Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING: 01 8. WING HAL063007 02/03/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 594 MURRAY HILL ROAD MAGNOLIA GARDENS SOUTHERN PINES, NC 28387 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE JEACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREEIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Construction Section Biennial Survey report Frank Strickland and Ed Miller on 02/03/2017: 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. Deficiencies were cited and a Plan of Correction is required. C 101 Existing Licensed Fac- No less than '71 Rules C 101 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 Health Service Regulation Division of

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FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: 01 02/03/2017 HAL063007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 594 MURRAY HILL ROAD MAGNOLIA GARDENS SOUTHERN PINES, NC 28387 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 101 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 All Magnolia Gardens staff (magnetic locks) on the exit doors as allowed by Section 1012.6 of the 1996 NC State Building That are assigned to the Code. Section 1012.6.1. 4. F. requires, "If any SCU will carry override keys. required emergency release switch is of the Monthly monitoring will be locking type, all staff must carry emergency release switch keys." Completed by the Maintenance Department. 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 164 Housekeeping and Furnishings-Clean, Repaired C 164 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

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING HAL063007 02/03/2017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 594 MURRAY HILL ROAD MAGNOLIA GARDENS SOUTHERN PINES, NC 28387 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE IEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 164 C 164 Continued From page 2 facilities. This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to A & B. Both toilets were maintain the plumbing fixtures in the bathrooms and bathing areas. Corrected on 2/10/17. Maintenance department Findings on 02/02/2017: The following locations have toilets that are not Will monitor toilets gom. secured to the floor: (a) Central Bathing/SCU (b) Rooms 510/512 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. GFI was corrected on 2/3/17. Magnolia Gardens' Maintenance This Rule is not met as evidenced by: 1-Based on observation, this facility has not Department will monitor GFI's maintained electrical ground-fault protection in Qom. 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 189 Building Equipment Maintained Safe, Operating C 189 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

Division of Health Service Regulation

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C 189

C 189 Continued From page 4

Findings on 02/03/2017:

The exterior emergency wall light that are located at the following locations did not illuminate when tested:

- (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

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.

Findings on 02/03/2017:

The following location of doors do not latch and are out of adjustment:

- (a) Room 119
- (b) Whirlpool Bath/200 Hall
- (c) Central Bathing/400 Hall

5-Based on observation, this facility has failed to maintain the exhausting of drying equipment.

Findings on 02/03/2017:

The dryer vent to the exterior is disconnected in the AL Laundry Room. A-F. Magnolia Gardens' has repaired all emergency lights. Completion was 2/10/2017. Monthly monitoring of all lights will be completed by staff.

A-C. All doors were corrected On 2/06/17. MG will monitor Doors every 6 months.

The dryer vent was corrected on 2/20/17. Monthly monitoring Will be made by the Maintenance Department

All issues have been corrected And systems are working Properly. The staff will Continue to monitor for Issues on a monthly base.

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