(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 HAL063007 02/07/2019 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 (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 Construction Section Biennial Survey report Frank Strickland and Suzanna Fay on 02/07/2019: This facility was first licensed on 10/21/1991 and is licensed for One hundred Ten (110) Beds and a 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

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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:				DATE SURVEY COMPLETED	
		HAL063007	B. WING		02/0	7/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
MAGNO	LIA GARDENS		RAY HILL RO				
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C 101	Continued From pa	ge 1	C 101				
		omes for the Aged and Infirm", available at the Division of					
	the Code requireme construction and/or	et as evidenced by: ation, this facility failed to meet ents in effect at the time of renovation as relates to the tem' of locks on the exits.					
		ng system is required to have a system components					
	resident rooms that protection. The buil installation of a 'spe on the exits on build	lalls have closets in the do not have sprinkler ding Code permits the ecial locking system' of locks dings that are protected system of autmatic detection or s.					
	the appropriate cod building meets the throughout, i.e. the	mentation of approval from le official indicating the prerequisite of being protected closets are considered isting sprinkler located on the et.					
	or,						
	and 300 Halls are in separated by a 3 H	mentation indicating the 200 n a separate building, our fire resistance rated fire a equipped with the 'special pocks on the exits					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
		HAL063007	B. WING		02/0	7/2019		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE				
MAGNOI	LIA GARDENS		RAY HILL RO RN PINES, N					
(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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE		
C 164	Continued From pa	ge 2	C 164					
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164					
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND						
	maintained to have Findings on 02/07/2 Unpleasant odors v	ation, this facility should be no chronic unpleasant odors.						
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166					
	FURNISHINGS (a) Adult care home (5) be maintained i	06 HOUSEKEEPING AND						

hazards;

facilities.

(e) This Rule shall apply to new and existing

This Rule is not met as evidenced by: 1-Based on observation, the facility must be maintained free of all obstructions and hazards.

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DIVISION	of Fleatill Service INC	guiation				
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMP	LETED	
		HAL063007	B. WING		02/0	7/2019
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NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAGNOI	IA GARDENS		RAY HILL RO			
,		SOUTHER	RN PINES, N	C 28387		
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C 166	Continued From pa	ge 3	C 166			
	Findings on 02/07/2019: The Kitchen range exhaust hood filters had excessive grease built-up.					
		ation, the facility must be all obstructions and hazards.				
		s had storage items stacked es below, obstructing the				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	maintained in a safe because the noted	ation, this facility has not e and operating condition interior doors do not latch ainment of fire and/or smoke				
	Findings on 02/07/2 The following doors	2019: are out of adjustment and do				

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not latch:

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: ((X3) DATE SURVEY COMPLETED		
		HAL063007	B. WING		02/0	7/2019
	PROVIDER OR SUPPLIER	594 MURF	DRESS, CITY, S' RAY HILL RO RN PINES, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 189	(a) SCU/Dining (b) Room 303 2-Based on observer maintained in a safe of oxygen cylinders Findings on 02/07/2 There are oxygen be not secured to the stracks. 3-Based on observer maintain fire safety operating condition Findings on 08/17/2 The emergency was tested in the emergency was tested on observer maintain mechanical existency of the properties of the pr	ation, this facility has not e manner by improper storage. 2019: bottles in Room 309 that are structure or stored in approved ation, this facility has failed to components in a safe and 2017: Il light did not illuminate when ency mode located in the ALL. ation, this facility has failed to al exhaust components in a condition.	C 189			
C 193	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (4) Ovens, ranges resident activity or r used except under degree of staff supe		C 193			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND I EAR OF CONNECTION IDENTIFICATION NOMBER.		A. BUILDING: 01		COMPLETED		
		HAL063007	B. WING		02/0	7/2019
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE		
MAGNO	LIA GARDENS		RAY HILL RO			
			-			
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C 193	Continued From pa	ge 5	C 193			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (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 observations, all kitchen cooking equipment did not have a locking feature provided, controlled by staff to limit the operational use by residents. Findings on 02/07/2019: The AL Kitchen range does not have any power control switches to limit resident use of the appliances.					

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