

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092180	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/15/2024
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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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(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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on February 14 - 15, 2024.	D 000	On February 15th, Assisted Living Director identified the Assisted Living (AL) fax machine was not programmed with the correct fax number for state reportable incidents/events. The pre-programmed fax number was immediately changed to the correct number and confirmed with our county monitor to ensure reportable event faxes would be received moving forward.	2/15/2024
D 451	<p>10A NCAC 13F .1212(a) Reporting of Accidents and Incidents</p> <p>10A NCAC 13F .1212 Reporting of Accidents and Incidents (a) An adult care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aid.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to notify the county Department of Social Services (DSS) of incidents resulting in injury requiring medical treatment and referral to a local hospital for emergency medical evaluation for 2 of 2 Residents sampled (#1 and #2).</p> <p>The findings are:</p> <p>Observation of the fax machine in the medication room on the first floor of Assisted Living revealed: -There were typed labels on the handset of the machine that were for a toll-free number for a healthcare facility. -There was a typed label on the front of the machine at the output area which listed the county incident reports fax number.</p> <p>Observation of the number listed on the front of the fax machine did not match the listed number</p>	D 451	<p>On February 15th, incident reports that were not received by DHHS for Resident #1 and Resident #2 were re-faxed to the correct fax number and a call was placed to our assigned county monitor to confirm receipt.</p> <p>On February 16th, ALD trained SIC/Med Tech's on new system for reporting incidents DHHS. Going forward, any IR faxed to DHHS must have a fax confirmation sheet attached to it in addition to a date/time stamp on the IR report to confirm receipt of the fax. Training for this reporting system will occur at new hire for new associates and quarterly for existing associates.</p> <p>On February 28th, a new incident report was faxed to DHHS per 10A NCAC 13F .1212. ALD faxed the report to the correct fax number and followed up with an email to the county monitor. The county monitor replied via email confirming receipt of the fax. ALD will email county monitor with any state reportable IR in addition to the fax moving forward.</p> <p><i>x May J. Cooy, Executive Director</i> 3/14/2024</p>	<p>2/15/2024</p> <p>2/15/2024</p> <p>2/16/2024 and ongoing</p> <p>2/28/2024 and ongoing</p>

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Reviewed and acknowledged 15 March 2024 

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D 451	<p>Continued From page 1</p> <p>on the county's Department of Social Services (DSS) website fax number.</p> <p>1. Review of Resident #1's current FL-2 dated 01/05/24 revealed: -Diagnoses included delirium, hyponatremia, and subdural hematoma. -The resident was semi-ambulatory. -The resident's orientation was intermittent.</p> <p>Review of Resident #1's incident and accident reports (I/As) revealed that she had 3 I/As which documented falls on 12/13/24, 12/15/24, and 12/17/24.</p> <p>Review of Resident #1's incident and accident report (I/A) dated 12/13/23 revealed: -Resident #1 called at 5:50am. -She was found on the bathroom floor. -Resident #1 stated she had lost her footing and had fallen. -Resident #1 had a small bump on her head and complained of some discomfort to her left hip. -Emergency Medical Services (EMS) was called and transported Resident #1 to the emergency room (ER). -There was documentation on the bottom of the form that Resident #1's power of attorney (POA) and primary care provider (PCP) had been notified of the incident. -The Assisted Living Director (ALD) completed and signed the report on 12/14/23. -There was not a fax confirmation sheet attached to the I/A report but there was a handwritten note in the top right of the report noted "Faxed 12/14/23".</p> <p>Review of Resident #1's I/A report dated 12/15/23 revealed: -Resident #1 had fallen in her room and used her</p>	D 451		

