

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>HAL099011 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br>04/08/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>THE MAGNOLIAS OVER YADKIN | STREET ADDRESS, CITY, STATE, ZIP CODE<br>144 NORTH LEE AVENUE<br>YADKINVILLE, NC 27055 |
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| C 000              | Initial Comments<br><br>This report is of a Biennial Construction Survey done by Bob Getchell on April 8, 2015.<br><br>Information gathered from the DHSR Master Facility File indicates that this facility was first licensed or submitted 4-16-2001 for a capacity of 20. Based on this information the facility was surveyed for conformance with the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code for Institutional Unrestrained Occupancies.<br><br>Deficiencies were noted which will require a new plan of correction.        | C 000         |   |                    |
| C 111              | Must Have Current San. & Fire Safety Reports<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0302 DESIGN AND CONSTRUCTION<br>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.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the current fire and sanitation reports were not available at the time of the survey.<br><br>Findings include<br>The following reports were not available at the time of the survey: a) Fire Marshall's Report, b) Fire Alarm Panel Annual Test Report. | C 111         | C 111<br><br>A copy of the most current Fire Marshall's and fire alarm panel report are on file in the Administrator's Office.<br><br>The Maintenance Director has been in-serviced specific to the location of the applicable reports. | 04/15/2015         |
| C 133              | Bathrooms-Hand Grips   | C 133         | C 133<br><br>The grab bar in room 901 has been repaired.  |                    |

CONSTRUCTION SECTION  
MAY 05 2015  
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><i>William T. Cockahan Adm</i> | TITLE<br>5-1-15 | (X6) DATE |
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| C 133              | <p>Continued From page 1</p> <p><b>SECTION .0300 - PHYSICAL PLANT</b><br/><b>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</b></p> <p>(e) The requirements for bathrooms and toilet rooms are:<br/>(6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;</p> <p>This Rule is not met as evidenced by:<br/>1. Based on observation, the building was not maintained in a safe manner because a grab bar is coming loose from the bathroom wall. This would effect all residents using the bathroom by exposing them to a fall hazard.</p> <p>Findings include:<br/>Room 901 has a grab bar coming loose from the wall at the toilet. Secure.</p> | C 133         | <p>C 133 Continued</p> <p>For those residents having the potential to be affected by the same alleged deficient practice, the Maintenance Director has inspected all grab bars located in the facility and has repaired and/or replaced any and all grab bars requiring maintenance.</p> <p>To ensure compliance, such inspections shall be documented on the Maintenance Inspection Log. Such inspections shall occur weekly for 4 weeks, and monthly thereafter. Results from all inspections shall be presented to the Quality Assurance Committee monthly for three months and quarterly thereafter.</p>                 | 05/20/2015         |
| C 166              | <p>Housekeeping-Maintained Free of Hazards</p> <p><b>SECTION .0300 - PHYSICAL PLANT</b><br/><b>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</b></p> <p>(a) Adult care homes shall:<br/>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br/>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:<br/>1. Based on observation, egress from all areas was not maintained in a safe manner by having loose floor tiles. This would effect all residents by presenting a tripping hazard.</p> <p>Findings include:</p>   | C 166         | <p>C 166</p> <p>The loose tile in the bathroom of room 905 has been repaired/replaced.</p> <p>For those residents having the potential to be affected by the same alleged deficient practice, the Maintenance Director has inspected all areas within the facility to ensure there are no other loose tiles.</p> <p>To ensure compliance, such inspections shall be documented on the Maintenance Inspection Log and shall be performed weekly for 4 weeks and monthly thereafter. Results from all inspections shall be presented to the Quality Assurance Committee monthly for three months and quarterly thereafter.</p> | 05/20/2015         |

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| C 186              | Continued From page 2<br>a. Room 905 has loose tile in the bathroom   | C 166         |   |   |
| C 189              | <p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>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> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings include:</p> <p>a. The attic smoke barrier wall over room 903 has unprotected penetrations by two 2" PVC pipes, and cable which are not protected.<br/>NOTE: PVC pipe over 2 inches in diameter require a 'fire collar' or similar system for protection.</p> <p>b. The 1-hour fire resistance rated ceiling over panel PA in the switchgear room was penetrated by 4" PVC pipe which are not protected.<br/>NOTE: PVC pipes over 2 inches in diameter require a 'fire collar' or similar system for protection.</p> | C 189         | <p>C 189</p> <p>1(a)-1(b): The unsecured ceiling penetrations observed in room 903 have been sealed with a fire collar. Similarly, the penetration in the 1-hour fire resistance rated ceiling over panel PA in the switchgear room has also been sealed with a fire collar.</p> <p>1(c)-1(d): The ceiling joint separations in the private laundry room and medication room have been sealed with a 4-hour rated sealant made by 3M.</p> <p>For those residents having the potential to be affected by the same alleged deficient practice, the Maintenance Director has inspected all other ceiling penetration(s) and/or ceiling joints to ensure any penetrations or gaps are appropriately sealed and/or collared to conform to the applicable fire safety standards.</p> <p>2(a) -2(b): The exit sign at the end of the corridor and the exit sign at the Nurses Station have been repaired (i.e. the bulb has been replaced and exit sign at the nurses station now works on battery backup.)</p> <p>For those residents having the potential to be affected by the same alleged practice, the Maintenance Director has inspected all exit signs to ensure they are functioning properly.</p> <p>3(a)-3(b): The sample tubes for the HVAC duct-mounted smoke detectors in the mechanical room have been cleaned. Similarly, the attic insulation obstructing attic-mounted sprinkler heads have been cleaned and are now unobstructed.</p> | <p>04/15/2015</p> <p>05/20/2015</p> <p>05/20/2015</p> |

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| C 189              | <p>Continued From page 3</p> <p>c. The private laundry room has a ceiling joint that is separating,</p> <p>d. The Med room has a wall/ceiling joint that is separating,</p> <p>These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814.</p> <p>2. Based on observation, the building exit signage was not maintained in a safe manner. This would effect all residents by not keeping the exits visible in an emergency.</p> <p>Findings include:<br/>Exit signs are not working in the following locations:</p> <p>a) Exit sign at end of corridor has the bulbs burned out of it.</p> <p>b) Exit sign at the Nurses Station is not working on battery backup.</p> <p>3. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would effect all residents by not detecting smoke and activating the fire alarm, or blocking sprinkler coverage.</p> <p>Findings include:</p> <p>a. The sample tubes for the HVAC duct mounted smoke detectors were dirty in all the HVAC unit mechanical rooms.</p> <p>b. Some of the sprinkler heads in the attic are covered with insulation.</p> | C 189         | <p>C189 continued</p> <p>For those residents having the potential to be affected by the same alleged deficient practice, the Maintenance Director has inspected all HVAC duct-mounted smoke detectors to ensure they are clean. All attic-mounted sprinkler heads have been identified and are clean and free from obstruction. The Maintenance Director shall inspect the referenced items weekly for 4 weeks, monthly thereafter. Such inspections shall be documented on the Maintenance Inspection Log.</p> <p>Results from all inspections referenced by this regulatory requirement 1 (a)-3(b) shall be presented to the Quality Assurance Committee monthly for three months and quarterly thereafter.</p> |                    |