STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _	······			
		MHL031-038	B. WING			R 01/14/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
MAGNOI	LIA GROUP HOME		RTH PETERSO LIA, NC 28453				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
V 000	INITIAL COMMEN	rs	V 000				
		w up survey was completed 2. Deficiencies were cited.					
		sed for the following service: 600C Supervised Living for omental Disability.					
	The survey sample current clients.	consisted of audits of 3					
V 118	27G .0209 (C) Med	lication Requirements	V 118				
	 only be administered order of a person a drugs. (2) Medications shat clients only when a client's physician. (3) Medications, include the distribution of the distributic of the di	inistration: non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by trained by a registered nurse r legally qualified person and re and administer medications dministration Record (MAR) of red to each client must be kep is administered shall be ely after administration. The					
	(E) name or initials drug.	of person administering the for medication changes or					

	of Health Service Re				1	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL031-038	B. WING			R 14/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
MAGNO	LIA GROUP HOME		TH PETERSO IA, NC 28453			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 118	Continued From pa	ige 1	V 118			
		corded and kept with the MAR appointment or consultation				
	interview, the facilit were administered physician, recordec administration, and	ion, record review and y failed to ensure medications on the written order of a				
	-Admitted: 4/23/200 -Diagnoses: Impuls Mental Retardation Otherwise Specified NOS -No order for Rispe PRN (as needed) 1 (agitation). -Discontinued order 1 tablet every 12 hr	e Control Disorder, Mild , Psychological Disorder Not d (NOS), and Mood Disorder pridone .5 milligrams (mg) tablet every 12 hours (hrs) r for Risperidone .5 mg PRN rs dated 1/13/22. /21 for Benztropine .5 mg				
	2021-January 2022 -No staff initials on mg AM dose. -Transcribed order	of client #4's November 2 MARs revealed: 12/31/21 for Benztropine .5 for Risperidone .5 mg PRN 1 on MAR but no physician				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
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		MHL031-038	B. WING			14/2022
IAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
AGNO	LIA GROUP HOME		TH PETERSOI			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 118	Continued From pa	ge 2	V 118			
	Interview on 1/13/2 -He received his mo -Staff had never mi medications.					
	Finding #2: Review on 1/13/22 of client #5's record revealed: -25 year old male admitted 6/1/21. -Diagnoses included Autism Spectrum Disorder, Moderate Intellectual Developmental Disability, and history of Colitis.					
	orders and the corr revealed: -10/21/21 and 11/18 daily in am and 6 pr -9/23/21 and 11/18/ tablets, twice daily i -10/4/21 and 11/18/ daily. -9/23/21 and 11/18/ times daily. (anxiety	 '21: Oxcarbazepine 300 mg, 2 n am and 7 pm. (anxiety) '21: Benztropine 1 mg 3 times '21: Propranolol 10 mg 3 ', off label use) '21: Lorazepam 1 mg daily as 				
	1/12/22 revealed: -Risperidone 3 mg documented as adr pm. -Oxcarbazepine 30 scheduled and doc at 8 am and 7 pm. -Benztropine 1 mg the following sched 11/5/21 at 2 pm; 10 -Propranolol 10 mg	ninistered daily at 8 am and 6 0 mg, 2 tablets, was umented as administered daily had not been documented for uled doses: 1/7/22 at 2 pm;				

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If continuation sheet 3 of 12

