

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

PRINTED: 07/27/2022
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

07/26/2022

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
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W 210

INDIVIDUAL PROGRAM PLAN
CFR(s): 483.440(c)(3)

Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.

This STANDARD is not met as evidenced by:
Based on record review and interview the facility failed to ensure the interdisciplinary team completed preliminary accurate assessments within 30 days after admission. This affected 2 of 2 newly admitted audit clients (#2 and #4). The findings are:

A. Review on 7/25/22 of client #2's individual program plan (IPP) dated 6/15/22 revealed she was admitted to the facility on 5/16/22. Further review of her initial interdisciplinary evaluations revealed a speech evaluation could not be located.

Interview on 7/25/22 with the Quality Assurance Specialist confirmed a speech evaluation for client #2 had not been completed.

B. Review on 7/25/22 of client #4's IPP dated 3/30/22 revealed she was admitted to the facility on 3/1/22. Further review of her initial interdisciplinary evaluations revealed a speech evaluation could not be located.

Interview on 7/25/22 with the Quality Assurance Specialist confirmed a speech evaluation for client #4 had not been completed

W 227

INDIVIDUAL PROGRAM PLAN
CFR(s): 483.440(c)(4)

The individual program plan states the specific

W 210

W 227

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

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.

TITLE

(X5) DATE

8/8/2022

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objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observations, interview and record review, the facility failed to assure the individual program plan (IPP) for 1 of 4 audit clients (#6) included objective training to meet the client's positioning and medication administration needs. The findings are:

A. During observations at the facility on 7/25/22 from 3:30pm-6:40pm client #6 remained in his wheelchair either in his bedroom, the living area, office or in the dining room. At no time during these observations, was he offered alternate positioning.

During observations at the facility on 7/26/22 from 6:00am-8:45am client #6 was positioned in his wheelchair in the living area, his bedroom, the office area or the dining room area. At no time during these observations, was he offered alternate positioning.

Interview on 7/25/22 with client #6 in his bedroom area revealed he does not have a chair in his bedroom and the only other alternate positioning he would have in his bedroom would be to transfer to his bed. Additional interview revealed his back sometimes gets tired from sitting in his wheelchair for long periods of time.

Review on 7/25/22 of client #6's individual program plan (IPP) dated 2/16/22 revealed client #6 is diagnosed with Status Post Traumatic Brain Injury, Cerebral Palsy, Depression and a Seizure Disorder. Further review of the IPP revealed client #6 is non-ambulatory and uses a wheelchair for

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mobility. Additional review of the IPP revealed a
mechanical hooyer lift is used for transfers out of
client #6's wheelchair to his bed. There was no
information regarding any recommendations for
out of wheelchair time or alternate positioning in
client #6's IPP.

Review on 7/25/22 of client #6's nursing
evaluation dated 2/22/22 revealed he is continent
of bladder but has bowel incontinence. Further
review of this evaluation revealed client #6 has
been treated for a lesion in his groin area during
the past year.

Interview on 7/26/22 with the Director of Quality
Assurance confirmed client #6 does not have a
chair in his bedroom or any alternate positioning
guidelines in his IPP.

B. During observations of the medication
administration pass on 7/26/22 at 7:00am, staff G
assisted client #6 to punch out pills, and told him
what medications he was receiving. During the
medication pass client #6 received the following:
Abilify 5 mg., Cogentin 0.5mg, Celexa 40mg.,
Keppra 75mg., Protonix 40 mg., Vitamin D3 1,000
units and Aspirin 81 mg. Staff G poured client
#6's water and client #6 disposed of his trash.

Interview on 7/26/22 with client #6 regarding his
medications revealed he understood that his
Abilify was to address his diagnosis of
Depression. When asked if he knew any of the
side effects of his medications, he said, "No, but I
probably ought to work on that."

Review on 7/26/22 of client #6's IPP dated
2/16/22 revealed he has training goals to assist
with putting on his compression socks with 80%

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W 227	Continued From page 3 independence, brush his teeth with an electric toothbrush with 80% independence, sweep the dining room floor with a Swiffer brush with 80% independence and range of motion exercises weekly. There is no training in the area of medication administration identified in the IPP.	W 227			
W 249	Interview on 7/26/22 with the Director of Quality Assurance confirmed that medication administration training had not been identified for client #6. 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 3 of 4 audit clients (#2, #4 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 behavioral intervention, self care and home living skills. The findings are: A. Throughout observations on 7/25/22 from 3:30pm-6:40pm, client #4 was noted to periodically put her thumb in her mouth without	W 249			

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redirection from staff. For example: during
observations in the living room at 5:00pm, client
#4 walked through the room with her thumb in her
mouth (No redirection from staff). At 5:20pm,
client #4 was verbally cued to leave the kitchen
area by staff B, she walked in and out of the
kitchen with her thumb in her mouth. (No
redirection from staff). At 6:05pm, client #4
walked back inside from the porch with the
Residential Manager (RM) with her thumb in her
mouth (No redirection from staff).

