action to correct this deficiency. 2. At the time of the survey it was observed that there was not a handrail or grab bar at the transition ramp located at the back door. This is not compliant with the rule. Take the necessary steps to install a grab bar or handrail on the latch side of the storm door.	C 149	10A NCAC 13G 0312 The front porch has a handrail on The porch side. It has always had a Handrail on the porch side ever since The home was opened in 1995. We do not know why surveyor sited This rule. Please explain? Exhibit B-1+2	
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that bedroom #2 bath floor had severe floor rot. This is not compliant with the rule. Take the necessary steps to repair the floor to prevent the client and staff from stepping through the floor.	C 152	Exhibit B-3 Is Surveyor calling the sidewalk Leading up to the back porch a Transition ramp? It has been a Sidewalk for 29 years with no Changes. Please explain… 10A NCAC 13G 0314 Floor in bathroom 2 has been Repaired and new flooring installed.	04/23/24
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social	C 172	EXHIBIT C	

EXHIBIT D1

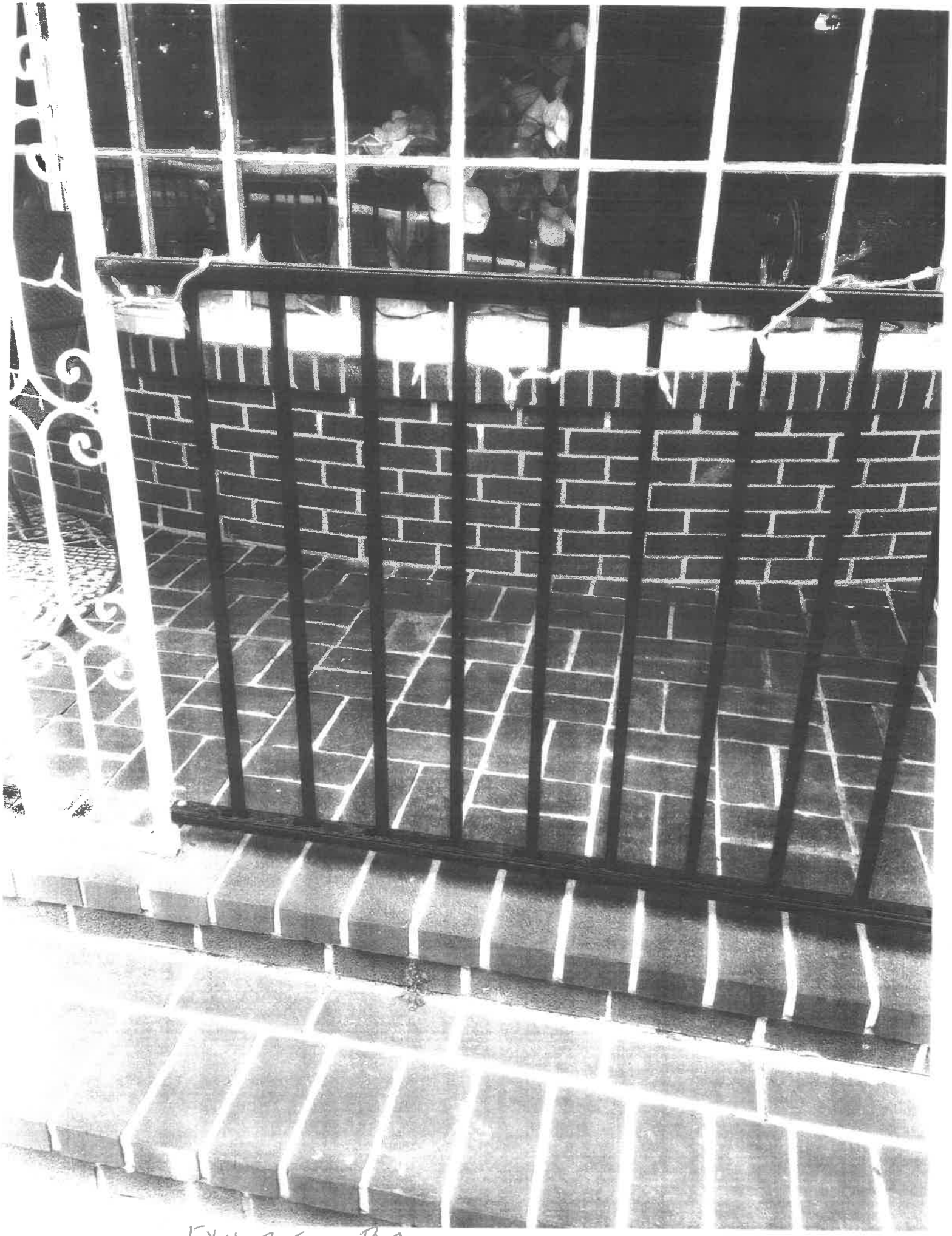

EXHIBIT B2

EXHIBIT B-3

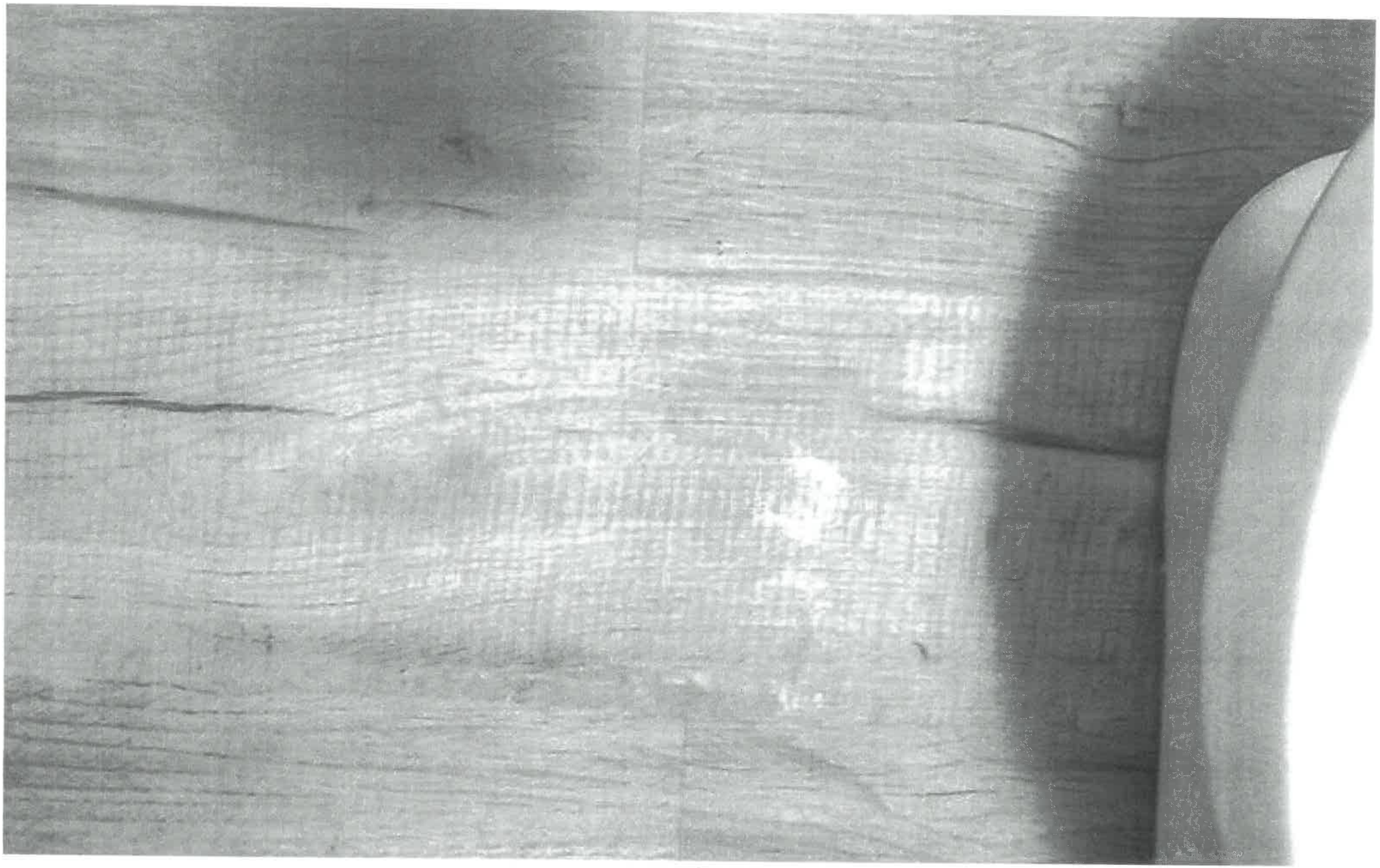

EXHIBIT C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 172	Continued From page 3 services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: 1. At the time of the survey two live fire drills were performed. Three (1) residents was in bed (bedroom #2) and the other client was