of Health Service Re	egulation				APPROVED
NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
	MHL031-038	B. WING			R 14/2022
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
LIA GROUP HOME					
		ID			(X5)
		PREFIX TAG	CROSS-REFERENCED TO T	THE APPROPRIATE	COMPLETE DATE
Continued From pa	ige 3	V 118			
on 12/16/21 or 1/12 -A handwritten stick November 2021 M/ Please sign 2 pm B Propranolol 10 mg. Review on 1/13/22 sign out log for Dec 2022 revealed Lora on 12/16/21 and 1/ documented. Observations on 1/ pm of client #5's m -"8 PM" was handw of Risperidone 3 m read to administer to pm. -"8 PM" was handw of Oxcarbazepine 3 label read to admin Interview on 1/13/22 -Staff administered -The facility was ne Interview on 1/13/22 stated: -The evening doses and Oxcarbazepine pm because the Ex Professional (ED/Q bubble packs. -She had given clie 1/7/22 and had forg -She had given clie	2/22 for anxiety. (xy note was attached to the AR which read, "[Staff #6] Benztropine 1 mg and 3 pm " of client #5's controlled drug cember 2021 and January azepam 1 mg was signed out 12/22; no times had been 13/22 between 11 am and 12 nedications on hand revealed: vritten on the bubble pack card g, labeled,"PM." The label the medication at 8am and 6 vritten on the bubble pack card 300 mg, labeled,"PM." The ister 2 tablets in am and 7 pm 2 client #5 reported: his medications on time. ever out of his medications. 2 the Group Home Manager s of client #2's Risperidone e were both administered at 8 accutive Director/Qualified (P) had written "8 pm" on the nt #5 his 2 pm Benztropine on gotten to sign the MAR. nt #5 his Lorazepam on				
	PROVIDER OR SUPPLIER LIA GROUP HOME SUMMARY STA (EACH DEFICIENCIES REGULATORY OR L Continued From pa 10/29/21 at 3 pm. -No doses of Loraz on 12/16/21 or 1/12 -A handwritten stick November 2021 M/ Please sign 2 pm E Propranolol 10 mg. Review on 1/13/22 sign out log for Dec 2022 revealed Lora on 12/16/21 and 1/ documented. Observations on 1/ pm of client #5's m -"8 PM" was handw of Risperidone 3 m read to administer f pm. -"8 PM" was handw of Oxcarbazepine label read to admini Interview on 1/13/2 -Staff administered -The facility was ne Interview on 1/13/2 stated: -The evening doses and Oxcarbazepine pm because the Ex Professional (ED/C bubble packs. -She had given clie 1/7/22 and had forg -She had given clie	IDENTIFICATION NUMBER: MHL031-038 PROVIDER OR SUPPLIER STREET AI LIA GROUP HOME 240 NOR MAGNOI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 10/29/21 at 3 pm. -No doses of Lorazepam 1 mg were documented on 12/16/21 or 1/12/22 for anxiety. -A handwritten sticky note was attached to the November 2021 MAR which read, "[Staff #6] Please sign 2 pm Benztropine 1 mg and 3 pm Propranolol 10 mg." Review on 1/13/22 of client #5's controlled drug sign out log for December 2021 and January 2022 revealed Lorazepam 1 mg was signed out on 12/16/21 and 1/12/22; no times had been documented. Observations on 1/13/22 between 11 am and 12 pm of client #5's medications on hand revealed: -"8 PM" was handwritten on the bubble pack card of Risperidone 3 mg, labeled,"PM." The label read to administer the medication at 8am and 6 pm. -"8 PM" was handwritten on the bubble pack card of Oxcarbazepine 300 mg, labeled,"PM." The label read to administer 2 tablets in am and 7 pm. Interview on 1/13/22 client #5 reported: -Staff administered his medications on time. -The facility was never out of his medications. Interview on 1/13/22 the Group Home Manager stated: -The evening doses of client #2's Risperidone and Oxcarbazepine were both administered at 8 pm because the Executive Director/Qualified Professional (ED/QP) had written "8 pm" on the bubble packs.	NT OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE A. BUILDING: B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S LIA GROUP HOME 240 NORTH PETERSO MAGNOLIA, NC 28453 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 3 V 118 10/29/21 at 3 pm. -No doses of Lorazepam 1 mg were documented on 12/16/21 or 1/12/22 for anxiety. V 118 -No doses of Lorazepam 1 mg were documented on 12/16/21 and 1/12/22 of client #5's controlled drug sign out log for December 2021 and January 2022 revealed Lorazepam 1 mg was signed out on 12/16/21 and 1/12/22; no times had been documented. Observations on 1/13/22 between 11 am and 12 pm of client #5's medications on hand revealed: -"8 PM" was handwritten on the bubble pack card of Risperidone 3 mg, labeled, "PM." The label read to administer the medication at 8am and 6 pm. 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WING 01/ PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 01/ LIA GROUP HOME 240 NORTH PETERSON STREET 01/ MALDOT VOL SC DENTIFING INFORMATION) PREFX PROVIDER'S PLAN OF CORRECTIVE ACTION SHOLD BE (EACH OFFICIENCY MUST BE PRECEDED BY FULL PREFX PROVIDER'S PLAN OF CORRECTIVE ACTION SHOLD BE (EACH OFFICIENCY MUST BE PRECEDED BY FULL PREFX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY (Continued From page 3 (V118) V118 (EACH OFFICIENCY ACTION SHOLD BE (V1/29/21 at 3 pm. -No doses of Lorazepam 1 mg were documented on 12/16/21 or 11/3/22 for anxiety. V118 (EACH OFFICIENCY) Please sign of to go for December 2021 and January 2022 revealed Lorazepam 1 mg was signed out on 1/13/22 of client #5's controlled drug sign out to group the medications on hand revealed: -** PN' was handwritten on the bubble pack card of Kisperidone 3 mg, labeled, "PM." The label read to administer the medications on time. -** -** -** PN' was handwritten on the bubble pack card of Oxcarbazepine 300 mg, labeled, "PM." The label read to administer 2 tablets in am and

