Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL093010	A. BUILDING: 01 B. WING _____	R 02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA MAGNOLIA GARDEN	930 HWY 158 BUS E WARRENTON, NC 27589

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{C 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on February 18, 2025. There are deficiencies from the Biennial Construction Survey that remain to be corrected.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules 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: New Deficiencies: 1. Based on observation the facility does not meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration. Specifically, the 2018 North Carolina State Building Code Section 407.12 - Special locking arrangements for Licensed I-2. In accordance	{C 101}		

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{C 101}	Continued From page 1 with 13F .1304 - Special Care Unit Building Requirements, Special Care Units may be locked only if the locking devices meet the requirements outlined in the North Carolina State Building Code [NCSBC] for special locking devices. Findings on February 18, 2025: A new wall and door were constructed to separate the Special Care Unit. This door is in a required exit path. The door is equipped with a keypad lockset that secures the door and only opens when the door code is typed onto the keypad. The door of the TV Room by the new wall to the SCU is in a required exit path. The door is equipped with a keypad lockset that secures the door and only opens when the door code is typed onto the keypad. The following portions of the 2018 NCSBC Section 407.12 are not being met: a. The building is not protected throughout by an automatic fire detection system or automatic sprinkler system. There is currently no automatic detection in the bedroom closets and bathrooms. b. The doors do not unlock upon actuation of the automatic fire detection system. c. The facility is not equipped with a [central] on/off emergency release switch capable of interrupting power to all electromagnetically locked doors. The release switch shall be located and identified at each nurse station serving the locked unit. d. The facility is not equipped with a additional on/off emergency release switches within 3 feet of each locked door which shall not depend on	{C 101}	DOOR HAS BEEN REPAIRED AND SECURED. KEYPAD LOCKSET EXCHANGED WITH REGULAR DOOR KNOB. DOOR COMPANY PAID AND CONTRACT SIGNED TO INSTALL MAG LOCK.	04/17/25 05/31/25

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{C 101}	Continued From page 2 relays or other devices to cause the interruption of power. e. A wiring diagram and system component's location map was not provided under glass adjacent to the fire alarm panel. f. Emergency lighting was not provided on the egress side of each door such that it illuminates the locking controls, g. The installation was not approved by the appropriate fire and building inspection authority prior to installation, after installation, and prior to initial use. 3. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration. Two means of egress must be provided in the SCU and these exits must be marked by exit signs. Findings on February 18, 2025: a. The door exiting from the SCU into the Assisted Living portion of the facility is a required exit and there was not an exit sign over the door to indicate the path of egress.	{C 101}	EMERGENCY LIGHTING HAS BEEN INSTALED ON EACH SIDE OF THE DOORS EXIT SIGN HAS BEEN INSTALL OVER DOOR	04/17/25 04/25/25
{C 148}	Corridors-Handrails 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	{C 148}		

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{C 148}	Continued From page 3 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 February 18, 2025: a. A section of the handrail outside of the Tub Bath at the end of the hall has been removed.	{C 148}	HANDRAILS IN STALLED ON EACH SIDE OF CORRIDOR HANDRAIL HAS BEEN REPAIRED	04/17/25 04/17/25
{C 164}	Housekeeping and Furnishings-Clean, Repaired 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. This Rule is not met as evidenced by: 1. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair. Findings on February :8, 2025: b. Room 3 Bath - the tiles around the tub controls are broken leaving a rough concrete patch and a tile has broken off at the back wall. c. Room 34 - there is a thick, brown waxy substance around the perimeter of the room and around the fixtures in the adjacent bathroom.	{C 164}	ALL ROOMS HAS BEEN DEEP CLEAN WEEKLY ALL FURNISHING NOT IN GOOD REPAIR HAS BEEN REMOVED AND OR REPLACED. FLOORING HAS BEEN REPLACED IN HALLWAYS AND BATHROOMS ALL WALLS AND CEILINGS ARE CLEAN AND IN GOOD REPAIR.	04/17/25 04/17/25
{C 166}	Housekeeping-Maintained Free of Hazards	{C 166}		

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{C 166}	Continued From page 4 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 February 8, 2025: a. Room 5 - observed during the previous survey on May 02, 2024 the door hardware only opened when the knob was turned one way, Now, the door knob turns but does not latch.	{C 166}	FACILITY IS FREE OF CLUTTER AND WALLS AND CEILINGS ARE CLEAN AND IN GOOD REPAIR. DOORKNOB HAS BE REPAIRED NEW HARDWARE HAS BEEN INSTALLED.	04/17/25 04/17/25
{C 189}	Building Equipment Maintained Safe, Operating 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. This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations	{C 189}	FIRE SAFETY SYSTEMS HAVE BEEN REAIRED AND IN GOOD WORKING CONDITION	04/17/25

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{C 189}	Continued From page 5 through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin. Findings on February 18, 2025: a. Eye Wash Room - there is an unsealed conduit penetration over the back water heater. b. Maintenance Office - there is an unsealed cable penetration through the corridor wall over the door. The room was locked at the follow up survey and this could not be verified. 2. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Findings on February 18, 2025: b. AL Shower by Room 4 - the cover plate for the water heater disconnect has been removed and was not in the closet. 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on February 18, 2025: b. Room 33 - the latch plate was installed but it is not secure and the door still does not close and latch. d. SCU Room 5 - the door does not close and latch. 7. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if the fire	{C 189}	EYE WASH STATION HAS BEEN REPAIRED. ALL PLUMBING REPAIRED AND IN GOOD WORKING CONDITION. FIRE ALARM PANEL SAFETY EQUIPMENT HAS BEEN REPAIRED AND IN GOOD WORKING CONDITION. DOOR REPAIRED AND LATCHES UPON BEING CLOSED	04/17/25 04/17/25 04/17/25 04/17/25

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{C 189}	Continued From page 6 resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on February 18, 2025: a. Fire doors by the Maintenance Office - the right hand door is not closing and latching when released by the fire alarm. The panic bar door hardware on the left door is broken and does not open the door which can prevent exiting in a safe and timely manner during a fire. b. Fire doors by Eye Wash Room - the left door did not close and latch when released by the fire alarm and the panic bar was not releasing the door to open without manipulating the hardware.	{C 189}	DOOR REPAIRED AND LATCHES UPON BE RELEASE	04/17/25
{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. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces.	{C 199}		

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{C 199}	Continued From page 7 Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on February 18, 2025: a. Room 6 Bath - the exhaust fan is not working. b. Shower by Room 4 - the exhaust fan is not working. d. Bath of of SCU Dining - the exhaust fan is not working. f. Bath between Rooms 4 and 5 - the exhaust fan is not working. g. Shower Room in SCU - the exhaust fan is not working.	{C 199}	ALL EXHAUST WILL BE IN GOOD REAIRED BY	05/31/25