

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL093005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MAGNOLIA GARDENS OF WARRENTON	STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E WARRENTON, NC 27589
--	---

(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
C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller, conducted on June 28, 2018.</p> <p>Record indicate that the facility was licensed on July 1, 1977. The facility is currently licensed for 86 beds. Based on this information, the facility is required to meet the 1977 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 10A NCAC 13F - Licensing of Adult Care Homes of Seven or More Beds, and the 1967 (w/revisions) North Carolina State Building Code; Group D-2 Institutional Occupancy.</p> <p>Deficiencies were cited that require a Plan of Correction.</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</p> <p>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;</p> <p>This Rule is not met as evidenced by:</p>	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL093005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MAGNOLIA GARDENS OF WARRENTON	STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E WARRENTON, NC 27589
--	---

(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
C 101	Continued From page 1 1. Based on observation, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having the proper fire detector coverage. Findings on June 28, 2018: a. Corridors -some of the smoke detectors in the corridor exceed the maximum spacing allowed by code. Code requires smoke detectors in the corridors that do not exceed 30 feet on center in all corridors and start no more than 15 feet from end of corridor.	C 101		
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having separate locked areas for substances that may be hazardous if ingested, inhaled or handled. This deficiency affects all residents, who may accidentally use or come in contact with one of these hazardous substances. Findings on June 28, 2018: a. Utility Closet - the corridor door to this room is not locked and there are cleaning agents, bleaches, and other hazardous substances in this room.	C 143		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL093005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MAGNOLIA GARDENS OF WARRENTON	STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E WARRENTON, NC 27589
--	---

(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
C 164	Continued From page 2	C 164		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>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 facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to keep plumbing system devices clean and in good repair. Findings on June 28, 2018: a. Bedroom 35 Bathroom - the sink is loosely attached to the wall.</p> <p>2. Based on observation, the building floors are not kept clean and in good repair. Findings on June 28, 2018: a. Corridor Throughout the Facility - the VCT floors has an excessive amount of wax and dirt build-up, around the doorframes and at the intersection of the floor the walls.</p> <p>3. Based on observation, the building walls are not kept clean and in good repair. Findings on June 28, 2018: a. Bedroom 7 - part of the room's wall base is not secured to the wall.</p> <p>4. Based on observation, the building ceilings are not kept clean and in good repair. Findings on June 28, 2018: a. Maintenance Room - there is an active leak in the ceiling.</p>	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL093005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MAGNOLIA GARDENS OF WARRENTON	STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E WARRENTON, NC 27589
--	---

(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
C 164	Continued From page 3 b. Bedroom 4 -the ceiling has two gypsum wallboard surface mounted patches, Surface mounted patches are not considered finish work in residential areas.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Building floor is not free of all obstructions and hazards. Findings on June 28, 2018: a. Corridor - the thresholds into the resident's bedrooms have indentations in the VCT flooring creating trip hazards. 2. Based on observation, the Building plumbing equipment was not maintained in a clean and orderly manner free if hazards. Findings on June 28, 2018: a. SCU Bedroom 1 Bathroom - the connection of the commode to the floor is loose. 3. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on June 28, 2018: a. SCU Bedroom 1 Bathroom - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint.	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL093005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MAGNOLIA GARDENS OF WARRENTON	STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E WARRENTON, NC 27589
--	---

(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
C 166	<p>Continued From page 4</p> <p>b. SCU Bedroom 2 Bathroom - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint.</p> <p>c. SCU Bedroom 3 Bathroom - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint.</p> <p>d. SCU Bedroom 5 Bathroom - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint.</p> <p>4. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on June 28, 2018:</p> <p>a. SIC Room - eight portable medical oxygen cylinders are standing up in a soda crate not physical secured in racks, stands or by chains.</p> <p>b. Oxygen Room - 14 portable medical oxygen cylinder are stored standing up in an unslotted crate, not individually secured in racks, stands or by chains</p>	C 166		
C 175	<p>Bedroom Furnishings-Clean Towel, Towel Bar</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas, with the required</p>	C 175		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL093005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MAGNOLIA GARDENS OF WARRENTON	STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E WARRENTON, NC 27589
--	---

(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
C 175	Continued From page 5 individual towels and/or towel bars for each resident. Findings on June 28, 2018: a. Bedroom 3 - this triple occupancy bedroom and adjoining bathroom has only one towel bar.	C 175		
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, because the fire rated doors in a Firewall did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on June 28, 2018: a. West Firewall, - both leafs of the cross-corridor doors do not latch when the fire alarm hold open devices released. 2. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL093005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MAGNOLIA GARDENS OF WARRENTON	STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E WARRENTON, NC 27589
--	---