Review on 7/25/22 of client #4's behavior support
program (BSP) H4A revealed client #4 will reduce
the frequency of target behaviors to 0 for 10 of 12
months. Further review of this BSP revealed her
target behaviors were listed as non-compliance
and physical aggression. Additional review of this
program revealed staff are to redirect client #4
from putting her fingers in her mouth.

Review on 7/25/22 of client #4's IPP dated
3/30/22 revealed staff are to redirect client #4
from putting her hands in her mouth.

Interview on 7/26/22 with the Director of Quality
Assurance revealed staff should redirect client #4
from putting her hands in her mouth.

B. During observations on 7/25/22 from
5:15pm-6:15pm, client #4 was verbally and
physically redirected out of the kitchen area
where staff A and client #2 were preparing
supper. Client #4 reached over client #2 several
times and had to be redirected to another area by
staff B and the residential manager (RM). At
5:50pm, client #4 attempted to reach over to the
stove and was redirected by staff A and the RM
to the outside of the facility to a table on the

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porch. At 6:00pm, client #4 walked into kitchen and attempted to reach over client #2 who was helping with meal preparation. The RM was able to redirect her out of the kitchen area briefly, however several minutes later she walked back into the kitchen area and stood next to the counter. The RM again tried several times to redirect her out of the kitchen. At 6:10pm, she was prompted to sanitize her hands for supper.

During observations of supper at 6:15pm, client #4 briefly sat down at the dining room table with clients #1, #2, #3, #5 and #6 and then left to go her bedroom.

Interview on 7/25/22 with staff A revealed client #4 has food seeking behaviors and is almost impossible redirect during meal preparation in the kitchen area. When asked if these behaviors had been discussed with the Psychologist, staff A stated, "I am not certain."

Interview on 7/25/22 with the RM confirmed client #4's food seeking behaviors are constantly challenging for the direct care staff that work with her. When asked if Psychology staff had been made aware of this issue, the RM stated she did not know if the qualified intellectual disabilities professional (QIDP) had discussed this with the Psychologist.

Review on 7/25/22 of client #4's IPP dated 3/30/22 revealed: [client #4] is allowed to eat first at all meals and peers join shortly afterwards. Allows for more time to eat and also decreases attempts to steal food at the table.

Interview on 7/26/22 with the quality assurance specialist confirmed staff should redirect client #4

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W 249

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from her food seeking behaviors and give her the
opportunity to eat before her housemates as
described in her IPP.

C. Following the supper meal on 7/25/22 client
#6, who uses a wheelchair for mobility, took his
plate, cups and silverware to the kitchen. After he
had taken these items to the kitchen, staff A told
him to get his toothbrushing items and to brush
his teeth. Client #6 went to his bedroom, retrieved
his grooming kit and went into the bathroom
alone at 6:30pm and shut the bathroom door. As
client #6 came out of the bathroom, the surveyor
asked if he had brushed his teeth, he stated,
"Yes."

Review on 7/26/22 of client #6's IPP dated
2/16/22 revealed he has a formal toothbrushing
goal to brush his teeth with an electric toothbrush
with 80% Independence for 3 consecutive
months.

Interview on 7/26/22 with the RM and quality
assurance specialist confirmed it was their
expectation since client #6 had a formal goal in
toothbrushing that direct care staff should
accompany him into the bathroom to monitor his
level of independence in completing this goal.

D. During evening observations at 6:40pm, after
client #6 finished brushing his teeth, he took his
grooming kit back to his bedroom and remained
in his bedroom until the surveyor left the home
until 7:00pm. During this time, client #1 and client
#2 were finishing their meal at the table. Staff A
wiped down the dining room table, poured a pot
of hot water into the mop bucket and then began
to sweep and mop the dining room floor. Client #6
was in his bedroom and did not participate in this

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task.

Review on 7/25/22 of client #6's IPP dated
2/16/22 revealed he has a formal objective to use
a Swiffer mop to clean the dining room floor after
supper with 80% verbal prompts for 3
consecutive review periods.

Interview on 7/26/22 with the quality assurance
specialist confirmed client #6 has a formal goal
and should be given the opportunity to implement
this as frequently as possible.

