STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATESURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL092180 B. WING 10/29/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3215 CREEDMOOR ROAD **MAGNOLIA GLEN** RALEIGH, NC 27612 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **CROSS-REFERENCED TO THE APPROPRIATE** DATE DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Construction Survey by Ed Miller on October 29, 2015. Records indicate this facility was licensed on October 8, 2002. The facility is currently licensed for Sixty-Six (66) Beds. Based on this information, the facility is required to meet the 1996 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 2002 North Carolina State Building Code - Institutional Occupancy, Group I-2. Physical plant deficiencies were noted which require a plan of correction. C 135 Bathrooms-Not to Be Utilized for Storage C 135 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to Vendor's furniture has been 11/20/15 ensure that resident toilet rooms and bathrooms removed and items stored in are not utilized for storage or purposes other than proper storage area. those indicated in rule. This deficiency affects all Future Monitoring: This area will residents and staff who would not have the be regularly monitored during fixtures and/or space for the services needed. weekly rounds by Safety Team Findings on October 29, 2015: a. The Third Floor Whirlpool was being used as and Administrator. storage of vender's furniture. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X3) DATESURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING 01 B. WING 10/29/2015 HAL092180 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3215 CREEDMOOR ROAD **MAGNOLIA GLEN** RALEIGH, NC 27612 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 188 Continued From page 1 C 188 C 188 C 188 Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to maintain in a safe manner, the electrical power receptacles in wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on October 29, 2015: Breaker # 31 in electrical panel # 11/16/15 The ground-fault circuit-interrupter (GFCI) A2L2 located in AL 2nd floor electrical power receptacle in the Third Floor Electrical Room had been left in Whirlpool did not have electrical power and could the off position, therefore there not be tested for ground faults. was no electrical current going to C 189 those receptacles this breaker was C 189 Building Equipment Maintained Safe, Operating turned to the on position. All GFCI SECTION .0300 - PHYSICALPLANT receptacles tested and reset. 10A NCAC 13F .0311 OTHER There is limited access to our REQUIREMENTS electrical rooms and electrical (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult panels, this condition should not care home shall be maintained in a safe and occur in the future. 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 Building was not maintained in a safe and operating condition, by

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not maintaining the fire and smoke resistance of

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATESURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL092180 10/29/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3215 CREEDMOOR ROAD **MAGNOLIA GLEN** RALEIGH, NC 27612 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) C 189 | Continued From page 3 C 189 11/16/15 b. All door stops have been b. The corridor doors to the Third FloorLounge removed. had a wedge holding the door open. c. All door stops have been c. The corridor door to the Bed Room 305 had a wedge holding the dooropen. removed. The corridor door to the Bed Room 109 had a d. All door stops have been wedge holding the dooropen. removed. The corridor door to the Dining Room had a e. All door stops have been mechanical kick-down holding the dooropen removed. The inactive leaf of the Second FloorLounge f. All door stops have been corridor double doors had a wedge holding the door open. removed. g. The active leaf of the Second FloorLounge g. Hook and loop have been corridor double doors had a hook holding the removed and staff member has door open. been notified not to replace. Future Monitoring: This area will be 4. Based on observation the required emergency shutdown switches for the HVAC air regularly monitored during weekly handlers were not labeled. Unlabeled emergency rounds by Safety Team and switches could cause an unnecessary delay in Administrator. getting the units shutdown quickly to avoid spreading smoke. **Emergency HVAC Shutdown Switch** Findings on October 29, 2015: has been labeled in in all 4 locations. 10/30/15 a. The emergency shutdown switch for the HVAC air handlers were not labeled. 5. Based on observation, the Building was not 5 b. Hood system is inspected every maintained in a safe and operating condition, 6 months by Commercial Services because the commercial kitchen hood's fire Inc. most recent was 1/21/15 and extinguishing system lacked the inspections. 7/28/15 documentation attached. maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial Kitchen Hood shut off valve cover 12/8/15 kitchen hood's suppression system fails to has been ordered and installed. operate properly when needed. Findings on October 29, 2015: a. Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in July 2014, there has been no record keeping of the monthlyinspections.

h. The Kitchen Hood gas cutoff valvewas.

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PRINTED: 12/02/2015 **FORM APPROVED**

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATESURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING_ HAL092180 10/29/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3215 CREEDMOOR ROAD **MAGNOLIA GLEN** RALEIGH, NC 27612 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) C 189 Continued From page 4 C 189 missing its cover plate. 6. Based on Observation, the Building was not maintained in a safe and operating condition. because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on October 29, 2015: A portable medical oxygen cylinder was a. Action: All oxygen tanks not in 12/5/15 stored standing up in beverage crate not secured use have been removed from the to the structure in the Third Floor Soiled Utility. Magnolia Glen Community. 7. Based on observation, the Building was not Oxygen Vendors were contacted maintained in a safe and operating condition. and advised not to deliver and set because the fire sprinkler escutcheon plates were in place any tanks that are not impaired, exposing openings through the ceiling that could allow the passage of smoke and heat. properly restrained in a sectional This would affect all residents, staff and visitors if holder. the fire suppression system does not operate in a timely manner and cannot contained fire in the **Future Action: Community** Room of origin. Findings on October 29, 2015: Management Team, Nursing Staff a. The fire sprinkler escutcheon plate was and Associates will report all nonmissing in the east stair tower. compliance occurrences immediately to their Supervisor. a. Escutcheon plate has been 11/16/15 replaced. Future Monitoring: This area will be regularly monitored during weekly rounds by Safety Team and Administrator

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