(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
C 189	<p>Continued From page 6</p> <p>Findings on June 28, 2018:</p> <p>a. SCU Courtyard - the gates diagonal brace and bottom rail have become unattached and with a loose hinge the gate is difficult to open and requires more effort than normal to open it.</p> <p>3. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system.</p> <p>Findings on June 28, 2018:</p> <p>a. Main Dining - the smoke detector near the kitchen is covered with lint and dust that could obstruct smoke from entering the sensing chamber, therefore the detector may not work as designed.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the, maintenance, required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed.</p> <p>Findings on June 28, 2018:</p> <p>a. Kitchen - the commercial kitchen hood's suppression system does not have a nozzle correctly aimed at the deep fryer to extinguish a fire.</p> <p>5. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition.</p> <p>Findings on June 28, 2018:</p> <p>a. Bedroom 35 - the corridor door hardware (handle) does not completely cover the opening through the door made for the previous hardware.</p> <p>b. Bedroom 1 - the corridor door hardware</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL093005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MAGNOLIA GARDENS OF WARRENTON	STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E WARRENTON, NC 27589
--	---

(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
C 189	<p>Continued From page 7</p> <p>(handle) does not completely cover the opening through the door made for the previous hardware.</p> <p>c. Bedroom 2 - the corridor door is missing its latch bolt, therefore the door cannot latch to its frame.</p> <p>d. Bedroom 3 - the corridor door hardware (handle) does not completely cover the opening through the door made for the previous hardware.</p> <p>e. Bedroom 4 - the two screws securing the latch bolt assembly to the corridor door are backing out preventing the door from closing and latching.</p> <p>f. Bedroom 31 - the corridor door has a zero to 3/8 inch gap between the top of the door and the bottom of the doorframe's stop.</p> <p>g. Bedroom 6 - the corridor door did not latch into its frame when closed.</p> <p>h. Bedroom 10 - the corridor door is missing its latch bolt, therefore the door cannot latch to its frame.</p> <p>Bedroom 10 - the lock side rail, in the corridor door, has split making operating the door difficult.</p> <p>i. SCU Dining - the latch bolt assembly to the corridor door, is missing its securing screws, preventing the door from closing and latching.</p> <p>6. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on June 28, 2018: a. Office C-2 - the corridor door has a weight object holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch.</p> <p>7. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room of origin. Findings on June 28, 2018:</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL093005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MAGNOLIA GARDENS OF WARRENTON	STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E WARRENTON, NC 27589
--	---

(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
C 189	<p>Continued From page 8</p> <p>a. Staff Lounge Third Closet from Corridor - there is a penetration sealed with orange foam. This orange foam is not approved for penetrations through fire-resistance-rated construction.</p> <p>b. Eye Wash Station Room & Back Room - there are multiple penetrations sealed with orange foam. This orange foam is not approved for penetrations through fire-resistance-rated construction.</p> <p>c. Main Entrance - the exit sign base does not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>d. Living - both exit sign's bases do not completely cover the holes penetrating the fire-resistance-rated ceiling assembly.</p> <p>e. Office Both Closet -there are open joints between the walls and the one-hour fire-resistant rated ceiling.</p> <p>f. Office Both Closet -there are open joints between the walls and the one-hour fire-resistant rated ceiling assembly.</p> <p>g. Office Corridor Side Closet - the smoke detector base does not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>h. Office, - there is a cable bundle not firestopped as it penetrates the fire-resistance-rated wall assembly.</p> <p>i. Maintenance Room - there are multiple gaps around penetrations not firestopped as they penetrate the fire-resistance-rated construction assemblies.</p> <p>j. Maintenance Room - there are multiple penetrations sealed with orange foam. This orange foam is not approved for penetrations through fire-resistance-rated construction.</p> <p>k. Corridor near West Firewall - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated wall assembly.</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL093005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MAGNOLIA GARDENS OF WARRENTON	STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E WARRENTON, NC 27589
--	---

(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
C 189	<p>Continued From page 9</p> <p>l. West Firewall - there is a gap around a flexible conduit not firestopped as it penetrates the fire-resistance-rated wall assembly.</p> <p>m. Bedroom 11 - there are holes not firestopped as they penetrate the fire-resistance-rated ceiling assembly where a light fixture was removed.</p> <p>n. SCU Shower Room Water Heater Closet - there is a gap around a pipe not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>o. Exterior Electrical Room - there is a large gap/hole around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>8. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on June 28, 2018:</p> <p>a. Med Room - there is a broken 5-gang switch plate. Broken switch plates and/or missing devices allow access to energized components that are not guarded against accidental contact.</p> <p>b. Office - there are two separate power taps plugged into two separate multiple plug adaptor without integral overcurrent protection, plugged into two separate electrical power receptacles.</p> <p>a. Bedroom 11 -there are electrical energized components where a ceiling light fixture was removed.</p>	C 189		
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This</p>	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL093005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MAGNOLIA GARDENS OF WARRENTON	STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E WARRENTON, NC 27589
--	---

(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
C 199	<p>Continued From page 10</p> <p>requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <ul style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <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> <ol style="list-style-type: none"> 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on June 28, 2018: <ul style="list-style-type: none"> a. Bathroom near Bedroom 3 - the ventilation system did not work, and odor is present. In addition, the screen on the window is torn. b. Bedroom 3 Bathroom - the ventilation system did not work, and odor is present. 2. Based on Observation, the facility failed to provide ventilation in areas where odors are generated or required. This could affect all residents, staff and visitors by subjecting them to odors. Findings on June 28, 2018: <ul style="list-style-type: none"> a. Bedroom 7 Bathroom - there is no mechanical ventilation system and odor is present. In addition, there is no screen on the window so that the window can be used for ventilation. 	C 199		