

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-315	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/18/2019
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NAME OF PROVIDER OR SUPPLIER SHEILA'S MAGNOLIA PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1619 FAIRFIELD DRIVE GASTONIA, NC 28054
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was attempted on 12/11/18. Director revealed no clients had been served at the facility who received "27G .5100 Community Respite Services. since May 2018."</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services.</p> <p>Interview via phone on 12/11/18 with the Director revealed: -Current client being served at the facility was receiving emergency placement services authorized by the Managed Care Organization (MCO) not Community Respite Services as licensed to serve; -Client receiving emergency placement services had been admitted on 11/30/18 at approximately 7:00pm.</p>	V 000		
V 269	<p>27G .5001 Facility Based Crisis - Scope</p> <p>10A NCAC 27G .5001 SCOPE (a) A facility-based crisis service for individuals who have a mental illness, developmental disability or substance abuse disorder is a 24-hour residential facility which provides disability-specific care and treatment in a non-hospital setting for individuals in crisis who need short-term intensive evaluation, or treatment intervention or behavioral management to stabilize acute or crisis situations. (b) This facility is designed as a time-limited alternative to hospitalization for an individual in crisis.</p> <p>This Rule is not met as evidenced by:</p>	V 269		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 269	<p>Continued From page 1</p> <p>Based on interview the facility failed to ensure 1 of 1 client (#1) received services in the area licensed as "Community Respite Services." The findings are:</p> <p>Interview via phone on 1/16/18 with the Director revealed:</p> <ul style="list-style-type: none"> - Facility placed client #1 as an emergency placement in the Community Respite Home; - Managed Care Organization (MCO) authorized client #1 to receive emergency placement services not Community Respite Services; - She would discuss the citation with her supervisor; - Client #1 had been discharged and was no longer residing at the facility; - She was currently out of the office on sick leave; - Client #1's chart had been purged in her office and to delegate another staff to get the information would be a challenge therefore she would send client #1's treatment plan and date of discharge to the surveyor on 1/17/18 or 1/18/18, however the information was never received. 	V 269		