

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

PRINTED: 01/29/2020
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 01/28/2020
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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, 1 of 4 audit clients (#5) did not have a legal guardian appointed for her. The finding is:</p> <p>Client #5 did not have a legal guardian and needed one.</p> <p>During a review of client #5's record on 1/27/2020, it noted that she was admitted on 2/18/19. At that time, she did not have a legal guardian and the team noted she needed one appointed. A diagnosis of severe mental retardation was revealed as well as a need for assistance in choice making and decision making. Furthermore goal 8L revealed a restrictive behavior program with medications.</p> <p>Further review on 1/27/2020 revealed no legal guardianship paperwork.</p> <p>Interview with the qualified intellectual disability professional (QIDP) on 1/28/2020 revealed the mother is in the process of working with her own attorney to obtain legal guardianship of client #5. The facility stated they are not doing this for or with the guardian. They further indicated because they are an LLC if the facility assists in obtaining guardianship it will have to go through the facility attorney.</p>	W 125		

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 125	Continued From page 1 Further interview with the QIDP on 1/28/2020 confirmed client #5 does need a legal guardian appointed for her.	W 125			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure staff utilized the gait vest for 1 of 4 audit clients (#3). The finding is: Client #3 was not assisted in ambulating by using the gait vest. Throughout observations both in the day program on 1/27/2020 and in the home on 1/28/2020, client #3 walked around without the assistance of staff. He was observed independently walking to his room from the living room and from the living room to the dining area among many more. Interview on 1/28/2020 during the observation of Staff A and later of Staff B revealed the gait vest should be held whenever he is up and walking. Staff B was asked well why do I see him walking around with nobody holding onto his vest? She	W 249			

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W 249	Continued From page 2 indicated yes "sometimes they just get up and go and we watch them." Review of client #3's record on 1/28/2020 revealed "Fall prevention and Safety Guidelines" dated as "Revised 11/20/19." These guidelines noted, "Please use a gait vest to assist {Client #3} during navigation. If a gait vest is not available please use a gait belt." Interview on 1/28/2020, with the qualified intellectual disability professional (QIDP), confirmed client #3 should be assisted by staff holding onto the gait vest when he is walking.	W 249			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure a technique to manage a behavior was incorporated into an active treatment program. This affected 1 of 4 audit clients (#3). The finding is: Client #3's use of the gait vest backward (restricting his ability to take it off independently) was not addressed by an active treatment plan. Throughout observations on 1/27/2020 and 1/28/2020, client #3 was seen walking around with the gait vest on backward. The zipper being in the back and the handle in the front.	W 288			

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W 288	Continued From page 3 Interview with staff A and Staff B on 1/27/2020 and 1/28/2020, revealed client #3 wears the gait belt backwards because he unzips the vest if it is on frontward. Review on 1/28/2020 of client #3's record revealed, "Fall prevention and Safety Guidelines" dated as "Revised 11/20/19." These guidelines noted, "Please use a gait vest to assist {Client #3} during navigation. If a gait vest is not available please use a gait belt. Can put the gait vest on backwards....secondary to increased attempts to remove." Additional review on 1/28/2020 revealed a behavior support program dated September 26, 2019. The program was a level II but did not address client #3's behavior of attempting to the gait vest off. Further interview with the qualified intellectual disability professional (QIDP) on 1/28/2020 confirmed the vest is on backward to keep client #3 from unzipping it. She further confirmed this means of managing the behavior is not incorporated into an active treatment plan to address the behavior.	W 288			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations and record reviews, the	W 369			

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W 369	<p>Continued From page 4</p> <p>facility failed to assure 2 of 26 observed medications were given without error. This affected 2 of 4 audit clients (#4 and #6). The findings are:</p> <p>1. Client #4 did not receive her Polyeth Glyc Powder.</p> <p>During observations on 1/28/2020 of the morning medication pass at 7:00am, client #4 received Oyscal, Klor-con, Keppra, Enalapril, Cranberry, Tylenol. She did not receive Plyeth Glyc Powder.</p> <p>Review of client #4's current physician's orders dated 12/13/19 revealed she should also receive Polyeth Glyc POW 3350 NF for Gavilax to be given at 8am.</p> <p>Interview with the qualified intellectual disability professional (QIDP) and the nurse on 1/28/2020 confirmed the order is current and she should have received the Polyeth Glye Powder.</p> <p>2. Client #6 did not receive her Flonase.</p> <p>During observations on 1/28/2020 of the morning medication pass at 8:00am, client #6 received Estradiol, Abilify, Buspar, Cranberry, Prozac, Intuniv, Lamictal and Omeprazole. She did not receive Flonase.</p> <p>Review of the most recent doctor's orders dated, 2/1/20-5/1/20 revealed an order for Flonase, one spray in each nostril daily (7am).</p> <p>Interview with the QIDP and the nurse on 1/28/2020 confirmed the order is current and she should have received Flonase during the morning medication pass.</p>	W 369			

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