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D 451	<p>Continued From page 2</p> <p>pendant to call for help at 6:30pm. -She was found on the floor. -The contributing factors to the fall were marked as confusion and footwear. -Resident #1 complained of neck pain. -EMS was called and transported Resident #1 to the ER. -There was documentation on the form that Resident #1's POA and PCP had been notified of the incident. -The ALD completed and signed the report on 12/16/23. -There was not a fax confirmation sheet attached to the I/A report and no handwritten documentation on the report noting that it had been faxed to DSS.</p> <p>Review of Resident #1's narrative notes dated 12/13/23 at 8:27pm revealed Resident #1 returned from the hospital (no prior entry noted Resident #1 was admitted to the hospital).</p> <p>Review of Resident #1's narrative notes dated 12/15/23 (no time noted) revealed: -Resident #1 did not know what had happened or her current location. -Resident #1 was sent to the local emergency room (ER). -Resident #1 would receive 1:1 sitter intervention.</p> <p>Review of Resident #1's narrative notes dated 12/16/23 at 5:00am revealed Resident #1 had returned from the hospital and monitoring continued.</p> <p>Review of Resident #1's narrative notes dated 12/17/23 revealed: -Resident #1 had fallen and called out at 4:00am. -She was found sitting on the floor with "no injury".</p>	D 451		

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D 451	<p>Continued From page 3</p> <p>-Bruises from previous fall, 3 bumps on her head, bruises on her upper back and a "very" unsteady gait were noted. -Intervention implemented to increase 1:1 sitter hours.</p> <p>Review of Resident #1's narrative notes dated 12/18/23 at 11:00am revealed Resident #1 was sent to the hospital due to back pain (had fallen on 12/17/24 with "no injury" and documented 3 bumps on her head).</p> <p>Review of Resident #1's narrative notes dated 12/21/23 (no time noted) revealed Resident #1 returned from the hospital, had medication changes, and a new sitter.</p> <p>Review of Resident #1's narrative notes dated 12/22/23 at 10:30pm revealed Resident #1 was restless, confused with slurred speech, and was sent to the ER (admitted to hospital).</p> <p>Review of Resident #1's narrative notes dated 01/05/24 at 2:30pm revealed: -Resident #1 had returned from the hospital (admitted 12/22/24). -Resident #1 had a private sitter for 24 hours a day - 7 days a week. -Resident #1 began receiving hospice services.</p> <p>Attempted contact with the facility's documented fax number for the county DSS that was on the fax machine on 02/15/24 at 2:05pm revealed the number had been disconnected or was no longer in service.</p> <p>Attempted telephone interview with the facility's PCP on 02/15/24 at 5:30pm was unsuccessful.</p> <p>Refer to the interview with a medication aide (MA)</p>	D 451		

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D 451	<p>Continued From page 4 on 02/15/24 at 2:15pm.</p> <p>Refer to the interview with the Adult Home Specialist (AHS) on 02/15/24 at 1:09pm</p> <p>Refer to the interview with the Adult Home Specialist Supervisor (AHS-S) on 02/15/24 at 1:59pm.</p> <p>Refer to the interview with the ALD on 02/15/24 at 1:35pm.</p> <p>Refer to the interview with the Administrator on 02/15/24 at 5:15pm.</p> <p>Refer to the interview with a PCP on 02/15/24 at 3:25pm.</p> <p>2. Review of Resident #2's current FL-2 dated 03/20/23 revealed: -Diagnoses included hypertension, urinary incontinence, hypothyroidism, and mood disorder. -The resident was semi-ambulatory. -There was no information documented for the resident's orientation.</p> <p>Review of Resident #2's incident and accident report (I/A) dated 02/02/24 revealed: -The I/A occurred on 02/02/24 (no time noted). -Resident #1 had fallen in her room. -She was found on the floor by staff. -She had a head injury and complained of nausea and vomiting. -Emergency Medical Services (EMS) was called and transported Resident #2 to the emergency room (ER). -There was documentation on the form that Resident #2's power of attorney (POA) and primary care provider (PCP) had been notified of the incident.</p>	D 451		

