



ASSISTED LIVING and SERENITY PLACE

March 26, 2019

Frank Strickland
Biennial Institutional Engineering Surveyor
DHSR—Construction Section

RE: Magnolia Gardens—HA Biennial Survey
594 Murray Hill Rd
Southern Pines Moore County
FID#940463 HAL063 007

Dear Mr Strickland,

Thank you for your assistance with our biennial construction survey. Please find attached the requested plan of corrections pertaining to our deficiencies cited. If you should have any questions please give me a call at the number listed below.

Sincerely,

A handwritten signature in black ink that reads 'Debbie Ogburn'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Debbie Ogburn
President
Magnolia Gardens
910-603-5126 (cell)
910-684-5879 (office)

594 Murray Hill Road Southern Pines NC 28387 office 910-692-6311 fax 910-692-6259

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 02/07/2019
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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 Suzanna Fay on 02/07/2019:</p> <p>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.</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		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Abbie Opur* TITLE *Executive Director* (X6) DATE *03/26/2019*

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C 101	<p>Continued From page 1</p> <p>"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: 1-Based on observation, this facility failed to meet the Code requirements in effect at the time of construction and/or renovation as relates to the 'special locking system' of locks on the exits.</p> <p>Findings on 02/07/2019: a. The special locking system is required to have a wiring diagram and a system components location map posted at the FACP. b. The 200 & 300 Halls have closets in the resident rooms that do not have sprinkler protection. The building Code permits the installation of a 'special locking system' of locks on the exits on buildings that are protected throughout with a system of automatic detection or automatic sprinklers.</p> <p>There was no documentation of approval from the appropriate code official indicating the building meets the prerequisite of being protected throughout, i.e. the closets are considered protected by the existing sprinkler located on the outside of the closet.</p> <p>or,</p> <p>There was no documentation indicating the 200 and 300 Halls are in a separate building, separated by a 3 Hour fire resistance rated</p>	C 101	<p>A. 2/7/19 A completed diagram was posted beside the fire panel. Monthly inspections of the diagram will be completed.</p> <p>B. Unknown date. Un-sprinklered closets on the 400 hall and ½ of 300 hall up to the main fire wall will have sprinkler heads installed. Where there are 2-closets side by side we will cut down the partition between them to create a 10" high opening between the closets and have the sprinkler head installed center of the partition dividing the closets. Some rooms have closets where there is a space between the closets. We will enlarge these closets to eliminate this space and provide larger closets (by about 1/3) to the residents. We request a wavier to complete the work.</p>	
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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, this facility should be maintained to have no chronic unpleasant odors.</p> <p>Findings on 02/07/2019: Unpleasant odors were present in the 400 HALL and the carpet had racetrack markings from wheelchair usage.</p>	C 164	<p>A. 2/8/2019 Unpleasant odors located and corrected. Carpet and wheelchair's will be cleaned monthly. QI will be completed by housekeeping and maintenance.</p>	
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1-Based on observation, the facility must be maintained free of all obstructions and hazards.</p>	C 166		

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C 166	<p>Continued From page 3</p> <p>Findings on 02/07/2019: The Kitchen range exhaust hood filters had excessive grease built-up.</p> <p>2-Based on observation, the facility must be maintained free of all obstructions and hazards.</p> <p>Findings on 02/07/2019: The following rooms had storage items stacked closer than 18 inches below, obstructing the sprinkler heads: (a) AL Linen Storage (b) Main Kitchen Pantry</p>	C 166	<p>A. 2/11/19 Exhaust hood filters were cleaned. Monthly QI to monitor grease build up. Kitchen and maintenance will monitor.</p> <p>B. 2/08/19 Corrected storage to 18". Weekly, monitor by Housekeeping and kitchen staff to ensure compliance.</p>	
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1-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.</p> <p>Findings on 02/07/2019: The following doors are out of adjustment and do not latch:</p>	C 189		

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C 189	<p>Continued From page 4</p> <p>(a) SCU/Dining (b) Room 303</p> <p>2-Based on observation, this facility has not maintained in a safe manner by improper storage of oxygen cylinders.</p> <p>Findings on 02/07/2019: There are oxygen bottles in Room 309 that are not secured to the structure or stored in approved racks.</p> <p>3-Based on observation, this facility has failed to maintain fire safety components in a safe and operating condition.</p> <p>Findings on 08/17/2017: The emergency wall light did not illuminate when tested in the emergency mode located in the Living Room/400 HALL.</p> <p>4-Based on observation, this facility has failed to maintain mechanical exhaust components in a safe and operating condition.</p> <p>Findings on 08/17/2017: The mechanical exhaust fan in the Community Rest Room/100 HALL is not operational.</p>	C 189	<p>A. No door with latch at SCU/Dining? B. 2/08/19 Door was adjusted and corrected. Monthly, inspection by maintenance.</p> <p>2. 02/09/19 O2 company provided additional create for oxygen bottle. All direct care and housekeeping staff will monitor for proper storage daily.</p> <p>3. 02/07/19 Replaced battery. Continue to monitor every other week by maintenance.</p> <p>4. 02/08/19 corrected issue with fan. Will continue to monitor monthly for compliance.</p>	
C 193	<p>Ovens, Ranges in Activity or Res. Rooms</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each</p>	C 193		

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C 193	<p>Continued From page 5</p> <p>resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff.</p> <p>(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.</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: 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.</p> <p>Findings on 02/07/2019: The AL Kitchen range does not have any power control switches to limit resident use of the appliances.</p>	C 193	<p>1. 2/11/19 Staff will control the oven by the breaker. Staff will turn on and off the breaker when not in use. Activity Director will make sure that we are complaint.</p>	
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