

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2024
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NAME OF PROVIDER OR SUPPLIER COUNTRY LIVING MAGNOLIA HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3650 CHERRY ROAD WASHINGTON, NC 27889
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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 completed on April 12, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 beds and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which</p>	V 289		

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

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V 289	<p>Continued From page 1</p> <p>serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility</p>	V 289		

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V 289	<p>Continued From page 2</p> <p>failed to operate within the scope of licensure by serving 2 of 3 audited clients (#2 and #3) without a primary diagnosis of a Developmental Disability (DD). The findings are:</p> <p>Review on 05/11/24 of Division of Health Service Regulation (DHSR) records revealed the facility is licensed under 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.</p> <p>Review on 04/11/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 59 year old male. - Admission date of 10/27/22. - Diagnoses of Schizoaffective Disorder-Bipolar Type, Obsessive Compulsive Disorder, Anorexia - Restorative Type, Seizure Disorder, Chronic Renal Insufficiency and Hypothyroidism. - No DD diagnosis documented. - No letter approving a facility request for Waiver of Rule 10A NCAC 27G .5600 (c)(3) to serve client #2. <p>Review on 04/11/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 61 year old male. - Admission date of 10/27/22. - Diagnoses of Bipolar Disorder, Unspecified Anxiety Disorder, Kidney Disease, Diabetes and Insomnia. - No DD documented. - No letter approving a facility request for Waiver of Rule 10A NCAC 27G .5600 (c)(3) to serve client #3. <p>Interview on 04/11/24 client #3 stated he had lived at the facility approximately 3 years.</p> <p>Interview on 04/11/24 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - He was aware of the requirement for clients in a 	V 289		

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V 289	Continued From page 3 5600C to have a primary diagnosis of a DD. - He would review previous records for DD diagnoses for client #2 and #3.	V 289		