	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION		E SURVEY PLETED
		HAL093010	B. WING		05/	02/2024
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE	1	
	IAGNOLIA GARDEN		158 BUS E NTON, NC 275	89		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
		iction Section Biennial Survey d Chris Sluder conducted on				
	July 1, 1977. The fa 86 beds including a Based on this inform to meet the 1977 R Care Homes, the ap 10A NCAC 13F - Li of Seven or More B (w/revisions) North Group D-2 Institution	Carolina State Building Code; nal Occupancy.				
	Deficiencies were c Correction.	ited that require a Plan of				
C 101	Existing Licensed F	ac- No less than '71 Rules	C 101			
	PHYSICAL PLANT The physical plant r care home shall be (2) Except where of licensed facilities or facilities shall meet requirements in effective change in service of renovation, or alterative the requirements for no addition or renovative than those requirements Regulations" for "Hereits"	01 APPLICATION OF REQUIREMENTS requirements for each adult applied as follows: otherwise specified, existing portions of existing licensed licensure and code ect at the time of construction, r bed count, addition, ation; however in no case shal or any licensed facility where vation has been made, be less nents found in the 1971 ired Standards and omes for the Aged and Infirm" available at the Division of	,			

PRINTED: 06/13/2024 FORM APPROVED

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION		E SURVEY PLETED
		HAL093010	B. WING		05/	02/2024
AME OF	PROVIDER OR SUPPLIER	•	DDRESS, CITY, S	TATE, ZIP CODE	05/	02/2024
			(158 BUS E			
		WARREI	NTON, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 101	Continued From pa	ige 1	C 101			
C 144	 Based on obsermeet Rule requirent construction or alterequires Special Catthe rest of the build Findings on May 2, a. The Special Cattrest of the building Based on observmeet code requirer construction or altered Section 304.4 installed outside of provisions to protect Findings on May 2, a. The waste line froom runs outside Based on observmeet code requirer construction or altered Section 304.4 installed outside of provisions to protect Based on observmeet code requirer construction or altered Section 304.4 installed outside of provisions to protect Based on observmeet code requirer construction or altered Section of altered Secti	re Unit was separated from the by a 1/2 wall and gate. vation the facility does not nents in effect at the time of ration. The NC Plumbing 4.1 requires waste pipes a building to have approved of them from freezing. 2024: rom the new sink in the spa the building above the ground. rvation the facility does not nents in effect at the time of ration. Doors shall be or or landing at the same level e door. 2024: the side exit door is not adding on the exterior side of the m the door threshold to the lately 8 inches. k with Lever Handles				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) DENTIFICATION NUMBER: IDENTIFICATION NUMBER: HAL093010 (X) DATE SU A: BUILDING: 01 (X) DATE SU A: BUILDING: 01 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE 05/02/7 ALPHA MAGNOLIA GARDEN 330 HWY 158 BUS E WARRENTON, NC 27589 05/02/7 ALPHA MAGNOLIA GARDEN 330 HWY 158 BUS E WARRENTON, NC 27589 PROVIDER'S PLAN OF CORRECTION (EACH OBFRICENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH OBFRICENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH OBFRICENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH OBFRICENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PREFIX CAGE CORRECTIVE CATION BOARD	Division	of Health Service Re	equlation			FORM	APPROVED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE Say HWY 158 BUS E WARRENTON, NC 27589 OWING STREEMENT OF DEPICENCIA PRETAX SUMMENT STREEMENT OF DEPICENCIA DEPICTION OWING STREEMENT OF DEPICENCIA PRETAX SUMMENT STREEMENT OF DEPICENCIA SUMMENT STREEMENT OF DEPICENCIA PRETAX OWING STREEMENT OF DEPICENCIA SUMMENT STREEMENT OF DEPICENCIA SUMMENT STREEMENT OF DEPICENCIA PRETAX OWING STREEMENT OF DEPICENCIA SUMMENT STREEMENT OF DEPICENCIA PRETAX C144 C148 SECTION 0300 - PHYSICAL PLANT 10A NCAC 13F. 0305 This Rule is not met as evidenced by: 1. Observations revealed that the facility did not have handraits provided on both sides of the coridor.				· ,			
NAME OF PROVIDER OR SUPPLET STREET ADDRESS. CITY, STATE, ZIP CODE ALPHA MAGNOLIA GARDEN 930 HWY 158 BUS E WARRENTON, NC 27589 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MST BE PRECEDED BY FULL TAG PREVIX REGULTORY OR LSC IDENTIFYING INFORMATION) PREVIX PREVIX C 144 Continued From page 2 C 144 C 144 (f) The requirements for storage rooms and closets are: (5) Handwashing facilities with wrist type lever handles shall be provided immediately adjacent to the drug storage area; C 144 This Rule is not met as evidenced by: 1. Observations revealed that the handwashing sink adjacent to the drug storage area was not equipped with wrist type lever handles. C 148 Findings on May 2, 2024: a. Med Room - the sink is equipped with knobs that require grasping. C 148 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F.0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; C 148 This Rule is not met as evidenced by: 1. Observations revealed that the facility did not have handrails provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; Findings on May 2, 2024: a. A section of the handrail outside of the Tub Bath at the end of the hall has been removed.				A. BUILDING:	U 1		
