NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 594 MURRAY HILL ROAD SOUTHERN PINES, NC 28387 (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE 594 MURRAY HILL ROAD SOUTHERN PINES, NC 28387 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	LETED
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(0.000) Initial Commonts	
{C 000} Initial Comments {C 000}	
Report of Biennial Follow Up Construction Survey by Dennis Harrell on 7-2-2019.	1
Some deficiencies were not corrected. Further action is required.	l
{C 101} Existing Licensed Fac- No less than '71 Rules {C 101}	i
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 "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 observation, this facility failed to meet the Code requirements in effect at the time of	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

'special locking system' of locks on the exits.

Findings on 7-2-2019: 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

> TITLE (X6) DATE

Division of Health Service Regulation										
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		R 07/02/2019						
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE						
MAGNOLIA GARDENS 594 MURRAY HILL ROAD SOUTHERN PINES, NC 28387										
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{C 101}	Continued From page 1		{C 101}							
{C 166}	throughout with a syautomatic sprinklers. Interview with the A Director indicated the protection in the close Housekeeping-Main SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, free hazards; (e) This Rule shall	dministrator and Mainteneace ne addition of sprinkler sets is due to begin soon. Intained Free of Hazards PHYSICAL PLANT OF HOUSEKEEPING AND	{C 166}							
{C 189}	Findings on 7-2-202 The following rooms closer than 18 inches sprinkler heads: (a) AL Linen Storag (b) Main Kitchen Pa	ation, the facility must be all obstructions and hazards. 19: s had storage items stacked es below, obstructing the	{C 189}							

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REQUIREMENTS

SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER

(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED		
		HAL063007	B. WING		F 07/0			
NAME OF	PROVIDER OR SUPPLIER		01/02/2010					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 594 MURRAY HILL ROAD SOUTHERN PINES, NC 28387								
(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}	operating condition (k) This Rule shall facilities with the ex which shall not app This Rule is not me 2-Based on observe maintained in a safe of oxygen cylinders Finding on 7-2-2019	apply to new and existing apply to new and existing acception of Paragraph (e) ly to existing facilities. et as evidenced by: ation, this facility has not e manner by improper storage and existing facility has not e manner by improper storage and existing facility has not en cylinder stored in a ne Resident Care	{C 189}					

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