

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL093010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/05/2025
NAME OF PROVIDER OR SUPPLIER ALPHA MAGNOLIA GARDEN		STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E WARRENTON, NC 27589		
(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 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Chris Sluder conducted on June 5, 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: 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 with 13F .1304 - Special Care Unit Building Requirements, Special Care Units may be locked	{C 101}		

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

TITLE

(X6) DATE

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{C 101}	Continued From page 1 only if the locking devices meet the requirements outlined in the North Carolina State Building Code [NCSBC] for special locking devices. Findings on June 5, 2025: a. A wall and door separate the Special Care Unit from the Assisted Living portion of the facility. This door is in a required exit path in the direction from the SCU to the Assisted Living. The door is equipped with a keypad lockset that secures the door and only opens when the door code is typed onto the keypad. 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 June 5, 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}		
{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.	{C 164}		

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{C 164}	Continued From page 2 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 June 5, 2025: b. Previous findings on February 8, 2025 include SCU Central Bath- the tiles around the tub controls are broken leaving a rough concrete patch and a tile has broken off at the back wall. At the follow-up survey on June 6, 2025, access to the bathroom was not available due to the room being in use. New Finding c. SCU Room 3 - the door frame to the 1/2 bath has come loose so the door only opens approximately 20 degrees.	{C 164}		
{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}		

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{C 189}	<p>Continued From page 3</p> <p>through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on June 5, 2025: b. Previous findings on February 18, 2025 include - Maintenance Office - there is an unsealed cable penetration through the corridor wall over the door.</p> <p>At the follow up survey on June 5, 2025, the room was locked, and corrections could not be verified.</p> <p>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.</p> <p>Findings on June 5, 2025: d. SCU Room 5 - the door does not close and latch.</p> <p>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 resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin.</p> <p>Findings on June 5, 2025: a. The cross-corridor fire doors by the Maintenance Office - the right hand door is not closing and latching when released by the fire alarm and the panic bar was not releasing the door to open without manipulating the hardware.</p>	{C 189}			

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{C 189}	Continued From page 4 b. The cross-corridor 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}		
{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. Lack of ventilation prevents the dissipation of odors and allows for the buildup of humidity that can cause mildew. Findings on June 5, 2025: a. Room 6 Bathroom - the exhaust fan is not working. b. Central Bathroom by Room 4 - the exhaust fan is not working. d. Bathroom off SCU Dining - the exhaust fan is	{C 199}		

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{C 199}	Continued From page 5 not working.	{C 199}			