B30 HWY 158 BUS E wARRENTON, NC 27589 CMID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCE (EACH ORRENT VALUES IN THE PRECEDED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH ORRECTIVE ACTION SHOUD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C 144 C 144 Continued From page 2 C 144 C 144 C (f) The requirements for storage rooms and closets are: (f) The requirements for storage rooms and closets are: C 144 C 144 (f) The requirements for storage area; C 164 C 144 C 144 C 144 (f) The requirements for storage area; This Rule is not met as evidenced by: 1. Observations revealed that the handwashing sink adjacent to the drug storage area; C 148 Endings on May 2, 2024: a. Med Room - the sink is equipped with knobs that require grasping. C 148 SECTION 0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT C 148 SECTION 0300 - PHYSICAL ENVIRONMENT C 148 ENVIRONMENT (g) The requirements for corridors are: (h) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; L L L Findings on May 2, 2024: a. A section of the handrail outside of the Tub Bath at th			HAL093010	B. WING		05/	02/2024
ALPHA MASNOLIA GARDEM WARRENTON, NC 27589 (Xi) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDERS PLAN OF CORRECTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 0 C 144 Continued From page 2 C 144 C 148 C	NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
PRÉFIX TAG TEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRÉFIX TAG CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C 144 Continued From page 2 C 144 (f) The requirements for storage rooms and closets are: (5) Handwashing facilities with wrist type lever handles shall be provided immediately adjacent to the drug storage area; C 144 This Rule is not met as evidenced by: 1. Observations revealed that the handwashing sink adjacent to the drug storage area was not equipped with wrist type lever handles. Findings on May 2, 2024: a. Med Room - the sink is equipped with knobs that require grasping. C 148 SECTION.0300 - PHYSICAL PLANT 10A NCAC 13F.0305 PHYSICAL ENVIRONMENT C 148 (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Observations revealed that the facility did not have handrails provided on both sides of the corridor. Findings on May 2, 2024: a. A section of the handrail outside of the Tub Bath at the end of the hall has been removed.		IAGNOLIA GARDEN			589		
 (f) The requirements for storage rooms and closets are: (f) Handwashing facilities with wrist type lever handles shall be provided immediately adjacent to the drug storage area; This Rule is not met as evidenced by: Observations revealed that the handwashing sink adjacent to the drug storage area was not equipped with wrist type lever handles. Findings on May 2, 2024: Med Room - the sink is equipped with knobs that require grasping. C 148 Corridors-Handrails C 148 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (hadrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: Observations revealed that the facility did not have handrails provided on both sides of the corridor. Findings on May 2, 2024: A section of the handrai outside of the Tub Bath at the end of the hall has been removed. 	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
closets are: (5) Handwashing facilities with wrist type lever handles shall be provided immediately adjacent to the drug storage area; This Rule is not met as evidenced by: 1. Observations revealed that the handwashing sink adjacent to the drug storage area was not equipped with wrist type lever handles. Findings on May 2, 2024: a. Med Room - the sink is equipped with knobs that require grasping. C 148 Corridors-Handrails C 148 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F. 0305 PHYSICAL ENVIRONMENT (9) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Observations revealed that the facility did not have handrails provided on both sides of the corridor. Findings on May 2, 2024: a. A section of the handrai outside of the Tub Bath at the end of the hall has been removed. Findings on May 2, 2024:	C 144	Continued From pa	nge 2	C 144			
SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Observations revealed that the facility did not have handrails provided on both sides of the corridor. Findings on May 2, 2024: a. A section of the handrail outside of the Tub Bath at the end of the hall has been removed.		 closets are: (5) Handwashing f handles shall be pr to the drug storage This Rule is not me 1. Observations re sink adjacent to the equipped with wrist Findings on May 2, a. Med Room - the 	acilities with wrist type lever ovided immediately adjacent area; et as evidenced by: vealed that the handwashing e drug storage area was not type lever handles. 2024: e sink is equipped with knobs				
 (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Observations revealed that the facility did not have handrails provided on both sides of the corridor. Findings on May 2, 2024: a. A section of the handrail outside of the Tub Bath at the end of the hall has been removed. 	C 148	SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT	PHYSICAL PLANT 05 PHYSICAL	C 148			
 Observations revealed that the facility did not have handrails provided on both sides of the corridor. Findings on May 2, 2024: A section of the handrail outside of the Tub Bath at the end of the hall has been removed. 		(2) Handrails shall corridors at 36 inch capable of supporti	be provided on both sides of ses above the floor and be				
a. A section of the handrail outside of the Tub Bath at the end of the hall has been removed.		1. Observations re have handrails prov	vealed that the facility did not				
C 160 Outside Premises-Clean Safe		a. A section of the	handrail outside of the Tub				
o roo outside i remises-olean, dale	C 160	Outside Premises-	Clean, Safe	C 160			
SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL							
Division of Health Service Regulation STATE FORM 6899 JI7Y21 If continuation s		-		6000		1	tion sheet 3 of 7