following the staff person and the surveyor. None of the residents responded or evacuated when the alarm was sounded. All residents remained seated in the living room and or bedrooms. This is not compliant with the rule. Take the necessary steps to train the residents to respond or evacuate at the sound of the smoke alarms any time they are activated. Any resident that requires physical or verbal prompting and or assistance, may need to be relocated to another facility to better accommodate their needs. This home is licenced for six (6) ambulatory residents which means that they should be able to evacuate without verbal prompting or physical assistance in the event of a fire or other emergency. 2. At the time of the survey it was observed that the fire drills are not being performed on all three shifts. This is not compliant with the rule. Take the necessary steps to activate the smoke detector for all fire drills and conduct fire drills on all three shifts. This home is currently licensed for six (6) ambulatory clients, which means that they should be able to evacuate the home without verbal prompting or physical assistance during a fire or other emergency. Educate and train the clients to immediately respond to the smoke detector any time that it is activated during morning, evening, and night time hours.	C 172	10A NCAC 13G 0316 Residents have been retrained on fire Evacuation and safety procedures. Evacuation held on third shift as well. EXHIBIT D-1-2	03/15/24

ATTENDEES

JEANNIE IMES, BRENDA BELFONTE, GEORGE CASTRO, IKE WILLIAMS, JOHN GAMBLE, SAM GALLIMORE, JESSE TOLLIVER

DATE AND TIME: 01/04/23 3:40 PM

TOPIC: FIRE REHEARSALS

10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN

(e) There shall be at least four rehearsals of the fire evacuation plan each year. 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, staff members present, and a short description of what the rehearsal involved.

TWO RESIDENTS HAD CONCERNS OF WHY STAFF SOUNDED THE FIRE ALARM RESIDENTS HAVE BEEN EDUCATED SEVERAL TIMES ON FIRE DRILLS AND THE REASON FOR THE DRILLS AND THE RULING FOR ALF. ONE RESIDENT STATED THAT WE SHOULDNT SOUND THE ALARM IF WE ARE HAVING A DRILL/REHEARSAL

STAFF EDUCATED RESIDENTS ON THE RULING AND EXPLAINED THE IMPORTANCE OF THE DRILLS STAFF ALSO READ THE RULING, RESIDENT SEEMED TO UNDERSTAND AGAIN ONCE STAFF EXPLAIN WHY WE HAVE DRILLS

STAFF ENGAGES IN CONVERSATIONS AS A GROUP AND 1 ON 1 ABOUT THE FIRE DRILLS AND THE SOUNDING OF THE ALARM ON A MONTHLY BASIS

EXHIBIT D-1

MAGNOLIA PLACE
FIRE REHEARSAL SCHEDULE

Date: 03/15/24

Time: 12:10AM

Shift: 3RD

Person in charge: JEANNIE IMES

Other staff members present: NONE

Time for total evacuation: 6MINS

Brief description of what was involved: ALARM WAS SOUNDED RSDTS WERE IN BED RSDTS GOT UP AND EXITS OU TO THE BACK AREA AWAY FROM THE BUILDING RSDTS WERE SCARED AT FIRST DUE TO BEING AWAKEN FOR A FIRE DRILL ON 3RD STAFF EXPLAIN THAT THIS HAS TO BEEN DONE FOR THE SAFTEY OF EVERYONE THIS WILL BE A DISSCUSION IN OUR QUALITY ASSURANCES MEETING AGAIN THIS WAS DISCUSSED ✓