Division of Health Service Regulation STATE FORM

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		MHL031-038	B. WING		R 01/14/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
MAGNO	LIA GROUP HOME		TH PETERSO			
			IA, NC 28453			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	ge 4	V 118			
	-She contacted the obtained a physicia .5 mg PRN. -She believed the b a documentation er -The Group Home I 12/31/21 and initial of client #4's medic -She had instructed medication on the of medications were a -She would ask the initial the MAR for of Benztropine if they initialed for that dos -Client #4's Decem discarded. -She had left the no November 2021 MA -She reviewed MAF and if there were bl who initialed that do leave a note for tha -She had written "8 bubble packs for Ri Oxcarbazepine 300 time for the medica hour of the ordered -She would follow u dosing times for clie Oxcarbazepine.	Manager was working on ed the MAR for all of the rest ations. I staff to initial each client's medication pack after dministered. Group Home Manager to client #4's 12/31/21 dose of had the previous bubble pack cage. ber medication pack had been on the previous bubble pack cage. ber medication pack had been on the of each month anks she would look to see on the bubble pack and t staff to sign off on the MAR. pm" on client #5's evening speridone 3 mg and 0 mg, thinking this would allow tions to be given within an dosing times. p with staff on the ordered ent #5's Risperidone and o accurately document tration, it could not be s received their medications				

Division	of Health Service Re	egulation			FURIN	APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		MHL031-038	B. WING		R 01/14/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
MAGNO	LIA GROUP HOME	240 NOR	TH PETERSO	N STREET		
MAGNO		MAGNOL	IA, NC 28453	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 5	V 133			
V 133	G.S. 122C-80 Crim	- inal History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As u "provider" applies to program and any pr developmental disa services that is licer Chapter. (b) Requirement A provider licensed un applicant to fill a po- applicant to fill a po- applicant to have an conditioned on con- criminal history reco- the applicant has be less than five years is conditioned on co- criminal history reco- national criminal his include a check of to the applicant has be five years or more, on consent to a Sta check of the applican- criminal history reco- section. Except as o subsection, within fi the conditional offer shall submit a reque- Justice under G.S. criminal history reco- section or shall sub- entity to conduct a S check required by the					