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D 451	<p>Continued From page 5</p> <p>-The Assisted Living Director (ALD) completed and signed the report on 02/05/24.</p> <p>-There was not a fax confirmation sheet attached to the I/A report and no handwritten documentation on the report noting that it had been faxed to Department of Social Services (DSS).</p> <p>Telephone interview with Resident #2's family member on 02/15/24 at 3:45pm revealed the facility had made her aware that the resident fell on 02/02/24 and was sent to the ER.</p> <p>Attempted contact with the facility's documented fax number for the county DSS that was on the fax machine on 02/15/24 at 2:05pm revealed the number had been disconnected or was no longer in service.</p> <p>Attempted telephone interview with the facility's PCP on 02/15/24 at 5:30pm was unsuccessful.</p> <p>Refer to interview with a medication aide (MA) on 02/15/24 at 2:15pm.</p> <p>Refer to interview with the Adult Home Specialist (AHS) on 02/15/24 at 1:09pm</p> <p>Refer to interview with the Adult Home Specialist Supervisor (AHS-S) on 02/15/24 at 1:59pm.</p> <p>Refer to interview with the ALD on 02/15/24 at 1:35pm.</p> <p>Refer to interview with the Administrator on 02/15/24 at 5:15pm.</p> <p>Refer to interview with a PCP on 02/15/24 at 3:25pm.</p>	D 451		

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D 451	<p>Continued From page 6</p> <p>Interview with a medication aide (MA) on 02/15/24 at 2:15pm revealed: -The MAs completed incident/accident (I/A) reports and submitted them to the Assisted Living Director (ALD). -The MAs faxed the I/A reports to the Department of Social Services (DSS). -There was only one fax machine that they used for faxes, and it was located in the med room on the first floor of the Assisted Living (AL).</p> <p>Telephone interview with the Adult Home Specialist (AHS) on 02/15/24 at 1:09pm revealed: -She had not received any incident/accident (I/A) reports from the facility since August 2023. -The ALD normally emailed the incident reports to her. -She had checked all her records for the facility and did not have any I/A reports.</p> <p>Telephone interview with the Adult Home Specialist Supervisor (AHS-S) on 02/15/24 at 1:59pm revealed: -The DSS had the same fax number (confirmed number as listed with DSS website); it had not changed. -She had not received any incident/accident (I/A) reports from the facility since the last report on July 24, 2023.</p> <p>Interview with the ALD on 02/15/24 at 1:35pm revealed: -The MAs responded to I/As. -The MA assessed for any injuries and would contact emergency medical services (EMS) if transport to the emergency room (ER) was needed. -The MA contacted the family member, designee, power of attorney (POA) along with the primary care provider (PCP) and the ALD.</p>	D 451			

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D 451	<p>Continued From page 7</p> <ul style="list-style-type: none"> -The MA would give her the I/A report. -She would review the I/A and what interventions have been put in place or should be put in place. -Whenever there was an injury that resulted in more than first aid, such as an ER visit, the MA or she would fax the form to the county DSS. -The facility used the number that was taped to the fax machine. -She did not remember when exactly the fax machine had been replaced but the number was placed on the front of the new machine for the facility to fax I/As to the county DSS. -The facility did not use a cover sheet for the fax to address it to the county AHS. <p>Interview with the Administrator on 02/15/24 at 5:15pm revealed:</p> <ul style="list-style-type: none"> -The local Department of Social Services (DSS) should be notified of any falls with injury. -The medication aide would complete the I/A form and fax it to DSS. -The fax machine had been replaced by the pharmacy (originally provided by the pharmacy) but she did not remember the exact date. -She was very concerned that DSS had not received their I/A reports since the new fax machine had the incorrect fax number on it. <p>Telephone interview with a PCP on 02/15/24 at 3:25pm revealed the facility's fax machine was broken at one time but she did not remember the exact date.</p>	D 451		

Washington, Bynithia T

From: Casey, Mary <Mary.Casey@kiscosl.com>
Sent: Thursday, March 14, 2024 3:34 PM
To: Washington, Bynithia T
Cc: Kranking, Norelle
Subject: [External] Magnolia Glen - Annual Survey POC - Statement of Deficiencies
Attachments: Magnolia Glen 2024-02-15 SOD WW5Z11_Annual Survey_Final.pdf

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Good afternoon, Bynithia!

I hope you are doing well. I am attaching a copy of the Statement of Deficiencies from our recent Annual Survey to this email for your review and approval. I will also place a hard copy of this document in the mail to your attention. If you would confirm receipt of this email, I would greatly appreciate it. Please let me know if you have any questions or need anything else from us at this time.

Thank you!

Mary Casey, Executive Director

Magnolia Glen

5301 Creedmoor Road

Raleigh, NC 27612

P: 919-841-4747

Email: mary.casey@kiscosl.com

www.lifeatmagnoliaglen.com



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