STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063007	A. BUILDING: **01** B. WING _____	**08/05/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA GARDENS	**594 MURRAY HILL ROAD** **SOUTHERN PINES, NC 28387**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on August 05, 2025. This facility was first licensed on October 21, 1991 and is licensed for One hundred Ten (110) Beds including a Thirty-Two (32) bed Special Care Unit. Based on this information, the original portion of the facility is required to meet the 1991 Homes for the Aged and Disabled Minimum and Standards and Regulations; applicable portions of the 2025 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code, Section 409.1- Institutional (I) Occupancy. The addition to the facility is required to meet the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 2009 North Carolina State Building Code, Section 407- Institutional Occupancy and the applicable portions of the 2025 Rules for Adult Care Homes of Seven or More Beds. Deficiencies were cited and a Plan of Correction is required.	C 000		
C 024	10A NCAC 13F .0301(2) Physical Plant-Existing meet Rules in effect 10A NCAC 13F .0301 Application Of Physical Plant Requirements Adult Care Homes shall apply the following physical plant requirements: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet the licensure and code requirements in effect at the time of licensure, construction, change in service or bed count, addition, modification, renovation, or alteration.	C 024		

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C 024	Continued From page 1 This Rule is not met as evidenced by: 1. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. For licensed facilities equipped with special locking, for any required emergency release switch that is of the locking type, all staff that are responsible for the evacuation of the occupants of the locked unit must carry emergency release switch keys. Findings on August 5, 2025: a. 500 Hall, SCU - interview with staff revealed that only a few keys are available for staff to access during an emergency and not all staff responsible for evacuation carry keys for the emergency release switches. b. Locked door between AL Dining and the SCU - the door is equipped with a maglock and keyed emergency release. The cylinder for the release is turning and does not release the maglock.	C 024		
C 061	10A NCAC 13F .0305(e)(6) Physical Env-bathrooms, hand grips 10A NCAC 13F .0305 Physical Environment (e) The requirements for bathrooms, toilet rooms, bathtubs, showers, a manufactured walk-in tub, or a similar manufactured bathtub, and central bathing rooms are: (6) hand grips shall be installed at all toilets, bathtubs, showers, a manufactured walk-in tub, and similar manufactured bathtubs; This Rule is not met as evidenced by: 1. Observations revealed that not all toilets were equipped with hand grips.	C 061		

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C 061	Continued From page 2 Findings on August 5, 2025: a. Room 409 Bath - there was not a hand grip at the toilet.	C 061		
C 074	10A NCAC 13F .0305(g)(2) Physical Env-Corridors handrails 10A NCAC 13F .0305 Physical Environment (g) The requirements for corridors are: (2) handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Observations revealed that the corridor handrails were not maintained to support a 250 concentrated load. Findings on August 5, 2025: a. 400 Hall - the end bracket has sheared off and broken in two outside of the Living Room creating a loose rail.	C 074		
C 085	10A NCAC 13F .0306(m)(1) Physical Env-Outside Premises, Clean, Safe 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. For the purpose of this Rule, "clean and safe condition" means free from debris, trash, uneven surfaces, and similar conditions as not to attract rodents and vermin and provide for safe movement throughout facility grounds. Creeks, ravines, ponds, pools, and other similar	C 085		

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C 085	Continued From page 3 areas shall have safety protection. For the purpose of this Rule, "safety protection" means preventive measures, such as barriers, to block access to such areas; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Loose or torn screens leave tiny metal points that can cut or prick the skin of the residents. Findings on August 5, 2025: a. SCU Screened Porch - two of the screens have been torn loose on the side near the gate.	C 085		
C 088	10A NCAC 13F .0306(a)(1) Housekeeping-Clean and repaired 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings that are clean, safe, and functional; (e) Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the walls, ceilings and floors were not kept clean, functional and in good repair. Findings on August 5, 2025: a. 400 Hall Storage by the Living Room - a domestic water line leak above the ceiling has damaged the ceiling. The fixtures were removed	C 088		

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C 088	Continued From page 4 and there are holes where the light was removed. The ceiling has been scraped but there are still water stains on the surface. b. Room 505 - there is a large brown water stain on the ceiling near the door. c. 500 Hall Spa near Mechanical Room - there is a heavy accumulation of dust on the exhaust fan grille. d. Room 515 - the cove base is falling off the wall to the left of the door. e. Room 515 - the transition strip is missing leaving a 1" gap at the door threshold and dirt and debris is collecting in the gap. f. SCU - the floor outside of the Living area is buckling and is currently being held down with duct tape. g. Room 218 - there are five small dings or holes in the bathroom door leaving rough splintered edges that can injure the occupants of the room.	C 088		
C 092	10A NCAC 13F .0306(a)(5) Housekeeping-Free of Hazards 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) Notwithstanding the requirements of Rule .0301 of this Section, 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	C 092		

