**Division of Health Service Regulation** (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL063007 07/02/2019 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 (EACH PROVIDER'S PLAN OF CORRECTION (EACH (X4) ID DEFICIENCY MUST BE PRECEDED BY FULL CORRECTIVE ACTION SHOULD BE CROSS-COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report of Biennial Follow Up Construction Survey by Dennis Harrell on 7-2-2019. Some deficiencies were not corrected. Further action 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 "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 construction and/or renovation as relates to the '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 Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Dica - to

(X6) DATE

STATE FORM

199

MNO522

If continuation sheet 1 of

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

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 R 07/02/2019	
		HAL063007				
NAME OF F	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		-
MAGNOL	IA GARDENS	594 MURF	RAY HILL R	OAD		
WAGNOL	IA GARDENS	SOUTHER	RN PINES, N	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 CORRECTIVE ACTION SHOULD BE CHEEPERENCED TO THE APPROPRIATE DEFICIENCY)	D BE CROSS-	
{C 101}	Continued From page 1		{C 101}			
	on the exits on buildings that are protected throughout with a system of autmatic detection or automatic sprinklers.  Interview with the Administrator and Mainteneace Director indicated the addition of sprinkler protection in the closets is due to begin soon.			All construction work completed. Sprinklers heads to be installed on 7/29/19 by Sunland Fire. Work to be completed by 08/02/19.		•
{C 166}	Housekeeping-Maintained Free of Hazards		{C 166}			
	FURNISHINGS (a) Adult care home (5) be maintained in orderly manner, free hazards; (e) This Rule shall a facilities.	es shall: n an uncluttered, clean and e of all obstructions and apply to new and existing		07/02/19 Corrected Storage to 2 Weekly audits by Housekeeping, Ki and management staff to ensure compliance.		
; ; ;	This Rule is not me 2-Based on observa maintained free of a	et as evidenced by: ation, the facility must be all obstructions and hazards.				
	Findings on 7-2-201 The following rooms closer than 18 inche sprinkler heads: (a) AL Linen Storage (b) Main Kitchen Pa	s had storage items stacked es below, obstructing the				
{C 189}	Building Equipment	Maintained Safe, Operating	{C 189}			
	mechanical, and plu	HYSICAL PLANT  1 OTHER  d all fire safety, electrical, mbing equipment in an adult maintained in a safe and		-		ν.

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							
			B. WING		07/0:							
		HAL063007	<u> </u>		07/0	2/2019						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  594 MURRAY HILL ROAD												
MAGNOLIA GARDENS 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}	Continued From page 2		{C 189}									
	operating condition (k) This Rule shall facilities with the ex	_										
	This Rule is not met as evidenced by:			7/08/19 DME Company picked u	oicked up 02							
				container. Direct Care staff was ed	lucated							
		ation, this facility has not e manner by improper storage	1	on proper storage equipment. Dire								
	of oxygen cylinders.			Supervisors will monitor all rooms	for							
	Finding on 7-2-2019: There was an oxygen cylinder stored in a			approved storage weekly.								
	beverage crate in the Resident Care Co-ordinator's office											
; ;												
	-											
ı												