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	CONSTRUCTION		E SURVEY PLETED
		IDENTIFICATION NUMBER.	A. BUILDING: 0)1		FLLILD
		HAL093010	B. WING		05/	02/2024
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	IAGNOLIA GARDEN		Y 158 BUS E NTON, NC 275	89		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
C 160	Continued From page	ge 3	C 160			
	ENVIRONMENT					
		nts for outside premises are:				
	(1) The outside gro	unds of new and existing				
		aintained in a clean and safe				
	condition;					
	This Dula is not rea	t as suideneed by				
	This Rule is not me	lealed that the outside				
		aintained in a clean and safe				
	condition.					
	Findings on may 2,	2024·				
		garbage truck has caused				
		ak up and there are deep ruts				
	in front of the dump					
		m is failing. The pump is				
		wer waste is leaking out of				
		to the grass and wooded area	a			
	behind the facility.	the handrail at the steps fron				
		vity Room are loose and the				
		it along the bottom edge.				
		ng around the cleanout at the				
		near Kitchen creating a				
	breeding ground for	mosquitoes and other pests.				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	SECTION .0300 - F	HYSICAL PLANT				
	10A NCAC 13F .030 FURNISHINGS					
	(a) Adult care home	s shall [.]				
	()	ngs, and floors or floor				
		n and in good repair;				
	(2) have no chronic					
	(3) have furniture c	lean and in good repair;				
		apply to new and existing				
	facilities.					

C

Division	of Health Service Re	egulation			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY
AND PLAN	I OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	СОМІ	PLETED
		HAL093010	B. WING		05/	02/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	MAGNOLIA GARDEN	930 HWY	158 BUS E			
		WARREN	TON, NC 275	589		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 4	C 164			
Division of F	and floors were not Findings on May 2, a. Room 6 Bath - ti all over the ceiling of black mildew spots perimeter of the roo b. Room 3 Bath - ti are broken leaving c. Room 34 - there substance around t around the fixtures d. Corridor outside large yellow water s fixture and the ceilin at the center of the e. Dining Room - ti ceiling and around f f. Room 26 - the vi bathroom door crea g. Shared Bath bet is a loose floor tile of h. SCU Utility Clos exhaust fan is dama i. Room 10 - there vinyl tile in the middo scuff marks on the 2. Observations re not in good repair. Findings on May 2, a. Room 2 - the bo drawers is damaged	vealed that the walls, ceilings kept clean and in good repair. 2024: here are small orange spots of the bathroom and there are on the walls around the om. he tiles around the tub controls a rough concrete patch. is a thick, brown waxy he perimeter of the room and in the adjacent bathroom. of Med Room - there is a stain on the ceiling at the light ng finish is flaking and peeling stain. here is a coating of dust on the the supply vents. nyl flooring is curling up at the ating a trip hazard. ween Rooms 7 and 8 - there under the sink. et - the ceiling around the aged. is a 2" diameter hole in the lle of the room and there are floor the length of the room. vealed that the furniture was				
DIVISION OF F	-		6899	17Y21	If continua	tion sheet 5 of 10