BUT ALL RESIDENTS AND STAFF WERE OUT OF THE BUILDING IN 6MINS

EXHIBIT D-2

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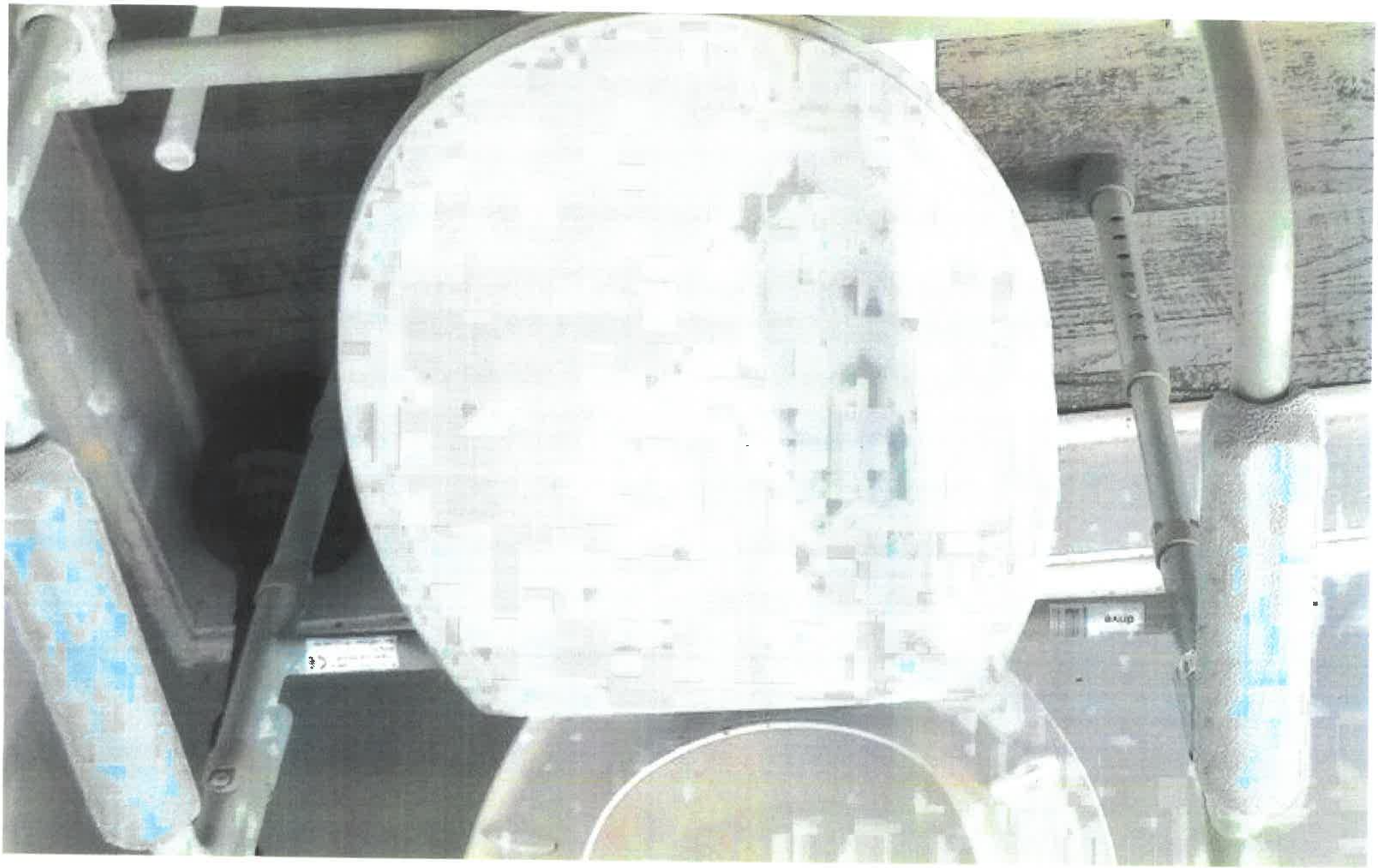
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was chipping paint on some of the shutters. This is not compliant with the rule. Take the necessary steps to scrape the paint and reapply as needed. * This deficiency was previously cited during our March 16, 2022 Biennial Survey, and March 22, 2023 Biennial Follow-up survey, take action to correct this deficiency. 2. At the time of the survey it was observed that there are two ceramic light fixtures in the attic that are not secured to the electrical which is box exposing wires. This is not compliant with the rule. Take the necessary steps to secure the light fixtures to the electrical box. 3. At the time of the survey it was observed that there are two toilets loose at the base (bedroom #4 and #3). This is not compliant with the rule. Take the necessary steps to secure the toilets at the base in bedroom #4 and bedroom #3. 4. At the time of the survey it was observed that there were multiple bulbs burnt out. This is not compliant with the rule. Take the necessary steps to replace burnt light bulbs regularly.	C 174	10A NCAC 13G.0317 1.Shutters that had chipping paint Were repaired. EXHIBIT E-1 2.light fixtures were secured to box 3.Toilets have been secured EXHIBIT E- 4.Bulbs have been replaced EXHIBIT E 4	04/26/24 4/24/24 4/24/24 4/24/24



