STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G211	A. BUILDING _____ B. WING _____	06/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA GROUP HOME	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 000	INITIAL COMMENTS A recertification survey and complaint survey was completed 6/8/21 for Intake #NC00177727. No deficiencies were cited for the complaint; However, deficiencies were cited as a result of the recertification.	W 000		
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 reviews and interviews, the facility failed to ensure 6 of 6 audit clients (#1, #2, #3, #4, #5 and #6) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of meal preparation, adaptive devices and active treatment. The findings are: A. During observations in the home on 6/7/21 from 11:30am through 12:10pm, client #2 was observed sitting in his bedroom in his wheelchair, in front of his television. At 12:10pm, client #2 was pushed in his wheelchair from his bedroom to the dining room. Additional observations in the home on 6/7/21 from 3:00pm through 5:50pm, client #2 was observed laying in bed. At 5:50pm,	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 249	Continued From page 1 client #2 was assisted with getting up and was pushed in his wheelchair to the dining room. At no time during the observations was client #2 involved in any active treatment activities. Further observations in the home from 6:15am through 7:36am, client #2 was observed sitting in his bedroom. At no time during the observation was client #2 involved in any active treatment activities. Interview on 6/8/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that client #2 prefers to sit in his bedroom, as loud noises and people talking causes him to yell and become agitated. The QIDP confirmed that client #2 should have been prompted and engaged in active treatment activities, sensory activities, etc. even if staff were to do these things in his bedroom with him. B. During observations in the home on 6/7/21 through 6/8/21, client #6 did not wear a palm protector/rolled terry cloth in his right hand. Review on 6/7/21 of client #6's IPP dated 3/8/21 revealed client #6 wears a palm protector/terry cloth rolled in his right hand daily for moisture. Interview on 6/8/21 with Staff C revealed client #6 should wear a palm protector every day, but staff did not know where the palm protector was. Interview on 6/8/21 with the QIDP revealed client #6 chooses to wear or not wear his palm protector. The QIDP revealed that team has not explored the option of encouraging or prompting client #6 to wear his palm protector. The QIDP confirmed client #6 should wear the palm	W 249		

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W 249	Continued From page 2 protector daily as indicated by the IPP. C. During observations in the home on 6/7/21 from 4:35pm through 6:30pm, Staff C was observed to prepare the evening meal. At no time during meal preparation were clients involved, and two times during the course of meal preparation, client #5 asked to help in the kitchen but was told no. Additional observations in the home on 6/8/21 from 7:00am through 7:36am, Staff C was observed to prepare the breakfast meal. At no time during the meal preparation were clients involved. Review on 6/7/21 of client #5's IPP dated 5/25/21 revealed client #5 enjoys helping on the kitchen of her home. Interview on 6/8/21 with the QIDP revealed that all clients in the home have the capability to help prepare meals in some way, and that client #5 in particular enjoys helping in the kitchen. The QIDP revealed that the expectation is for a client to be as involved as much as possible during meal preparation. The QIDP confirmed clients should have been actively participating in helping prepare dinner on 6/7/21 and breakfast on 6/8/21.	W 249		
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by:	W 368		

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W 368	Continued From page 3 Based on observations, record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 2 of 6 audit clients (#1 and #3). The findings are: A. During observations of medication administration in the home on 6/7/21 at 4:15pm, Staff D was observed to look through the medication cabinet and state to client #1 on two occasions, "I cannot find your cream." Staff D was observed to give client #1 one Ensure Plus and a cup of water. Interview on 6/7/21 with Staff D revealed that client #1 does not receive a cream at 4:00pm, but only receives an Ensure Plus and cup of water. Additional observations of medication administration in the home on 6/8/21 at 6:30am revealed Staff D to administer one Metoclopramide 5mg tablet to client #1. No other medications were administered at this time. Review on 6/7/21 of client #1's Physician's Orders dated 4/1/21 revealed an order for Calazime, "Apply to buttocks three times a day for skin protectant," to be administered at 7:00am and 4:00pm. Interview on 6/8/21 with the facility Nurse confirmed that client #1 should have received the Calazime cream at the 4:15pm medication pass on 6/7/21 and at the 6:30am medication pass on 6/8/21 as the physician's orders indicate. B. During observations of medication administration in the home on 6/7/21 at 12:03pm, Staff C was observed to administer one	W 368		

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W 368	Continued From page 4 Tamsulosin 0.4mg capsule, "Take 1 capsule by mouth daily after lunch" to client #3. Client #3 was observed to then eat lunch at 12:15pm. Review on 6/8/21 of client #3's Physician's Orders dated 6/1/21 revealed an order for Tamsulosin 0.4mg, "Take 1 capsule by mouth daily after lunch." Interview on 6/8/21 with the facility Nurse confirmed client #3 should not have taken his medication until after he ate lunch as the physician orders indicate.	W 368		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure all medications were kept locked except when being administered. The finding is: During observations of medication administration in the home on 6/7/21, Staff D was observed to administer client #3 his medications. At 4:05pm, Staff D walked out of the medication room, leaving the medication cabinet opened and the keys to the cabinet laying on the table, while the surveyor and client #3 were left in the room. Staff D walked back in the room and handed client #3 a cup of lemon water. At 4:09pm, Staff D was observed to assist client #3 out of the medication room, leaving the cabinet unlocked and the keys laying on the table with the surveyor still standing	W 382		