E. During observations at the facility on 7/26/22 at
8:10am, staff A briefly wiped down the dining
room table after mopping the dining room floor
after breakfast. Client #2 was seated at the dining
room table holding a composition notebook and a
pen.

During interview on 7/26/22 client #2 stated, "I
usually wipe down the table after breakfast. I
don't why I didn't do it this morning."

Review on 7/25/22 of client #2's IPP dated
6/15/22 revealed a formal objective to wipe down
the table at home and at the vocational center
with 80% accuracy for 3 consecutive reporting
periods. Further review of this objective revealed,
"Staff should encourage [client #2] to wipe down
the table at her home after meals."

Interview on 7/26/22 with the quality assurance
specialist confirmed client #2 has a formal goal
she should be given the opportunity to implement
this as frequently as possible.

W 460

FOOD AND NUTRITION SERVICES
CFR(s): 483.480(a)(1)

W 249

W 460

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W 460	<p>Continued From page 8</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure prescribed modified diets for 2 of 4 audit clients (#2 and #6) were followed as indicated. The findings are:</p> <p>A. During observations at the facility on 7/25/22 at 6:15pm, client #2 sat down with the other clients for supper. Staff assisted her to serve 1/2 cup rice, 1/2 cup shrimp stir fry, a roll onto her plate. She was also given one small container of mandarin oranges. After client #2 finished her serving, she asked for additional servings of rice and shrimp stir fry. Staff C assisted client #2 to serve second servings of rice and shrimp stir fry onto her plate.</p> <p>Review of the supper menu on 7/25/22 revealed an 1800 calorie diet serving consisted of the following: 4 ounces of shrimp, 3 ounces of stir fry vegetables, 1/2 cup of rice, 1/2 cup of mandarin oranges and 1 roll with selected beverages.</p> <p>Review on 7/25/22 of client #2's individual program plan (IPP) dated 6/25/22 revealed she is prescribed an 1800 calorie weight loss diet and that she should receive low concentrated sweets as she has been diagnosed with Diabetes Mellitus.</p> <p>Review on 7/25/22 of client #2's nutritional evaluation dated 5/19/22 revealed she is prescribed an 1800 calorie weight loss diet and</p>	W 460			

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that she should receive low concentrated sweets. Further review of this assessment revealed client #2 has been diagnosed with Diabetes Mellitus, is 61 inches in height and significantly over her desired weight range (DWR).

Interview on 7/26/22 with the Residential Manager (RM) and with the Director of Quality Improvement confirmed client #2's diet is current and should be followed.

B. During observations at the facility on 7/25/22 at 6:15pm, client #6 propelled in his wheelchair to the dining room table to eat with the other clients for supper. Staff assisted him to serve 1/2 cup rice, 1/2 cup shrimp stir fry, a roll onto his plate and assisted him to pour his beverages. He was also given one small container of mandarin oranges. After client #6 finished his serving, he asked for additional servings of rice and shrimp stir fry. Staff B assisted client #2 to serve second servings of rice and shrimp stir fry onto his plate.

Review of the supper menu on 7/25/22 revealed an 1800 calorie diet serving consisted of the following: 4 ounces of shrimp, 3 ounces of stir fry vegetables, 1/2 cup of rice, 1/2 cup of mandarin oranges and 1 roll with selected beverages.

Review on 7/25/22 of client #6's physician orders dated 6/10/22 revealed he is prescribed an 1800 calorie weight loss diet.

Interview with the facility Nurse and Director of Quality Improvement confirmed client #6's diet is current and should be followed.

W 460

PROGRAM IMPLEMENTATION

Each client will continuously receive active treatment which consists of needed interventions and services as identified in the individual program plan (IPP) by the QP, Nurse and/or Habilitation Specialist. After review of all aspects of each IPP, emphasis will be placed on the following, in the areas of accurate assessments prior to admission, objective training to meet the client's needs of positioning and medication administration, program implementation as identified in PCP, and modified diets.

W210 INDIVIDUAL PROGRAM PLAN

QP and/or Administrator will schedule an SLP appointment for all new admissions within (30) days of admission to the facility. QP and/or Administrator will schedule assessment of client #2 and #4 within thirty (30) days.

Monitoring of adherence for all new admissions to the facility will have all required assessments and/or evaluations. The QP and/or Administrator will conduct chart reviews within (3) weeks of admission to ensure all required assessments are completed.