E #2. EXHIBIT

EXHIBIT
E
#3 Exhibit

Exhibit E

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 174	Continued From page 5	C 174		

5. At the time of the survey it was observed that there was a ceiling stain in the living room to the left of bedroom number one. This is not compliant with the rule. Take the necessary steps to further evaluate the cause of the staining and repair as needed.

6. At the time of the survey it was observed that the bath exhaust fan in bedroom number one was not working. This is not compliant with the rule. Take the necessary steps to repair or replace the bath exhaust fan.

7. At the time of the survey it was observed that the bath exhaust fan in bedroom #4 was binding which is a potential fire hazard. This is not compliant with the rule. Take the necessary steps to repair or replace the bath exhaust fan.

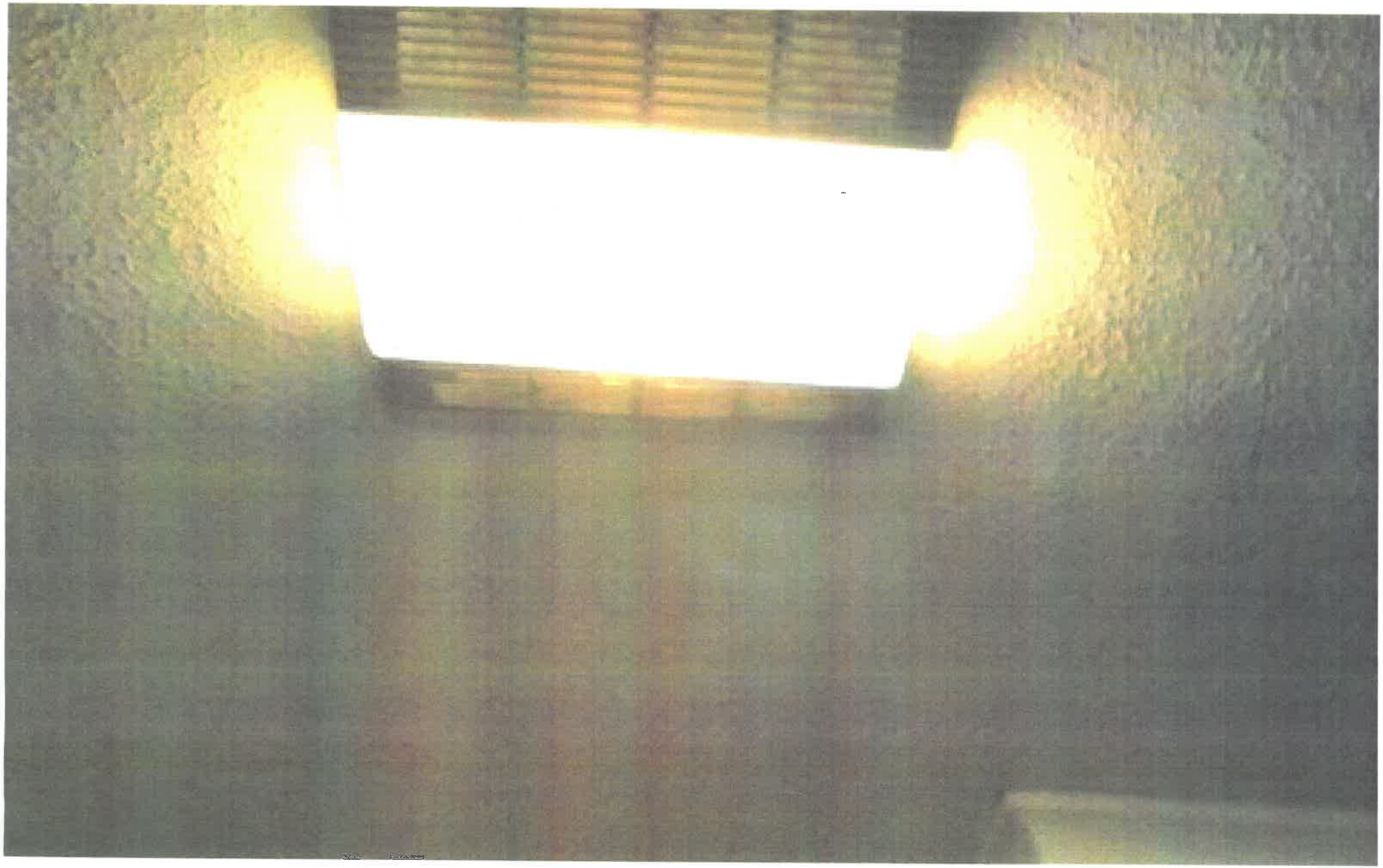
8. At the time of the survey it was observed that there were multiple areas of peeling paint at doors and door trim. This is not compliant with the rule. Take the necessary steps to repair the peeling paint.

