(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL053026 05/18/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1115 CARTHAGE STREET **MAGNOLIA HOUSE RETIREMENT CENTER** SANFORD, NC 27330 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Survey by Billy S. Bryant conducted on 05/18/2016. Records indicate this facility was first licensed on 05/01/1998. The facility is currently licensed as a 85 Beds Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1998 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. C 101 C 101 Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction. change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: Division of Health Service Regulation

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
C 101	meet building code time of alteration or facility into a special Finding on 05/18/20 a. A schematic diag	ation the facility does not requirements in effect at the renovation to convert the I care unit with special locking.	C 101			
C 164	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of (e) This Rule shall facilities. This Rule is not me Based Observation walls and floor coverepair. Findings on 05/18/2 1. The walls are sca been scraped from 2. Men and Womer dingy and have no of 3. Men's and Womer rails are sticky to the	es shall: ings, and floors or floor in and in good repair; c unpleasant odors; elean and in good repair; apply to new and existing et as evidenced by: the facility has not kept the erings clean and in good 2016: arred, gouged and paint has the wall . et's Halls - Corridor floor are evidence of being waxed.	C 164			

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STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01	(X3) DATE SURVEY COMPLETED				
		A. BOILDING. VI					
	HAL053026	B. WING	05/18/2016				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
MAGNOLIA HOUSE RET	REMENT CENTER	THAGE STREET D, NC 27330					
PREFIX (EACH DEFI	Y STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETE				
the interior of the gypsum be 5. Men's and bathroom woo scarred, some room entrance limited to the Rooms 11, 15	the corner base on the walls on he resident rooms is missing and ard is damaged. Vomen's Halls - The resident d doors' finish surfaces are with holes from contact with the door hardware evidenced but not xamples listed: Men's Hall -	C 164					
SECTION .03 10A NCAC 13 FURNISHING (a) Adult care (5) be mainta orderly manne hazards; (e) This Rule facilities. This Rule is r 1. Based on o was not maint containing gas operating corr not properly v accumulation effect all resid were exposed Finding on 05 a. Exterior, W	nomes shall: ned in an uncluttered, clean and r, free of all obstructions and shall apply to new and existing of met as evidenced by: oservation and testing the facility ained free from hazards. Rooms fire mechanical equipment not ectly and/or where the equipment is intilated could cause an narmful vapors or gases. This could ents of the facility if the residents to the gasses or vapors.	C 166					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING: 01		(X3) DATE S COMPL	
	HAL053026		B. WING		05/18/2016	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/11	0.2010
MAGNOL	IA HOUSE RETIREM	ENT CENTER	THAGE STR D, NC 27330			
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C 166	Continued From pa	ge 3	C 166			
	amount considered	to be safe.				
	2. Based on observation the facility was not maintained free from hazards. Guardrails and grab bars that are not secured cannot support residents who require the guardrails to help with mobility/stability.					
	Findings on 05/20/2016: a. Women 's Hall - Nurse's Station - The handrail is detached from its attachment bracket.					
	b. Women's Hall, Room #43 - There is not grab bar in the shower stall.					
	3. Based on observation there is a failure to install and maintain required plumbing safety devices or equipment. Failure to maintain or install plumbing safety devices or equipment could effect all occupants of the facility if the absence of the plumbing safety devices or equipment caused the domestic water supply to become contaminated.					
		016: eauty Shop - The hand held of have a vacuum breaker on				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	mechanical, and plucare home shall be operating condition	11 OTHER Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and				

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	LIA HOUSE RETIREM	ENT CENTER 1115 CAR	THAGE STR	EET		
(VA) ID	STIMMADV STA	TEMENT OF DEFICIENCIES	D, NC 27330	PROVIDER'S PLAN OF CORRECTION	ON	(7/5)
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C 189	Continued From pa	ige 4	C 189			
	facilities with the exception of Paragraph (e) which shall not apply to existing facilities.					
	maintain the facility manner. Fire resist of gaps and openin fire resistant rated occupants of the fa	et as evidenced by: vation there is a failure to 's fire safety systems in a safe ant rated ceilings must be free igs. Penetrations or holes in ceilings could effect the cility by allowing fire and eyond the area of origin.				
	Findings on 05/18/2016: a. Men's Hall Community Bath - There is a gap in the fire resistant ceiling around the exhaust fan grille.					
	b. Women's Hall, Adjacent to Room #40 - A layer of gypsum board that is a component of the ceiling access hatch cover is broken and has produced a large gap in the ceiling hatch cover.					
	maintain the facility safe operating cond completely close ar The occupants in the doors do not latch a	vation there is a failure to 's fire safety equipment in a dition. Doors are required to nd latch in the event of a fire. ne facility could be effected if and remain closed so as to smoke or fire to the area of				
	Findings on 05/18/2 a. Nurses' Station F but does not latch t	Restroom - The door will close				
	b. Women's Hall, R but does not latch t	doom #27 - The door will close o remain closed.				
	c. Men and Womer	n's Hall Doors to utility rooms,				

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C 189	Continued From pa	ge 5	C 189			
	closets and storage rooms did not have positive latching hardware as evidenced but not limited to the examples listed in the findings:					
	d. Women's Hall, Laundry - The door did not have positive latching hardware and would not close due to dragging on the floor and hitting the door frame.					
		doors from the corridor to the moved. Note: Corrected while e.				
	3. Based on observation the facility was not maintained in a safe manner by a failure to to maintain electrical emergency/safety related equipment in an operating condition. This could effect occupants of the facility if exits and corridors were not illuminated during a power outage.					
	Findings on 05/20/2016: a. Wall Mounted Emergency Light - The light outside the dining room is detached from the wall only works sporadically when tested.					
		Vall Mounted Emergency Light to room #45 did not operate				
	maintain the facility equipment in opera	ration there is a failure to 's electrical and plumbing ting condition as plumbing disrepair or electrical soperable.				
	Finding on 05/18/20 a. Women's Hall, R head mounted in th	oom #43 - There is no shower				

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MAGNO	MAGNOLIA HOUSE RETIREMENT CENTER 1115 CARTHAGE STREET SANFORD, NC 27330							
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C 189	Continued From pa	ige 6	C 189					
	b. Women's Hall, R available from the s	Room #43 - Hot water was not sink faucet.						
		doom #30 - The electrical plug HVAC unit electical cord has ved.						

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