Magnolia House/ Royal Oaks 1115 Carthage St. Sanford, NC 27330 919-774-3774 FAX: 919-774-7084	To: Fax number: 9/9-733-6592				
	From: Magnolia House & Royal Oaks Fax number: 919-774-7084  Office Location: Magnolia House				
	Attention: Frank Strickland				
	Pages: of	Phone number for follow-up: 919-774-3774			
Comments:	The state of the s				
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	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		HAL053026	B. WING	<u></u>	05/01/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, :	STATE, ZIP CODE	00/01/2010	
MAGNO	LIA HOUSE RETIREM	ENT CENTER	THAGE STR ), NC 27330			
(X4) ID PREFIX TAG	(ÉACH 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 APPROPRICIENCY)	OULD BE COMPLETE	
C 000	Initial Comments		C 000	-		
	Frank Strickland an 05/01/2018:  This facility was lice on 05/01/1988. The this facility meet the the Aged and the ap Regulations for Adumore beds. It is also Edition of the North Volume 1-Section 4 SCU	en Blennial Survey report by d Suzanna Fay on ensed as an Adult Care Home erefore, we are requiring that a 1987 Rules for Homes for aplicable portions of the 2005 lit Care Homes of Seven or a required to meet the 1978 Caroling State Building Code 09. LICENSED AS A 85 BED lited and a Plan of Correction				
C 132	Bathrooms-Must Pr	ovide Privacy	C 132			
	rooms are: (5) The bathrooms designed to provide rooms with two or m (commodes) shall h curtains for each we shower shall have p This Rule is not me 1-Based on observe maintain the privacy	and tollet rooms and toilet and tollet rooms shall be privacy. Bathrooms and toilet nore water closets lave privacy partitions or ater closet. Each tub or privacy partitions or curtains; et as evidenced by: ation, this facility has falled to y curtains in bathrooms.  3: re not in place at the following				
Division of He ABORATORY	ealth Service Regulation DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE	TITLE	(X8) DATE	
	Alfreda	Robinson	<u></u>	Administrator	5/25/18	
STATE FORM	и <i>О</i>		1899 P	(LJZ21	if continuation sheet 1 of 6	

KLJZ21

if continuation sheet 1 of 6

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL053026 B. WING 05/01/2018 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 (X4) ID PROVIDER'S PLAN OF CORRECTION (X6) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) C 132 Continued From page 1 C 132 10A NCAC 13F .0305 Physical Environment 05/25/2018 (b) Bathroom between Rooms 13/14. Rule met as evidenced by privacy curtains will be placed by maintenance by 5/25/18 C 148 Corridors-Handrails To ensure compliance privacy curtains will be C 148 monitored by maintance daily to ensure return from laundry. Staff will be educated to report to SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL all issues to maintenance staff or **ENVIRONMENT** housekeeping staff. (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and becapable of supporting a 250 pound concentrated Hand rails will be remounted by 5/25/2018 load: maintenance staff to ensure security and safety. To prevent reoccurence This Rule is not met as evidenced by: maintenance will monitor weekly. 1-Based on observation, this facility has failed to housekeeping staff will monitor dally. maintain the corridor handrails. Administrator or designee will monitor as needed Findings 05/01/2018: The handrell supporting wall brackets are not secure to adjacent walls located in the Main Lobby. C 164 Housekeeping and Furnishings-Clean, Repaired C 164 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 Housekeeping and 10A NCAC 13F .0306 HOUSEKEEPING AND Furnishings **FURNISHINGS** (a) Adult care homes shall: Rule met as evidenced by all ceiling cracks will be repaired by 5/25/2018 (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; 5/25/2018 (2) have no chronic unpleasant odors: Items A and B have been repaired also. (3) have furniture clean and In good repair; Tiles will be relaid in laundry room area by 5/25/2018 (e) This Rule shall apply to new and existing facilities. To prevent further occurances maintanance will monitor. This Rule is not met as evidenced by: all areas weakly , housekeeping staff will monitor. 1-Based on observation, this facility has not been daily , Administrator/ designee will oversee periodically. kept clean and in good repair.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: 01 COMPLETED HAL053028 B. WING 05/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1116 CARTHAGE STREET MAGNOLIA HOUSE RETIREMENT CENTER SANFORD, NC 27330 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X6) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) C 164 Continued From page 2 C 164 Finndings on 05/01/2018: The celling at the following locations have cellings that have excessive cracking and not secured to the ceiling framing: (a) Hall outside Room 5 (b) Community Bath Men's Hall 2-Based on observation, this facility has not been kept clean and in good repair. Finndings on 05/01/2018: The wall construction is not in place due to water damage at the following locations: (a) Laundry Room behind washing machines (b) Salon Room under hair-washing sink 3-Based on observation, this facility has not been kept clean and in good repair. Finndings on 05/01/2018; The flooring behind and around the washing machines has become unfasted to the concrete floor. C 166 Housekeeping-Maintained Free of Hazards C 166 10A NCAC 13F .0306 Housekeeping and 5/25/18 Furnishings SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND Rule has been met as evidenced by Oxygen **FURNISHINGS** tanks will be removedor put in racks (a) Adult care homes shall: by 5/25/18. To prevent further occurence medical Staff will monitor (5) be maintained in an uncluttered, clean and all O2 tanks dally, Sou will oversee weekly orderly manner, free of all obstructions and Administrator or designee will monitor prin hazards: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility has not maintained in a safe manner to prevent