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W 382	Continued From page 5 in the room. At 4:12pm, Staff D was observed to walk back into the room, sanitize the chair, and walk out again to go get client #1 for him to take his medications. The cabinet remained unlocked and the keys remained laying on the table in the room. Interview on 6/8/21 with the facility Nurse confirmed that the medication cabinet should have been locked each time Staff D walked out of the room and Staff D should have kept the keys on her person.	W 382		
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure all medications were kept locked except when being administered. The finding is: During observations of medication administration in the home on 6/7/21, Staff D was observed to administer client #3 his medications. At 4:05pm, Staff D walked out of the medication room, leaving the medication cabinet opened and the keys to the cabinet laying on the table, while the surveyor and client #3 were left in the room. Staff D walked back in the room and handed client #3 a cup of lemon water. At 4:09pm, Staff D was observed to assist client #3 out of the medication room, leaving the cabinet unlocked and the keys laying on the table with the surveyor still standing in the room. At 4:12pm, Staff D was observed to walk back into the room, sanitize the chair, and	W 383		

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	34G211	A. BUILDING _____ B. WING _____	06/08/2021

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W 383	Continued From page 6 walk out again to go get client #1 for him to take his medications. The cabinet remained unlocked and the keys remained laying on the table in the room. Interview on 6/8/21 with the facility Nurse confirmed that the medication cabinet should have been locked each time Staff D walked out of the room and Staff D should have kept the keys on her person.	W 383		
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure the potential for cross-contamination was prevented. This potentially affected all clients residing in the home (#1, #2, #3, #4, #5 and #6). The finding is: During observations in the home on 6/7/21 through 6/8/21, staff were observed to wear face masks. Throughout the observations, Staff D was observed to wear her mask below her nose, and Staff C was observed to not wear a mask at all. Interview on 6/8/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that due to the pandemic and COVID-19, staff working in the home must wear face masks at all times. The QIDP confirmed that masks should be worn in a manner that covers the mouth and nose and worn throughout staff's entire working shift.	W 454		

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W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 3 of 6 audit clients (#1, #3 and #4) received their specially prescribed diet as indicated. The findings are: A. During observations in the home on 6/7/21 at 12:34pm, client #3 was observed to finish eating his lunch. Staff A was observed to bring client #3 a bowl of ice cream, emptied from a cup of store brand, regular ice cream. Review on 6/7/21 of client #3's Individual Program Plan (IPP) dated 12/21/20 revealed client #3's diet consists of Lactaid Milk. Further review of client #3's IPP revealed a diagnosis of Lactose Intolerance. Interview on 6/8/21 with Staff C revealed client #3 is lactose intolerant, and only receives lactaid milk, and should not have gotten regular ice cream. Interview on 6/8/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed that client #3 should not have received regular ice cream. B. During observations in the home on 6/8/21 at 7:36am revealed client #4 observed eating breakfast. Client#4's breakfast included cinnamon flavored oatmeal. The oatmeal had	W 460		

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	34G211	A. BUILDING _____ B. WING _____	06/08/2021

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W 460	Continued From page 8 whole pieces of oats in it. Review on 6/8/21 of client #4's IPP dated 12/21/20 revealed a pureed diet. Interview on 6/8/21 with the QIDP revealed a pureed diet should be smooth and very soft. The QIDP confirmed that client #4's oatmeal should have been modified to a pureed consistency. C. During observations in the home on 6/8/21 at 7:36am, client #1 was observed eating breakfast. Client #1's breakfast included blueberry oatmeal. The oatmeal had pieces of whole pieces of oats and large chunks of blueberries in it. Additional observations during breakfast revealed client #1 drinking juice from a cup with a straw. At 7:45am, client #1 gave Staff C his cup, which was empty. Staff C asked client #1 if he wanted more juice. Staff C was observed to pour kool-aid from a pitcher into the cup and handed the cup to Client #1. Client #1 was observed to drink approximately 2/3's of the beverage without difficulty. Review on 6/7/21 of diet orders dated 2/10/21 posted on the kitchen cabinet of the home revealed client #1's diet as pureed, with honey thickened liquids. Interview on 6/8/21 with the Home Manager (HM) revealed thickener should have been added to the cup. Observations by the HM and Surveyor of the liquid left in the cup confirmed the liquid to be thin, not thickened. Interview on 6/8/21 with the QIDP confirmed client #1's oatmeal should have been pureed, and his liquid should have been thickened as ordered	W 460		

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	34G211	A. BUILDING _____ B. WING _____	06/08/2021

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W 460	Continued From page 9 by his diet	W 460		