

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092180	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2015
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NAME OF PROVIDER OR SUPPLIER MAGNOLIA GLEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3215 CREEDMOOR ROAD RALEIGH, NC 27612
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(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
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C 000	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller on October 29, 2015.</p> <p>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.</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>	C 000		
C 135	<p>Bathrooms-Not to Be Utilized for Storage</p> <p>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;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that resident toilet rooms and bathrooms are not utilized for storage or purposes other than those indicated in rule. This deficiency affects all residents and staff who would not have the fixtures and/or space for the services needed. Findings on October 29, 2015: a. The Third Floor Whirlpool was being used as storage of vender's furniture.</p>	C 135	<ul style="list-style-type: none"> • Vendor's furniture has been removed and items stored in proper storage area. • Future Monitoring: This area will be regularly monitored during weekly rounds by Safety Team and Administrator. 	11/20/15

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Thomas Ford

TITLE

Administrator

(X6) DATE

12/8/15

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C 188	Continued From page 1	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: a. The ground-fault circuit-interrupter (GFCI) electrical power receptacle in the Third Floor Whirlpool did not have electrical power and could not be tested for ground faults.	C 188		
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) 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 not maintaining the fire and smoke resistance of	C 189	<ul style="list-style-type: none"> Breaker # 31 in electrical panel # A2L2 located in AL 2nd floor Electrical Room had been left in the off position, therefore there was no electrical current going to those receptacles this breaker was turned to the on position. All GFCI receptacles tested and reset. There is limited access to our electrical rooms and electrical panels, this condition should not occur in the future. 	11/16/15

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C 189	<p>Continued From page 2</p> <p>doors keeping rooms the NC State Building Code defines as "Hazardous Area" separated from the rest of the facility. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin. Findings on October 29, 2015: a. The First, Second and Third Floor Trash Rooms, corridor doors did not latch into their frames.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the corridor wall did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke to the fire compartment of origin. Findings on October 29, 2015: a. The double-doors to the Third Floor Lounge did not close and latch properly. b. The double-doors to the Third Floor Lounge was equipped with a door coordinator which was out of adjustment so the doors cannot close and latch properly. c. The double-doors to the Second Floor Lounge did not close and latch properly as the automatic latch bolt on the inactive leaf was broken.</p> <p>3. Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on October 29, 2015: a. Corridor door to the Bedroom 304 was blocked open with a brick,</p>	C 189	<ul style="list-style-type: none"> • The 1st, 2nd, and 3rd floor trash room doors have been readjusted and now close/latch as required. • Future Monitoring: This area will be regularly monitored during weekly rounds by Safety Team and Administrator. <ul style="list-style-type: none"> • a. 3rd floor lounge double doors have been trimmed and adjusted and now close properly. • b. 3rd floor lounge door coordinator has been adjusted allowing doors to close/latch properly. • c. 2nd floor lounge double doors auto latch bolt has been replaced on the inactive side allowing door to latch as designed. • Future Monitoring: This area will be regularly monitored during weekly rounds by Safety Team and Administrator. <ul style="list-style-type: none"> • a. all door stops have been removed. 	<p>12/2/15</p> <p>11/17/15</p> <p>11/17/15</p> <p>11/17/15</p> <p>11/16/15</p>

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C 189	<p>Continued From page 4</p> <p>missing its cover plate.</p> <p>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. A portable medical oxygen cylinder was stored standing up in beverage crate not secured to the structure in the Third Floor Soiled Utility.</p> <p>7. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a timely manner and cannot contained fire in the Room of origin. Findings on October 29, 2015: a. The fire sprinkler escutcheon plate was missing in the east stair tower.</p>	C 189	<ul style="list-style-type: none"> • a. Action: All oxygen tanks not in use have been removed from the Magnolia Glen Community. Oxygen Vendors were contacted and advised not to deliver and set in place any tanks that are not properly restrained in a sectional holder. • Future Action: Community Management Team, Nursing Staff and Associates will report all non-compliance occurrences immediately to their Supervisor. • a. Escutcheon plate has been replaced. • Future Monitoring: This area will be regularly monitored during weekly rounds by Safety Team and Administrator 	<p>12/5/15</p> <p>11/16/15</p>

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