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 _____	**11/14/2024**

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 Biennial Construction Survey by Suzanna Fay conducted on November 14, 2024. Records indicate this facility was first licensed as a Home for the Aged on September 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). Deficiencies were cited and a Plan of Corrections is required.	C 000	Response to cited deficiencies do not constitute an admission or agreement by the facility of the truth of facts alleged or the conclusions set forth in the corrective action report; the plan of correction is prepared solely as a matter of compliance with State Law.	
C 132	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Observations revealed that not all of the bathrooms provided privacy. Doors that do not close and latch in shared bathrooms do not provide privacy for the occupants of that room.	C 132		

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 _____	**11/14/2024**

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 132	Continued From page 1 Findings on November 14, 2024: a. Room 105 Bathroom - the door does not close completely to provide privacy for the residents in the room.	C 132	Replace or adjust hinges, latches, or door mechanisms in Room 105 to ensure complete closure. Maintenance Tech will monitor for compliance	January 30, 2025
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: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Damaged or missing exterior siding allows water to seep into the walls. Findings on November 14, 2024: a. Exterior gable outside of the Administrative Offices - there are a couple of pieces of siding falling off near the top of the gable. 2. Observations revealed that the outside premises were not maintained in a safe condition. Findings on November 14, 2024: a. SCU Courtyard - the wooden fence at the end of the 200 Hall is buckling leaving nails exposed and gaps in the fence. The section of the fence parallel to the Laundry Building is leaning and some of the boards are warped.	C 160	Replace or secure siding near the administrative office gable to prevent water seepage Repair damaged and buckling sections of the SCU courtyard fence, ensuring nails and gaps are eliminated Develop a monthly exterior inspection checklist Maintenance Tech will monitor for compliance	February 15, 2025 February 15, 2025

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 _____	**11/14/2024**

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 164	Continued From page 2	C 164		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the furniture was not kept clean and in good repair. Findings on November 14, 2024: a. Room 114 - the top of the dresser is covered with scratches and chips. 2. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair. Findings on November 14, 2024: a. 200 Hall Spa - the grout in front of the shower is stained. There are brown stains on either side of the shower opening and there is a green growth on the tile at the right side of the shower opening. There is a black microbial growth in the joints of the shower insert. b. Riser Room - the exterior wall has yellow water stains from a prior leak and there is gray microbial growth in the center of the stain. c. Laundry Building - the base around the perimeter of the room has water damage. d. Room 401 - the right wall is in repair from damage caused by bathroom leaks. e. 400 Hall Spa - the veneer in the shower is	C 164	Maintenance tech will replace or repair damaged dressers in Room 114 Use appropriate cleaning agents to remove stains and microbial growth in 200 and 400 Hall spas. Housekeeping and ED will monitor for compliance Address water damage in the laundry room and riser room with sealing and painting.	February 28, 2025 February 28, 2025 February 28, 2025

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 _____	**11/14/2024**

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 164	Continued From page 3 flaking. f. Room 409 - the closet walls, ceilings and door have a heavy presence of small dark spots that appear to be old fecal stains from a prior bedbug infestation.	C 164	Implement a quarterly deep-cleaning schedule and train staff on maintaining cleanliness standards Lead housekeeper and ED will monitor for compliance	February 28, 2025
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 facility is not maintained free from hazards. If the code required clearance of 36" in front of electrical breaker panels is not maintained it could delay timely operation of the breakers in an emergency situation. Findings on November 14, 2024: a. Mechanical Room off of Executive Director's Office - there are cardboard boxes stacked on the floor in front of the electrical panels.	C 166	Maintenance technician will remove all obstructions from in front of electrical panels in the mechanical room.	Immediate
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	C 185		