TARGET DATE 9/24/2022

W227 INDIVIDUAL PROGRAM PLAN

QP, Habilitation Specialist, Administrator/(OT/PT) Assistant and/or Home Manager will ensure the client's needs are being met as it is identified in PCP. QP will contact PT for an evaluation of Client #6 to address alternative measures and recommendations for Client #6 to be repositioned throughout the day out of his wheelchair. PT evaluation will identify alternative positioning measures for Client #6 to give pressure relief from sitting in his wheelchair for prolonged periods of time and any needed furniture will be purchased.

Monitoring of adherence of program implementation to help promote independence and increase mobility will be monitored by either of the following interdisciplinary team: QP, Habilitation Specialist, OT/PT (assistant), Home Manager, Administrator, or the Nurse for (2) consecutive months.

Nursing staff will update Client #6 nursing evaluation from continent to incontinent. Client #6 is incontinent of bladder and bowel.

Monitoring of adherence of program implementation will be identified in nursing evaluation and monitored through chart reviews by either of the following interdisciplinary team: QP/Habilitation Specialist, OT/PT, Administrator, or the Nurse on a quarterly basis.

Nursing staff and Habilitation Specialist will develop and implement a formal program addressing learning side effects of medications for Client #6.

Monitoring of adherence of program implementation to help promote independence and objective training to meet Client #6 needs in understanding the side effects of his medication will be monitored through med pass observation or formal program assessments by either of the following interdisciplinary team: QP, Habilitation Specialist, Home Manager, Med Tech or the Nurse for (2) consecutive months.

TARGET DATE 9/24/2022

W249 PROGRAM IMPLEMENTATION

QP, Habilitation Specialist and/or Behavioral Specialist will re-in-service all DSA's on client's needed intervention and services for Client: #2, #4, and #6 as identified in PCP and/or Behavioral Support Plan. In addition, QP/Habilitation Specialist/Behavioral Specialist will re-in-service DSA's on all other clients PCP and/or Behavior Plan.

Client #4 will be redirected to remove her thumb from her mouth to reduce the frequency of target behaviors as identified in BSP.

Client #4 will continue to eat first before other clients to reduce episodes of client #4 taking other client's food as identified in PCP.

QP and Behavioral Specialist will contact Psychologist for his recommendations to address Client #4 behavior of taking other client's food during mealtime. PCP will be updated to include recommendations.

Monitoring of adherence for program implementation to address clients needed intervention and services will occur through a minimum of (3) Mealtime Assessments per month for (2) consecutive months and Interaction Assessments for redirecting client #4 to remove her thumb from her mouth will be completed by either of the following interdisciplinary team: QP, Habilitation Specialist, OT/PT assistant, Administrator, Home Manager, or the Nurse.

QP/Habilitation Specialist will re-in-service all DSA's on Client #6 goals. In addition, DSA's will be re-in-service on all other clients' goals to ensure the opportunity to implement the goals is offered as frequently as possible, the goals are being implemented and monitored for a level of independence.

Client #6 will be accompanied by DSA during all goals to ensure toothbrushing and swifter mopping is being implemented with an accuracy of 80% independence.

Monitoring of adherence for goal implementation will occur after each mealtime through a minimum of (3) formal program assessments and documentation in program book for (2) consecutive months by either of the following interdisciplinary team: QP, Habilitation Specialist, OT/PT assistant, Administrator, Home Manager, or the Nurse.

QP/Habilitation Specialist will re-in-service all DSA's on Client #2 goals. In addition, DSA's will be re-in-service on all other clients' goals to ensure the opportunity to implement the goals is offered as frequently as possible, the goals are being implemented and monitored for a level of independence.

Client #2 will be accompanied by DSA during all goals to include wiping down the table after each meal at home and the vocational center with an accuracy of 80% independence.

Monitoring of adherence for goal implementation will occur after each mealtime through a minimum of (3) general observations at the home and vocational center for (2) consecutive months by either of the following interdisciplinary team: QP, Habilitation Specialist, OT/PT assistant, Administrator, Home Manager, Vocational Coordinator, or the Nurse.

TARGET DATE 9/24/2022

W 460 FOOD AND NUTRITION SERVICES

QP/Habilitation Specialist will re-in-service all DSA's on Client #2 and client #6 specially prescribed diet list. In addition, DSA's will be re-in-service on all other clients' diet list including a review of modified and specially prescribed diets as it is identified by physician orders in client's chart.

Client #2 is on a weight loss-diabetic-1800 calorie, whole consistency, thin liquids diet which is understood that no seconds are allowed unless otherwise specified.

Client #6 is on a weight loss-1800 calories, whole consistency, thin liquids diet which is understood that no seconds are allowed unless otherwise specified.