9. At the time of the survey it was observed that there was peeling paint on the corridor wall between bedroom number five and bedroom #3. This is not compliant with the rule. Take the necessary steps to repair the peeling paint.

10. At the time of the survey it was observed that the GFCI receptacle in the kitchen on the left side wall was tripped and could not be reset. This is not compliant with the rule. Take the necessary steps to replace or repair the GFCI receptacle.
* The receptacle was being worked on by maintenance staff before the survey ended.

5. Ceiling stain has been repaired EXHIBIT F-5	4/23/24
6. Exhaust fan has been replaced EXHIBT F-6	4/23/24
7.Exhaust fan has been replaced	4/23/24
8.Doors and trim has been repainted EXHIBIT F8	4/22/24
9.Peeling paint has been repainted EXHIBIT F9	4/22/24
10. GFCI receptacle has been Repaired in kitchen	3/14/24

EXHIBIT F-5



F #6 EXHIBIT

EXHIBIT F-8

EXHIBIT F-9

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C 174	Continued From page 6 11. At the time of the survey it was observed that the back door did not latch when closed. This is not compliant with the rule. Take the necessary steps to repair or adjust the door so that it latches when closed. 12. Time of the survey it was observed that the right-side gutter was full of leaves and twigs. This is not compliant with the rule. Take the necessary steps to clean the gutter. 13. At the time of the survey it was observed that there were spider webs on the exterior of the building around the windows. This is not compliant with the rule. Take the necessary steps to routinely clean the exterior of the home. 14. At the time of the survey it was observed that the right handrail at the top of the front ramp was loose. This is not compliant with the rule. Take the necessary steps to secure the loose handrail. 15. 15. At the time of the survey it was observed that the fire extinguishers were not being monitored monthly. This is not compliant with the rule. Take the necessary steps to monitor the fire extinguishers monthly. At the time of the survey it was observed that there is water intrusion through the basement wall at the bottom of the steps. This is not compliant with the rule. Take the necessarys steps to prevent the water intrusion or control the water intrusion so that there isn't the potential for standing water and having a slippery surface.	C 174	11.Back door latch was removed During the last survey because Surveyor did not like the way it Latched. A new door latch has Been ordered. 3/29/24 12.Gutter has been cleaned 3/29/24 13.Spider webs removed 3/29/24 14.Handrail secured 3/29/24 G-A EXHIBIT 15.Fire extinguishers are Being monitored monthly 4/1/24 EXHIBIT G-15	