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFIGATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION : 01	(X3) DATE	SURVEY
		HAL053026	B. WING		05/0	01/2018
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	•	
MAGNO	LIA HOUSE RETIREMI	EN I CENTER	THAGE STF D, NC 2733(			
(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 APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 166	Continued From page	ge 3	C 166			
	obstructions and ha	zards.				
	Finndings on 05/01/ Oxygen bottles at the to be not secured in (a) Eye-wash Statio (b) Room 24	ne folling locations were found approved racks:	11 12 13 13 13			
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition. (k) This Rule shall a facilities with the exc	i1 OTHER  d all fire safety, electrical, imbing equipment in an adult i maintained in a safe and				
		ation, this facility has failed to ety equipment in a safe and				
	Findings 05/01/2018 The emergency light not illuminate when	t located in the Dining Hall did				
	2-Based on observa maintain all fire-safe operating condition.	ition, this facility has failed to ity equipment in a safe and				
	cracked at the door	ed Laundry Room door is				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL053026 B. WING 05/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1116 CARTHAGE STREET MAGNOLIA HOUSE RETIREMENT CENTER SANFORD, NC 27330 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 189 Continued From page 4 C 189 10A NCAC 13F .0311 OTHER REQUIREMENTS 3-Based on observation, this facility has failed to maintain all fire-safety equipment in a safe and Rule has been met as evidenced by emergency operating condition. light will be replaced by 5/25/18 Fire door to the laundry room will be replaced by 5/25/18. Door to Ty room will be replaced or repaired and Findings 05/01/2018: The corridor door leading into the TV Room drags in operating order by 5/25/18. Latch to door 42 will be repaired and in working order by on the carpet that makes it difficult to close. 5/25/16. Sink in womens spa will be secured by 5/25/18 4-Based on observation, this facility has failed to To prevent futher occurence maintenance will monito maintain all plumbing equipment in a safe and weekly and housekeeping will monitor daily, and report operating condition. any finding to maintanence for repair.A Administrator or designee will over see. Findings 05/01/2018: The sink is not secure to the wall located Women's Spa. 5-Based on observation, this facility has failed to maintain all fire-safety equipment in a safe and operating condition. Findings 05/01/2018: The door for Room 42 does not latch. 5/25/18 C 199 Exhaust Ventilation C 199 10A NCAC 13F .0311 Other Requirements Rule met as evidenced by exhaust fan will SECTION .0300 - PHYSICAL PLANT be replaced by 5/25/18. To prevent further 10A NCAC 13F .0311 OTHER occurence mainstance will monitor weekly REQUIREMENTS and housekeeping will monitor daily Administrator (g) The spaces listed in this Paragraph shall be /designee will monitor PRN provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room: (3) bathrooms and toilet rooms; (4) housekeeping closets; and

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Djvision of Health Service Regulation							
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , , , , , , , , , , , , , , , , , ,			TE SURVEY MPLETED	
		HAL053026	B. WING 05/01/		01/2018		
				DRESS, CITY, STATE, ZIP CODE			
MAGNOLIA HOUSE RETIREMENT CENTER 1116 CARTHAGE STREET SANFORD, NC 27330							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
C 199	Continued From pa (5) laundry area. (k) This Rule shall facilities with the ex which shall not app This Rule is not me 1-Based on observe maintain exhaust ve cubic feet per minui	ge 5 apply to new and existing sception of Paragraph (e) ly to existing facilities. et as evidenced by: ation, this facility has failed to entilation at the rate of two te per square foot. 8: haust ventilation for the	C 199	DEFICIENCY	W. DECE	w/Al la	
Nylplan of Pa	selith Service Requiation						

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