

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2017
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NAME OF PROVIDER OR SUPPLIER MAGNOLIA GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 594 MURRAY HILL ROAD SOUTHERN PINES, NC 28387
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C 000	<p>Initial Comments</p> <p>Construction Section Biennial Survey report Frank Strickland and Ed Miller on 02/03/2017:</p> <p>This facility was first licensed 10/21/1991. An addition was approved in 2012 increasing the capacity of the facility to One hundred Ten (110) Beds, including Thirty-Two (32) Special Care Beds. 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 2005 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.</p> <p>Deficiencies were cited and a Plan of Correction is required.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>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</p>	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 101	Continued From page 1 "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: 1-Based on observations, this facility has not maintained the measures for the Special Locking (magnetic locks) on the exit doors as allowed by Section 1012.6 of the 1996 NC State Building Code. Section 1012.6.1. 4. F. requires, "If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys." Findings on 02/03/2016: The required emergency release switch located at each magnetically locked exit door was of the locking type with keyed switching that all staff in the SCU were not carrying. The med tech was the only staff member carrying a release switch key and the other staff that were interviewed carried no release switch keys. All staff who are responsible for the evacuation of the occupants must carry an emergency release key at all times when on duty.	C 101		
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	C 164		

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C 164	Continued From page 2 facilities. This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to maintain the plumbing fixtures in the bathrooms and bathing areas. Findings on 02/02/2017: The following locations have toilets that are not secured to the floor: (a) Central Bathing/SCU (b) Rooms 510/512	C 164		
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, this facility has not maintained electrical ground-fault protection in wet areas. Findings on 02/03/2017: The GFCI receptacle that is located Room 204 Bathroom did not reset when test for ground-fault protection:	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	C 189		

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C 189	<p>Continued From page 3</p> <p>care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1-Based on observation, this facility has failed to provide complete fire protection coverage in all spaces and areas to containment fire and/or smoke from the room or space of origin. This could affect all residents and staff in the event of a fire.</p> <p>Findings on 02/03/2017: The Telephone closet that is adjacent to Room 114 does not have sprinkler coverage as all the other spaces and areas.</p> <p>2-Based on observation, this facility was not maintained in a safe manner due to breaches of the one-hour rated ceiling construction that has invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin.</p> <p>Findings on 02/03/2017: The following locations have ceiling piping penetrations that are not fire protected: (a) The Kitchen water heater closet. (b) The Power Room.</p> <p>3-Based on observation, this facility has failed to maintained in a safe and operating condition the emergency lighting. This could affect all residents, staff and visitors if the egress pathways were not illuminated during a power outage or emergency event.</p>	C 189		

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C 189	<p>Continued From page 4</p> <p>Findings on 02/03/2017: The exterior emergency wall light that are located at the following locations did not illuminate when tested:</p> <ul style="list-style-type: none"> (a) TV Room /100 Hall (b) Court Yard/100Hall (c) Living Room/200 Hall (d) Med Room/200 Hall (e) Wellness Center/200 Hall (f) Room 507 <p>4-Based on observation, this facility has not maintained in a safe and operating condition because the noted interior doors do not latch preventing the containment of fire and/or smoke from the room of origin. This could affect all residents and staff in the event of a fire.</p> <p>Findings on 02/03/2017: The following location of doors do not latch and are out of adjustment:</p> <ul style="list-style-type: none"> (a) Room 119 (b) Whirlpool Bath/200 Hall (c) Central Bathing/400 Hall <p>5-Based on observation, this facility has failed to maintain the exhausting of drying equipment.</p> <p>Findings on 02/03/2017: The dryer vent to the exterior is disconnected in the AL Laundry Room.</p>	C 189		