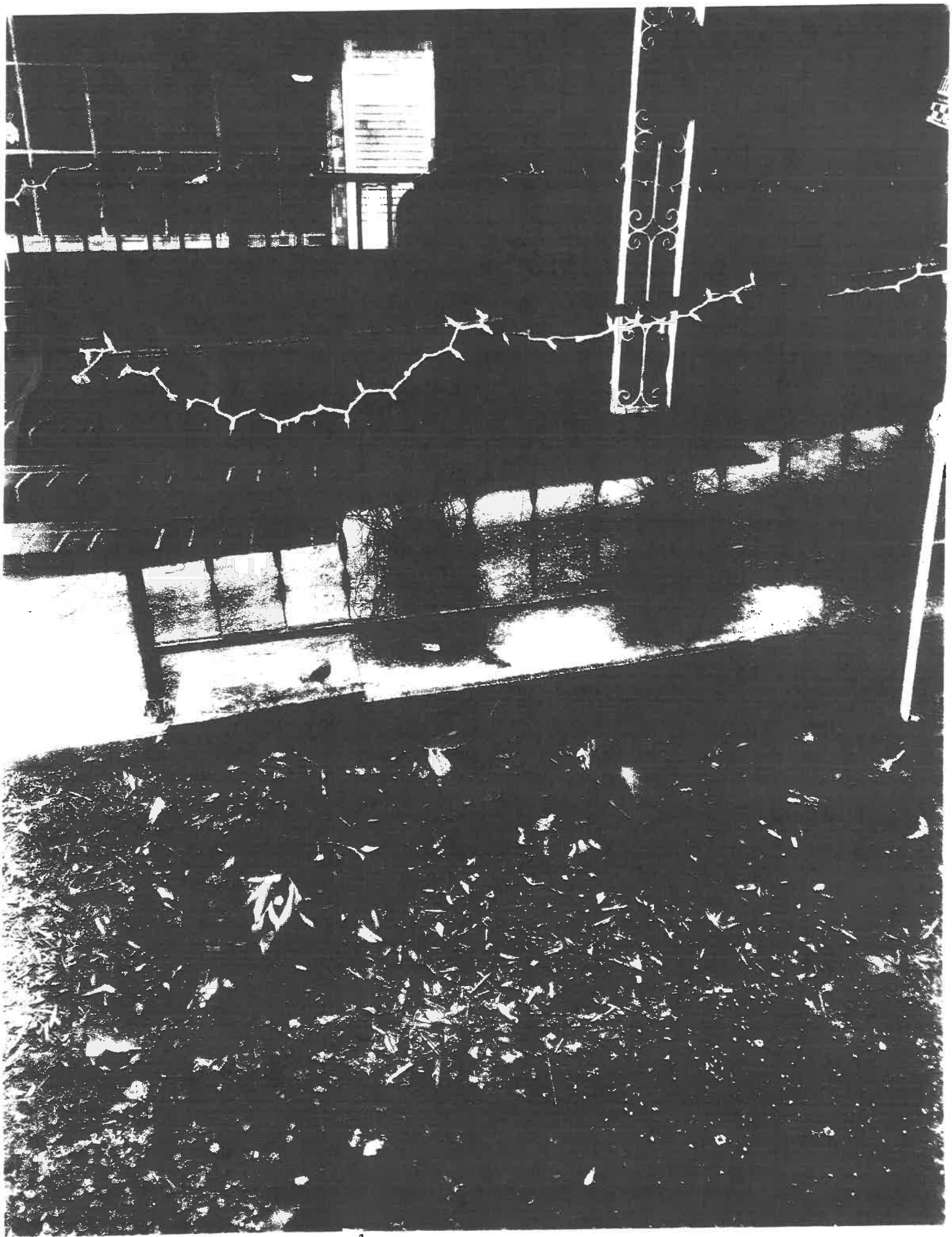
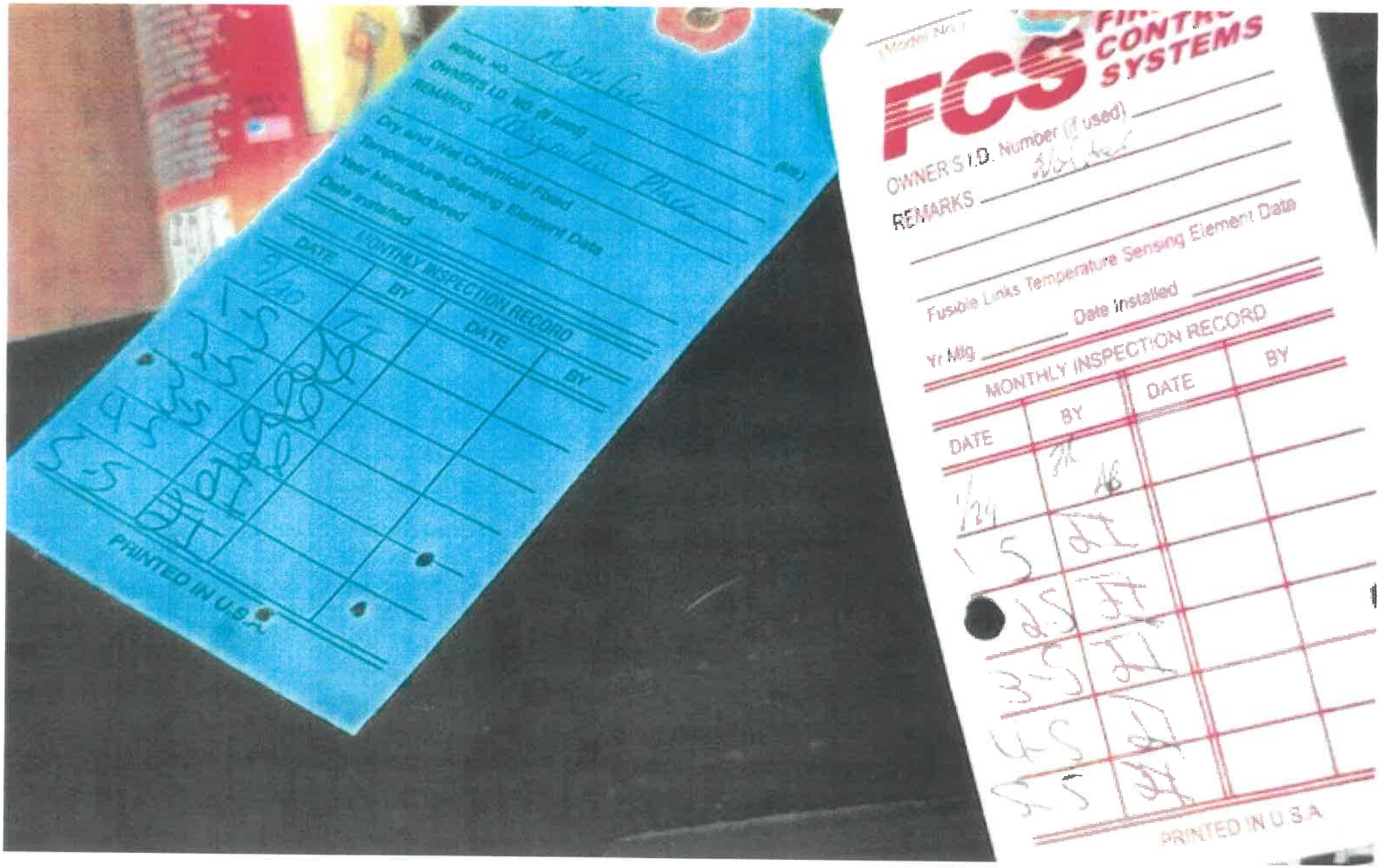


EXHIBIT G-14


FCS
CONTROL SYSTEMS
OWNER'S I.D. Number (if used)
REMARKS
Fusible Links Temperature Sensing Element Data
Yr Mfg
Date Installed
MONTHLY INSPECTION RECORD
DATE
BY
DATE
BY
PRINTED IN U.S.A.
Dry and Wet Chemical Read
Temperature-Sensing Element Data
Year Manufactured
Date Installed
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G #15 Exhibit