

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/11/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G211	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/09/2019
NAME OF PROVIDER OR SUPPLIER MAGNOLIA GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 928 MAGNOLIA DRIVE ABERDEEN, NC 28315		
(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) COMPLETION DATE	
W 369	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure all medications were given without error. This affected one audit client (#2). The finding is:</p> <p>Client #2 did not receive his Lamisil cream as ordered.</p> <p>During the medication pass at 6:56am, on the morning of 1/9/19, client #2 received all of his oral medication and a boost. He also had his blood pressure checked. However, he did not have any creams applied.</p> <p>After the medication pass, the medication technician was asked if this was all of client #2's 6:00am and 7:00am orders and she stated yes.</p> <p>Interview with the other third shift staff revealed she was responsible for client #2's bath and had not put his cream on him.</p> <p>Review on 1/9/19 of the record revealed doctors orders signed 10/14/18 which indicated he should receive Lamisil AF AER 1% "apply topically to bilateral feet between toes twice daily." This was ordered to be done at 6:00am.</p> <p>Review on 1/9/19 of the medication administration record (MAR) after all third shift was gone for the day revealed the Lamisil was</p>	W 369			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 369	Continued From page 1 not marked off for this date. Management confirmed in an interview on 1/9/19 that medications are marked when given or applied.	W 369		