	of Health Service Re		1			
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		MHL031-038	B. WING			R 14/2022
	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	TATE, ZIP CODE		
		240 NOR	TH PETERSO	N STREET		
VIAGNOL	IA GROUP HOME	MAGNOL	IA, NC 28453	1		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
V 133	Continued From pa	ge 6	V 133			
	return the results of	national criminal history				
		mployment positions not				
	covered by Public L	aw 105-277 to the				
		lth and Human Services,				
	Criminal Records Check Unit. Within five					
	business days of receipt of the national criminal					
	history of the person, the Department of Health and Human Services, Criminal Records Check					
		e provider as to whether the d may affect the employability				
		no case shall the results of the				
	national criminal history record check be shared		Ŧ			
	with the provider. Providers shall make available					
		cation that a criminal history				
		mpleted on any staff covered				
	by this section. A co	ounty that has adopted an				
	appropriate local or	dinance and has access to				
		inal Information data bank				
		half of a provider a State				
	,	ord check required by this				
		provider having to submit a				
		artment of Justice. In such a all commence with the State				
		ord check required by this				
	section within five b	usiness days of the				
		employment by the provider.				
		nformation received by the				
		itial and may not be disclosed,				
	except to the applic	ant as provided in subsection				
	(c) of this section. F					
		n "private entity" means a				
		engaged in conducting				
		ord checks utilizing public				
	records obtained fro					
		oplicant's criminal history Is one or more convictions of				
		the provider shall consider all				
		•				
		ors in determining whether to				
	hire the applicant:	ors in determining whether to				

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Division	of Health Service Re	gulation				APPROVE
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL031-038	B. WING			R 14/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
MAGNOI	IA GROUP HOME	240 NOR	TH PETERSO	N STREET		
MAGNOL		MAGNOL	IA, NC 28453			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 7	V 133			
vision of H	 (1) The level and set (2) The date of the p (3) The age of the p conviction. (4) The circumstance commission of the of (5) The nexus between the person and the filled. (6) The prison, jail, rehabilitation, and e person since the dat (7) The subsequent a relevant offense. The fact of conviction shall not be a bar to a listed factors shall be the provider disque consideration of the provider may disclos the criminal history to the disqualification of the criminal history (2) Failure to check criminal offenses if history record check compliance with this side (e) Relevant offense if near the criminal history if the check criminal offenses if history record check compliance with this side (e) Relevant offense if near the criminal history if the check criminal history if the check criminal offenses if history record check compliance with this side (e) Relevant offense if history record check compliance with this side (e) Relevant offense if history record check compliance with this side) (e) Relevant offense if history record check compliance with this side) (e) Relevant offense if history record check compliance with this side) (e) Relevant offense if history record check compliance with this side) (for the criminal history if the check compliance with this side) (for the check compliance with this side) (for	eriousness of the crime. crime. berson at the time of the ces surrounding the crime, if known. een the criminal conduct of job duties of the position to be probation, parole, employment records of the te the crime was committed. commission by the person of on of a relevant offense alone of employment; however, the be considered by the provider. tailifies an applicant after e relevant factors, then the se information contained in record check that is relevant on, but may not provide a copy ry record check to the y A provider and an officer ovider that, in good faith, ection shall be immune from e provider to employ an sis of information provided in record check of the individual. an employee's history of the employee's criminal k is requested and received in				