C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) DATE SURVEY COMPLETED NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 05/02/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E WARRENTON, NC 27589 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	Division of He	alth Service Re	egulation			FORM	APPROVED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ALPHA MACNOLIA GARDEN 330 HWY 158 BUS E WARRENTON, NC 27589 (M) D PREFIX SUMMARY STATEMENT OF DEFICIENCIES EACH ODRECONCY MUST BE PRECEDED BY FULL RECOLDENCY MUST BE PRECEDED BY FULL RECOLDENCE BY FULL RE	STATEMENT OF D	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	. ,			
330 HWY 158 BUS E wARRENTON, NC 27389 OWIDER SHARO OF DEFICIENCIES WERNON, NC 27389 PREFIX SUMMARY STATEMENT OF DEFICIENCIES BY FULL FAGE PROVIDER'S PLAN OF CORRECTION MOULD BE CONSUMPTION INFORMATION) Image: CROSS-REFERENCE OF TOTHE APPROPRIATE DEFICIENCY COMPLETE TAGE C 166 Housekeeping-Maintained Free of Hazards C 166 C 166 C 166 C 166 SECTION .0300 - PHYSICAL PLANT TOA NCAC 137 .0306 HOUSEKEEPING AND FURNINGS C 166 C 166 C 166 (a) Adult care homes shall: (b) Adult care homes shall: C 166 C 166 C 166 (b) Adult care homes shall: (c) Demaintained in an uncluttered, clean and orderity manner, free of all obstructions and hazards; Findings on May 2, 2024: Findings on To the facility and delay egress during a fire or other emergency. Finding to order other emergency. Finding to order for the facility and been insisted or the door of the TV Room by the SCU gate. The sape and cannot be locked or other emergency. C Alocket with a built-In keypad has been insisted on the door of the TV Room by the SCU gate. The facility during a fire or other emergency. C Alocket with a built-In keypad has been insisted on the door of the TV Room by the SCU gate. The facility during a fire or othere mergen			HAL093010	B. WING		05/0	2/2024
ALPHA MACNOLIA GARDEN WARRENTON, NC 27589 (%4) [b] PREFIX TAG IsuMMARY STATEMENT OF DEFICIENCIES (EACH CORRECT VA OR LOC DENTIFYING INFORMATION) ID PROVIDERS PLAN OF CORRECTION TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECT VE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (%5) CORFLET TAG C 166 Housekeeping-Maintained Free of Hazards C 166 SECTION .0300 - PHYSICAL PLANT TOA NCAC 137 .0306 HOUSEKEEPING AND FURNISHINGS C 166 (a) Adult care homes shall: (b) 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. Observations revealed that the facility was not maintained free of all obstructions and hazards. Findings on May 2, 2024: a. Room 5 - the door hardware only opens when the knob is turned one way, which may confuse the cocupants of the facility and delay egress during a fire or other emergency. b. T V Room across from Room 7 - the hinges on the exterior door are bent making the door difficult to open which may obstruct egress during a fire or other emergency. c. A tockset with a built-in keypad has been installed on the door of the TX Room by the SCU gate. This is a path of egress and cannot be locked or otherwise blocked. d. SCU gate - the hardware has been changed and the gate only releases by using a code built into the door rateware. This can obstruct or delay egress from the facility during a fire or other emergency.	NAME OF PROVID	DER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
Mail Dresh Summary Strateget of PERCENCES B PREFIX PROPRINGES PLAN OF CORRECTION (EACH OF CONRECTION PROCESS VIAL OF CORRECTION PROPENDED VIAL PROPENDED VI	ALPHA MAGN	OLIA GARDEN			589		
PREEX TAG (EACH CORRECTIVE ACTION SHOLD BE REGULATORY OR LSC IDENTIFYING INFORMATION) PREEX TAG (EACH CORRECTIVE ACTION SHOLD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DEFICIENCY C 166 Housekeeping-Maintained Free of Hazards C 166 C 166 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS C 166 (a) Adult care homes shall: (b) 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. Observations revealed that the facility was not maintained free of all obstructions and hazards. Findings on May 2, 2024: a. Room 5 - the door hardware only opens when the knob is turned one way, which may confuse the occupants of the facility and delay egress during a fire or other emergency. D. TV Room across from Room 7 - the hinges on the exterior door are bent making the door difficult to open which may obstruct egress during a fire or other emergency. D. TV Room are bent making the door difficult to open which may obstruct or the cocked or otherwise blocked. A lockset with a built-in keypad has been installed on the door of the TV Room by the SCU gate. This is a path of egress and cannot be locked or otherwise blocked. A lockset wing a fire or other emergency.	(X4) ID	SUMMARY STA				ON	(X5)
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. Observations revealed that the facility was not maintained free of all obstructions and hazards. Findings on May 2, 2024: a. Room 5 - the door hardware only opens when the knob is turned one way, which may confuse the occupants of the facility and delay egress during a fire or other emergency. b. TV Room across from Room 7 - the hinges on the exterior door are bent making the door difficult to open which may obstruct egress during a fire or other emergency. c. A lockset with a built-in keypad has been installed on the door of the TV Room by the SCU gate. This is a path of egress and cannot be locked or otherwise blocked. d. SCU gate - the hardware has been changed and the gate only releases by using a code built into the door hardware. This can obstruct or delay egress from the facility during a fire or other emergency.	PREFIX				CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
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. Observations revealed that the facility was not maintained free of all obstructions and hazards. Findings on May 2, 2024: a. Room 5 - the door hardware only opens when the knob is turned one way, which may confuse the occupants of the facility and delay egress during a fire or other emergency. b. TV Room across from Room 7 - the hinges on the exterior door are bent making the door difficult to open which may obstruct egress during a fire or other emergency. c. A lockset with a built-in keypad has been installed on the door of the TV Room by the SCU gate. This is a path of egress and cannot be locked or otherwise blocked. d. SCU gate - the hardware has been changed and the gate only releases by using a code built into the door hardware. This can obstruct or delay egress from the facility during a fire or other	C 166 Hou	sekeeping-Mair	ntained Free of Hazards	C 166			
 Observations revealed that the facility was not maintained free of all obstructions and hazards. Findings on May 2, 2024: a. Room 5 - the door hardware only opens when the knob is turned one way, which may confuse the occupants of the facility and delay egress during a fire or other emergency. b. TV Room across from Room 7 - the hinges on the exterior door are bent making the door difficult to open which may obstruct egress during a fire or other emergency. c. A lockset with a built-in keypad has been installed on the door of the TV Room by the SCU gate. This is a path of egress and cannot be locked or otherwise blocked. d. SCU gate - the hardware has been changed and the gate only releases by using a code built into the door hardware. This can obstruct or delay egress from the facility during a fire or other emergency. 	10A FUR (a) A (5) orde haza (e)	NCAC 13F .036 NISHINGS Adult care home be maintained i rrly manner, free ards; This Rule shall	D6 HOUSEKEEPING AND es shall: n an uncluttered, clean and e of all obstructions and				
has been installed on the back door which can obstruct residents from evacuating during a fire or other emergency.	1. C main Find a. F the k the c durin b. T the c diffic a fire c. A insta gate lock d. S and into dela eme e. S has obst	Disservations reprint ained free of a stained free of a started of the started of th	vealed that the facility was not all obstructions and hazards. 2024: or hardware only opens when one way, which may confuse e facility and delay egress r emergency. s from Room 7 - the hinges on e bent making the door ch may obstruct egress during gency. built-in keypad has been r of the TV Room by the SCU of egress and cannot be blocked. ardware has been changed eleases by using a code built are. This can obstruct or he facility during a fire or other ardware with a built-in keypad on the back door which can				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Multiple A. Building: (CONSTRUCTION		E SURVEY PLETED
		HAL093010	B. WING		05/	02/2024
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	IAGNOLIA GARDEN		(158 BUS E NTON, NC 275	89		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 189	Continued From pa	ige 6	C 189			
C 189	Building Equipment	t Maintained Safe, Operating	C 189			
	mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER ad all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	1. Based on obser maintain the buildir safe condition. Hole through fire resistant	et as evidenced by: vation there is a failure to ng's fire safety systems in a es or gaps at penetrations nt rated ceilings or walls could the area				
	conduit penetration b. Maintenance Of	2024: n - there is an unsealed over the back water heater. fice - there is an unsealed nrough the corridor wall over				
		vealed that the plumbing maintained in a safe and				
	which could cause b. Shower by Roor water heater discor	2024: he toilet seat is not secure injury from a slip or fall. m 4 - the cover plate for the nnect has been removed and he water heater leaving the				