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C 092	Continued From page 5 breaker panels is not maintained it could delay timely operation of the breakers in an emergency situation. Findings on August 5, 2025: a. 300 Hall Telephone/Electrical Room - there was a stack of copier paper boxes in front of the electrical panel. b. 300 Hall Mechanical Storage - there was a stack of plastic chairs in front of one of the electrical panels. 2. Based on observation the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on August 5, 2025: a. Room 410 - there is one small oxygen bottle sitting, unsecured on the floor of the closet. b. Room 109 - there is one oxygen bottle sitting, unsecured on the floor of the room. c. Room 304 - there are seven oxygen bottles sitting in a shallow plastic tray without any means of restraint to prevent them from falling over.	C 092		
C 121	10A NCAC 13F .0311(a) Building equipment maintained safe, operating 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. This Rule is not met as evidenced by:	C 121		

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C 121	Continued From page 6 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 August 5, 2025: a. The fire alarm panel is in trouble mode due to a telephone error. The land line at the facility is down and the alarm is not going through the monitoring company. Repairs are scheduled for August 6, 2025 and staff have been trained to call 911 if the fire alarm goes off. b. 300 Hall Mechanical Storage - the carbon monoxide detector was hanging from its wires. c. 500 Hall Mechanical - there is a detector missing from its base. d. 500 Hall Spa near Mechanical - there is a detector missing from its base. 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 August 5, 2025: a. There is an unsealed cable penetration for the wander alert system outside of the Business Office. b. Housekeeping by Room 410 - the escutcheon ring on the sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. c. Exterior Water Heater Closer (for addition) - the fire caulk on the PVC pipe has dropped down leaving a gap in the fire resistant rated ceiling. 3. Based on observation the facility did not	C 121		

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C 121	Continued From page 7 maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on August 5, 2025: a. There was a pattern of emergency lights that did not illuminate on test. Interview with staff revealed that the lights are supported by the generator. The generator does not appear to be an emergency generator. Provide verification that the generator meets the requirements for an emergency generator. b. 400 Hall Storage Room by the Living Room - the emergency light has been removed during water line repairs. c. The Emergency/Exit sign over the Dining door from the 100 Hall is not illuminated. 4. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Inoperable call bells endanger residents by not alerting staff to a medical emergency. Findings on August 5, 2025: a. Room 306 - the call bell was not working. 5. Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection. Findings on August 5, 2025: a. 400 Hall Med Room - the outlet to the right of the sink did not trip with the tester. 6. Observations revealed that the plumbing equipment was not maintained in a safe and	C 121		

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C 121	Continued From page 8 operating manner. Water Closets securely mounted to maintain seal prevent water leaks and sewer gas from entering the facility. Findings on August 5, 2025: a. 500 Hall Spa - the toilet is not secure to the floor. 7. Observations revealed that the plumbing equipment is not maintained in a safe and operating condition. Clogged sinks allow for the back up of contaminated water and prevents residents and staff from properly washing their hands. Findings on August 5, 2025: a. 500 Hall Spa near Mechanical - the sink is clogged and water is standing in the bowl. 8. 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 August 5, 2025: a. Room 513 - the door does not latch when closed. 9. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition due to sprinkler heads being obstructed could affect occupants in the fire compartment if the sprinkler head could not suppress a fire. Findings on August 5, 2025:	C 121		

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C 121	Continued From page 9 a. Laundry - the sprinkler head has an accumulation of lint which may delay the head's response time during a fire. 10. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. The build up of grease on the hood suppression system creates a fire hazard. Findings on August 5, 2025: a. Kitchen - there is a heavy accumulation of grease on the exhaust hood panels and fire suppression equipment. 11. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on August 5, 2025: a. Main Laundry - the fire extinguisher did not receive its annual service. 12. 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 doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on August 5, 2025: a. The cross corridor door by Room 504 did not close fully when released by the fire alarm.	C 121		

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C 131	Continued From page 10	C 131		
C 131	10A NCC 13F .0311(g)(1-5) Other-Exhaust ventilation 10A NCAC 13F .0311 Other Requirements (g) The spaces listed in this Paragraph shall have an exhaust system per the North Carolina State Building Code. Exhaust vents shall be vented directly to the outdoors: (1) soiled linen storage; (2) soiled utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. 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 of humidity that can cause mildew and prevents the dissipation of odors. Findings on August 5, 2025: a. Community Bath by SCU Dining - the exhaust fan is not working.	C 131		