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 _____	**11/14/2024**

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 185	Continued From page 4 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. Review of records revealed that the facility was not conducting fire rehearsals on each shift for each quarter. The records did not provide a short description of what the rehearsal involved. Findings on November 14, 2024: a. There was not a record of a fire rehearsal conducted on the second shift of the second quarter of 2024. b. There was not a record of a fire rehearsal conducted on the second or third shift in the third quarter of 2024. c. A short description of what the rehearsal involved was not included in the fire rehearsal records.	C 185	Ensure fire drills are conducted on all shifts quarterly.	Ongoing, with quarterly checks
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)	C 189	Maintain detailed records, including shift, date, time, attendees, and drill description. ED and maintenance tech will monitor for compliance	

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 _____	**11/14/2024**

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 189	Continued From page 5 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be affected if the equipment failed to alert the occupants in case of a fire. Findings on November 14, 2024: a. The FACP is in trouble mode. Interview with staff revealed that there are three smoke detectors that need replacing. The system was tested and appeared to function normally. 2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on November 14, 2024: a. Corridor in front of the Administrative Offices - the WiFi cable is not sealed where it penetrates the ceiling. b. SCU Janitor's Closet - the escutcheon ring has dropped leaving a gap in the fire resistant rated ceiling. c. Laundry - there are two unsealed conduit penetrations. d. 300 Hall Med Prep - the sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. e. 300 Hall Med Prep Mechanical Room - there is a open duct not sealed and the flange around the duct is not secure. The fire caulk has pulled loose at one of the pipes over the water heater.	C 189	Replace faulty smoke detectors and address FACP trouble mode immediately. ED and maintenance will monitor and report any findings to home office for solution and compliance Use fire caulk or other approved methods to seal gaps in fire-rated ceilings and walls. Conduct monthly checks to ensure all equipment remains in safe, operating condition. Maintenance tech will monitor for compliance and make ED aware of any findings	November 26, 2024 March 31, 2025

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 _____	**11/14/2024**

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 189	Continued From page 6 f. Staff Room - the fire caulk at the data cable bundle in the front corner of the room has pulled loose from the ceiling. g. 400 Hall - there is a 30" long crack in the ceiling in front of the electrical panels. The crack starts at the smoke detector where the ceiling finish is chipped. 3. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Not providing support for equipment can damage the equipment and injure occupants in the vicinity of the equipment. Findings on November 14, 2024: a. Water Heater Room in Laundry Building - the thermal expansion tank on the laundry room water heater is not supported. 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on November 14, 2024: a. 400 Hall Soiled Linen - the door is rubbing on the frame requiring excessive force to open. 5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on November 14, 2024:	C 189	Secure the thermal expansion tank in the laundry room. Conduct monthly checks to ensure all equipment remains in safe, operating condition. Removal of added threshold Removed by maintenance	March 31, 2025 Immediate

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 _____	**11/14/2024**

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 189	Continued From page 7 a. 300 Hall - the right hand door of the cross corridor doors did not latch at the top when released by the fire alarm. b. 400 Hall - the left hand door of the cross corridor doors did not latch when released by the fire alarm.	C 189	Repair Latches to ensure complete closure Removed by maintenance	Immediate
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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. Observations revealed that the facility contained portable electric heaters. Findings on November 14, 2024: a. Main Office - there is a portable electric heater in use. b. Activity Director's Office - there is a portable electric heater in use. The heater was unplugged and removed at the time of survey.	C 191	Ensure immediate removal of all portable electric heaters.	Immediate
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 199		

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 _____	**11/14/2024**

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 199	Continued From page 8 (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: 1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on November 14, 2024: a. SCU Soiled Utility - the exhaust fan is not working. b. SCU Oxygen Storage - the exhaust fan is not working. c. 300 Hall Clean Linen - the exhaust fan is not working. d. 300 Hall Oxygen/Medical Storage - the exhaust fan is not working. e. Kitchen Housekeeping - the exhaust fan is not working.	C 199	Fix or replace non-operational fans in specified areas (e.g., SCU utility, linen storage, kitchen). Maintenance tech will monitor for compliance and make ED aware of any findings	March 15, 2025