Division	of Health Service Re	egulation			FURIV	IAPPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
			A. BUILDING:	01		
		HAL093010	B. WING		05/	02/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	MAGNOLIA GARDEN		(158 BUS E			
(24) ID	SI IMMARY STA		NTON, NC 27	PROVIDER'S PLAN OF		(XE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 189	Continued From pa	age 7	C 189			
		vealed that the mechanical maintained in operating				
	operational. b. Laundry - the re	2024: r conditioning unit is not sidential dryer duct is on the ected to the dryer or to an				
	maintain the facility safe operating cond compartment could doors do not compl	vation there is a failure to 's fire safety equipment in a dition. Occupants in the smoke I be exposed to smoke or fire i letely close and latch to help smoke or fire to the area of				
	door to sag and lea top of the door and not close completed b. Room 33 - the la door does not close c. Room 29 - the d	nges are loose causing the tving a 1/2" gap between the the door frame. The door did ly. atch plate is missing and the and latch. loor does not completely close rike plate is loose and the door				
	maintain electrical e equipment in safe c of the facility could	vation the facility did not emergency/safety lighting operating condition. Occupants be affected if the signs s could not be seen in the ency evacuation.	5			
ivision of H	Findings on May 2, a. The exit sign in ealth Service Regulation	2024: the front sitting area did not				

