

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092180	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  09/12/2019
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NAME OF PROVIDER OR SUPPLIER  MAGNOLIA GLEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3215 CREEDMOOR ROAD RALEIGH, NC 27612
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller, conducted on September 12, 2019.</p> <p>Records indicate that this Facility was licensed on 10/11/2002. The facility is currently licensed for 66 Beds. Therefore, the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 2002 Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.</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>	C 101		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

7VQ521

If continuation sheet 1 of 8

*Cregg Barbour*  
Cregg Barbour

*Environmental Services Director* 10/10/19

Division of Health Service Regulation

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C 101	Continued From page 1  This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all the required fire-resistance-rated construction required by NC State Building Code. When Storage Rooms with combustibles exceeds 100 square feet you must provide a 1-hour fire-resistance-rated enclosure with 45 minute rated door. Findings on September 12, 2019: a. 1st FL Storage Room under Commuting Stairs - this room is greater than 100 square feet and being used to store combustible materials. The door is only 20 minute rated.	C 101	C101  The Environmental Services Director or designee will remove all combustibles from closet by 9/30/19. The Environmental Services Director or designee will schedule a recurring monthly reminder in WorxHub to verify the closet is free of combustible material.	
C 111	Must Have Current San. & Fire Safety Reports  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  This Rule is not met as evidenced by: 1. Based on record review, and interview with Maintenance Technician the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on September 12, 2019: a. The current Annual Fire Sprinkler System Inspection, Testing, and Maintenance Report in accordance with NFPA 25, is not available for review by the Surveyor. b. The last annual National Fire Alarm and Signaling Code in accordance with NFPA 72,	C 111	C111a  The Environmental Services Director will download, print, and store Annual Fire Alarm System and Annual Sprinkler System inspection reports from Building Reports.com where these reports are housed as soon as they are completed by Fire and Life Safety Systems vendor.	

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C 111	Continued From page 2  available for review, performed on 1/23/2019 listed the following deficiencies. Rooms 332 Living Room, and A103 the horn strobes do not work. Rooms A107, A304, has steady sound but no pulse. Both bathrooms in Fitness Center restrooms strobes do not work.	C 111	C111b  The Environmental Services Director or designee will ensure FSLA is contracted to repair all recommended deficiencies by 9/18/19.	
C 133	Bathrooms-Hand Grips  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;  This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide all commodes accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on September 12, 2019: a. 1st Floor Women near Dining - the middle stall commode does not have a hand grip (grab bar).	C 133	C133  The Environmental Services Director or designee will schedule a work order in WorxHub to install a grab bar in identified bathroom. The actual work order will be completed by 9/26/10.	
C 150	Corridors-Free of equipment and Obstructions  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.	C 150		

Division of Health Service Regulation

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C 150	Continued From page 3  This Rule is not met as evidenced by: 1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on September 12, 2019: a. Dining Room - the exterior exit is blocked with a chair positioned behind the door.	C 150	C150  The Environmental Services Director or designee will schedule a work order into WorxHub to add a painted area on patio floor to keep area clear of obstructions. The actual work order will be completed by 9/26/19.	
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 was not maintained free of hazards, if compress gas cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on September 12, 2019: a. 1st FL Soiled Utility - a portable medical oxygen cylinder is standing up on the floor not physically secured in racks, stands or chained to the structure.	C 166	C166  Environmental Services Director or designee will conduct a documented training with all Maintenance Technicians on proper storage of compressed gas cylinders by 10/9/19. The Environmental Services Director or designee will properly dispose of the compressed gas cylinder by 9/13/19.	
C 185	Fire Safety-Rehearsals on Each Shift  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION	C 185		

Division of Health Service Regulation

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C 185	<p>Continued From page 4</p> <p>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.</p> <p>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Record review and interview with Executive Director/Administrator/Maintenance Director/Technician/Manager, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on September 12, 2019:</p> <p>a. In the 2nd quarter for the last 12 months, no rehearsals occurred during 1st and 2nd and 3rd shifts.</p> <p>b. In the 4th quarter for the last 12 months, no rehearsals occurred during 1st and 2nd and 3rd shifts.</p>	C 185	<p>C185</p> <p>The Environmental Services Director or designee will schedule a recurring work order that requires a fire response rehearsal in WorxHub by 10/1/19. The work order will comply with the requirements of the local Fire Prevention Code Enforcement Official.</p>	
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</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>	C 189		

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C 189	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on September 12, 2019:</p> <p>a. 3rd FL Stairway 6 - the front side of the exit sign has no chevron directional indicators punch-outs removed, indicating that you should go straight but the way out is to turn left into the stairway.</p> <p>b. 2nd FL Stairway 6 - the front side of the exit sign has no face plate indicating that this stairway is an exit. In addition, the front face plate should have a chevron punch-out indicating that you must turn left to exit.</p> <p>c. 1st FL Stairway 6 - the front side of the exit sign has no face plate indicating that this stairway is an exit. In addition, the front face plate should have a chevron punch-out indicating that you must turn left to exit.</p> <p>2. 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 September 12, 2019:</p> <p>a. 3rd FL Mechanical/Electrical Room - a cable with its firestopped sealant is pulled out of the fire-resistance-rated wall, leaving an unprotected opening.</p> <p>b. 2nd FL Mechanical/Electrical Room - there is a hole not firestopped as it penetrates the fire-resistance-rated upper floor/ceiling assembly.</p> <p>c. 1st FL Mechanical/Electrical Room - there is a hole not firestopped as it penetrates the fire-resistance-rated upper floor/ceiling assembly.</p>	C 189	<p>C189</p> <p>The Environmental Services Director or designee will order new exit lights for each area identified by 9/26/19. The exit signs will be replaced by 10/7/19.</p> <p>The Environmental Services Director or designee will ensure all areas identified requiring fire stop material will be completed by 10/2/19.</p>	
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C 189	Continued From page 6  3. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on September 12, 2019: a. 2nd FL Lounge - the pair of doors has its inactive leaf held open by a device that releases on fire alarm activation. When the fire alarm releases, the door hits the back side of the latch bolt and cannot close and latch into its frame.	C 189	C189  Vendor is scheduled to complete installation of magnetic holder on second door in set which will release when fire alarm is activated.  Vendor is scheduled to complete this install by 10-20-19	
C 193	Ovens, Ranges in Activity or Res. Rooms  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 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 Observation, and interview Maintenance Technician the facility failed to provide an environment in accordance with Rule by not providing proper control over the range.	C 193	C193  The Environmental Services Director or designee will conduct new training with the Wellness staff and any other staff who may have permission to operate the range in 2nd floor lounge. These trainings will be completed by 10/30/19.	

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C 193	Continued From page 7  Findings on September 12, 2019: a. 2nd FL Lounge - the range in the room was energized and no staff were found in the room.	C 193		
C 199	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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 requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in rooms required to be mechanically exhausted. Findings on September 12, 2019: a. Entire Building except for 1st FL Therapy Half Bathroom- the required exhaust ventilation system does not work.	C 199	C199  The Environmental Services Director or designee will ensure a new motor is installed by HVAC vendor ThermalTech by 10/15/19.	

Cregg Barbour  
Area Environmental Services Director  
Raleigh, NC



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