	of Health Service Re		r			
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		MHL031-038	B. WING	B. WING		R 14/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
MAGNO	LIA GROUP HOME		TH PETERSO IA, NC 28453			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET
V 133	Continued From pa	ge 8	V 133			
	persons needing m disabilities, or subst crimes include the of any of the following General Statutes: A Issuing Monetary S Endangering Execut Article 6, Homicide; Sex Offenses; Artic Kidnapping and Abo Injury or Damage by Incendiary Device of and Other Housebr Other Burnings; Arti Robbery; Article 18, False Pretenses an Obtaining Property Fraudulent Use of O Article 19B, Financi Act; Article 20, Frau 26, Offenses Agains Decency; Article 26 Article 27, Prostituti 29, Bribery; Article 35, O	for the safety and well-being of ental health, developmental ance abuse services. These criminal offenses set forth in Articles of Chapter 14 of the rticle 5, Counterfeiting and ubstitutes; Article 5A, tive and Legislative Officers; Article 7A, Rape and Other le 8, Assaults; Article 10, duction; Article 13, Malicious y Use of Explosive or or Material; Article 14, Burglary eakings; Article 15, Arson and icle 16, Larceny; Article 17, Embezzlement; Article 19, d Cheats; Article 19A, or Services by False or Credit Device or Other Means; al Transaction Card Crime ids; Article 21, Forgery; Article st Public Morality and A, Adult Establishments; on; Article 28, Perjury; Article 31, Misconduct in Public ffenses Against the Public Riots and Civil Disorders;				
	Intoxication; and Art Crime. These crime sale of drugs in viol Controlled Substand 90 of the General S offenses such as sa violation of G.S. 181	mily; Article 59, Public ticle 60, Computer-Related as also include possession or ation of the North Carolina ces Act, Article 5 of Chapter tatutes, and alcohol-related ale to underage persons in 3-302 or driving while of G.S. 20-138.1 through				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
			B. WING		Б	
		MHL031-038			R 01/14/2022	
AME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
IAGNOL	IA GROUP HOME		TH PETERSO IA, NC 28453			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CC	RRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)		COMPLET DATE
V 133	Continued From pa	ige 9	V 133			
	applicant for emplo supplies, or otherwi an employment app criminal history reco shall be guilty of a 0 (g) Conditional Emp employ an applican obtaining the result check regarding the following requirement (1) The provider sh prior to obtaining th criminal history reco subsection (b) of th fingerprint cards as (2) The provider sh criminal history reco business days after conditional employr 2001-155, s. 1; 200 2005-4, ss. 1, 2, 3, This Rule is not me Based on record re facility failed to require checks within five b	all not employ an applicant the applicant's consent for ord check as required in its section or the completed a required in G.S. 114-19.10. all submit the request for a ord check not later than five r the individual begins ment. (2000-154, s. 4; 04-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				

STATE FORM

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:		Б		
		MHL031-038	B. WING			R 01/14/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
MAGNO	LIA GROUP HOME		RTH PETERSO LIA, NC 28453				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 133	Continued From pa	age 10	V 133				
	-No documentation request.	of a criminal background					
	reported: -She worked Mond am on Monday to 5 -Some of her respo administering medi	onsibilities included					
	-She had not follow the prior survey cor -She had submitted fingerprints to the s never received the report.	2 the Executive Professional reported: ved up on this deficiency from mpleted on 10/17/19. d the Group Home Manager's state prior to 10/17/19 but had criminal background check hit the criminal background					
	This deficiency con and must be correc	stitutes a re-cited deficiency cted within 30 days.					
V 736	10A NCAC 27G .03 EXTERIOR REQU (c) Each facility and maintained in a saf	ty and Grounds Maintenance 303 LOCATION AND IREMENTS d its grounds shall be fe, clean, attractive and orderly be kept free from offensive	V 736				
	maintained in a saf manner and shall b	e, clean, attractive and orderly	,				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SU COMPLE	
		MHL031-038	B. WING			R 14/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
MAGNO	LIA GROUP HOME		TH PETERSON IA, NC 28453			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 736	This Rule is not me Based on observati was not maintained manner. The finding Observation and too between 10:00 am- -Laundry room ceilin -Bathroom with tub: around the tub and the wall between the -Client #5's bedroor base of the television top extended past the -Client #2's bedroor the room had a piece top that was missing side of the room wat the top. Interview on 1/13/22 reported: -The Executive Direct (ED/QP) was respond facility repairs. -The laundry room of due to an electrical -The ED/QP was aw room light and was Interview on 1/13/22 -She was aware of the right side of the -The property owne home and would de of repair would take -She would find a se	et as evidenced by: on and interview the facility in a safe, clean and attractive gs are: ur on 1/13/22 of the facility 11:00 am revealed: ng light was inoperable. Paint cracked and peeling sink. Rust colored areas on e sink and tub. m: The pedestal feet at the on set placed on the dresser he edge of the dresser. m: Dresser on the right side of ce of the 3rd drawer from the g and the dresser on the left is missing the 3rd drawer from 2 the Group Home Manager ector/Qualified Professional nsible for coordination of ceiling light was inoperable shortage in the light. ware of the inoperable laundry working to have it repaired. 2 the ED/QP reported: the issues in the bathroom on hallway. r coordinated repairs to the esignate each year what type	V 736	DEFICIENC	;γ)	