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STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0)1	COM	PLETED
		HAL093010	B. WING		05/	02/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	MAGNOLIA GARDEN		Y 158 BUS E NTON, NC 275	89		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(THE APPROPRIATE	COMPLETE DATE
C 189	Continued From pa	ge 8	C 189			
	illuminate on test.					
		vealed that the electrical maintained in a safe and				
		2024: of Room 7 - the outlet is ears to have been painted				
	maintain the facility safe operating cond smoke compartmen resistant rated door	ration there is a failure to 's fire safety equipment in a dition. The occupants in the nt could be affected if the fire rs do not completely close and e spread of smoke and/or fire n.				
	right hand door did the fire alarm. The not release the doo hardware. b. Fire doors by Ey	2024: e Maintenance Office - the not latch when released by panic bar on the left door did r without manipulating the re Wash Room - the left door tch when released by the fire				
	alarm and the panio	t manipulating the hardware.				
C 199	Exhaust Ventilation		C 199			
	provided with exhau two cubic feet per n					

Division of Health Service Regulation STATE FORM

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If continuation sheet 9 of 10

STATEMEN	NT OF DEFICIENCIES	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION		E SURVEY PLETED
		HAL093010	B. WING		05/	02/2024
	PROVIDER OR SUPPLIER		DRESS, CITY, ST		05/	02/2024
	MAGNOLIA GARDEN	930 HWY	158 BUS E			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
C 199	Continued From pa	ge 9	C 199			
	these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex which shall not app This Rule is not me 1. Observations re- maintain exhaust ve Lack of ventilation a that can cause mild prevents the dissipa Findings on May 2, a. Room 6 Bath - th b. Shower by Room working. c. Room 26 Bath - working. d. Bath of of SCU I working. e. SCU Utility Close working. f. Bath between Ro is not working.	rage; toilet rooms; closets; and apply to new and existing ception of Paragraph (e) ly to existing facilities. et as evidenced by: vealed that the facility did not entilation in specified spaces. allows for the build up humidity lew and slick areas and ation of odors.				