Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: B. WING HAL093010 08/28/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E **ALPHA MAGNOLIA GARDEN** WARRENTON, NC 27589 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 000 D 000 Initial Comments The Adult Care Licensure Section and the Warren County Department of Social Services conducted a Follow-Up Survey and a Complaint Investigation on 08/27/24-08/28/24. D 273 10A NCAC 13F .0902(b) Health Care D 273 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure referral and follow-up to meet the health care needs for 1 of 5 sampled residents (#1) related to a referral for speech therapy. The findings are: Alpha Magnolia Garden will meet the routine and acute health care needs Review of Resident #1's current FL2 dated of the residents by coordinating with 05/24/24 revealed diagnoses included type II the resident's PCP by the following: diabetes mellitus, chronic kidnev disease stage 3. Resident's PCP will be responsible for and hyperlipidemia. making the resident's referral with appointment date/time and Review of an physician's after-visit report dated providing that information to Alpha 06/03/24 revealed: Magnolia Garden. Alpha Magnolia -There was an order for a referral to speech Garden will be responsible for receiving therapy concerning swallowing with liquids. the referral information with appointment -The order included evaluation and treatment of date/time and planning transport for Resident #1's ability to swallow and to prescribe scheduled appointment accordingly. changes in his diet which could improve his ability **Executive Director and Area Clinical** to swallow and minimize aspiration. Director for Alpha Magnolia Garden will -Speech therapy was also ordered to evaluate be responsible for weekly auditing to Resident #1's cognitive status and proved ensuring that resident is receiving treatments and care recommendations based on ordered routine and acute health care. the findings. Division of Health Service Regulation TITLE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

kg.

2KFZ11

FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_\_\_ B. WING\_ 08/28/2024 HAL093010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 930 HWY 158 BUS E **ALPHA MAGNOLIA GARDEN** WARRENTON, NC 27589 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 273 Continued From page 1 D 273 Review of Resident #1's record revealed there was no documentation of a completed evaluation for swallowing by a speech therapist. Telephone interview with a registered nurse from resident #1's PCP office on 08/27/24 at 2:21pm revealed: -There was nothing documented in Resident #1's record of an incident of choking while eating. -The facility was responsible for scheduling the appointments for the referrals the PCP ordered. -The PCP provided the order for the referral and there was no other involvement after that. -The appointment with a speech therapist should have been scheduled within a few days of the referral being ordered on 06/03/24. Interview with Resident #1 on 08/27/24 at 11:08am revealed: -He had trouble with swallowing since he had cancer treatments over three years ago. -He had not seen a speech therapist and did not know he had an order for a referral to a speech therapist. -He had not choked on his food or had a problem with swallowing; he did not know why he was ordered a referral to a speech therapist. Interview with a personal care aide (PCA) on 08/28/24 at 7:54am revealed: -She had not witnessed Resident #1 coughing or clearing his throat while eating. -She would have noticed if resident number one was coughing or choking while eating. -She stayed in the dining room with the residents

during the entire meal.

08/27/24 at 3:18pm revealed:

2KFZ11

-She would help in the dining room after

Interview with the medication aide (MA) on

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 08/28/2024 HAL093010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E **ALPHA MAGNOLIA GARDEN** WARRENTON, NC 27589 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 273 D 273 Continued From page 2 medication pass. -She had witnessed Resident #1 cough while eating his meals. -She had last witnessed him cough while eating a couple of weeks ago; he was able to clear his throat himself when he coughed. -He coughed a couple of times during the meal. -He had not choked or aspirated while eating. -He was served a pureed meal and thickened liquids. -She did not know about a referral for speech therapy. -Staff had not reported any issues for Resident #1 while eating his meals. Interviews with the Resident Care Coordinator (RCC) on 08/27/24 at 10:19am and 3:02pm revealed: -The facility staff had attempted to schedule appointments for residents who had referrals for a speech therapist but there were no speech therapist available in the county the facility resided in. -The primary care provider (PCP) was attempting to get an appointment for Resident #1 through his office. -Appointments for referrals to specialist were made by the RCC and were made the same day or within a week of the referral by the PCP. -She was going to call a speech therapist in the closest major city that morning, 08/27/24, to see if she could schedule an appointment for Resident #1. -The PCP had told her months ago that he had ordered a referral for Resident #1. -She was not sure why Resident #1 had an order for a referral for a speech therapist. -She had not witnessed Resident #1 choking or

coughing while eating.

-Staff had not reported to her of any incidents of

2KFZ11

PRINTED: 08/29/2024 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ B. WING 08/28/2024 HAL093010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E **ALPHA MAGNOLIA GARDEN** WARRENTON, NC 27589 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 273 D 273 Continued From page 3 Resident #1 choking or coughing while eating. -Resident #1 said he used to choke while eating due to a stroke, but he did not have problems anvmore. -Resident #1 was missing teeth; he had one on the top and only one on the bottom. Interview with the Area Clinical Director on 08/28/24 at 9:18am revealed: -The RCC ensured appointments for referrals were scheduled. -She reviewed all after-visit summaries from the PCP and signed off on them. -No one had signed off on Resident #1's after-visit summary dated 06/03/24. -The RCC had attempted to schedule an appointment with a speech therapist for Resident #1 within the local area but had not been able to find a speech therapist. -The facility had not attempted to find a speech therapist outside of the local area or the county. -They were trying to keep the residents from having to travel more than an hour to a speech therapist appointment. -The PCP was aware the facility had difficulty finding a speech therapist and the PCP was also looking for a speech therapist for Resident #1 to -She could not say when an appointment should have been scheduled for Resident #1 because the facility had been attempting to find a speech therapist.

-There were not reported incidents of choking or

-Resident #1 was written the order for the referral

Attempted telephone interview with Resident #1's PCP on 08/27/24 at 11:39am was unsuccessful.

strangling while he was eating.

because he had declined.

2KFZ11

PRINTED: 08/29/2024 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: \_ B. WING\_ HAL093010 08/28/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 930 HWY 158 BUS E **ALPHA MAGNOLIA GARDEN** WARRENTON, NC 27589 (X5) COMPLETE DATE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 273 Continued From page 4 D 273 Attempted interview with the Administrator on 08/27/24 at 10:19am was unsuccessful.

Division of Health Service Regulation