

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**

(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
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V 000 INITIAL COMMENTS

An annual survey was completed on April 12, 2024. A deficiency was cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.

This facility is licensed for 6 beds and currently has a census of 6. The survey sample consisted of audits of 3 current clients.

V 289 27G .5601 Supervised Living - Scope

10A NCAC 27G .5601 SCOPE
 (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.
 (b) A supervised living facility shall be licensed if the facility serves either:
 (1) one or more minor clients; or
 (2) two or more adult clients.
 Minor and adult clients shall not reside in the same facility.
 (c) Each supervised living facility shall be licensed to serve a specific population as designated below:
 (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;
 (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;
 (3) "C" designation means a facility which

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DHSR-MH Licensure Sect

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

BSN, RN, CP

4/18/24

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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		
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Plan of Correction

Country Living Guest Home , Inc.
 Country Living: Magnolia House
 MHL-007-089

ID Prefix Tag	Plan of Correction	Complete Date
<p>V289 Supervised Living-Scope</p>	<p>The facility will schedule psychological evaluations for the 2 clients surveyed that did not have a documented IDD diagnosis on file.</p> <p>██████████ LPA has been contacted and an appointment date is pending.</p> <p>In the event that an IDD diagnosis is not present, the facility will consider transitioning the clients to a Supervised Living 5600-A facility within the agency. An exemption/waiver remains an option as well. The decision on how to move forward will be made after the psychological evaluation is conducted by a qualified clinician.</p> <p>The files of the other 3 clients have been reviewed by the QP and the appropriate diagnosis for a Supervised Living 5600-C facility is present.</p> <p>In-house audits will continue to be conducted at least every 6 months to ensure compliance with all rules and regulations governing licensed facilities.</p> <p>Ensuring that the facility is operating within it's scope will be the responsibility of the QP.</p>	<p>6/10/24</p>

Provider Signature: *Jennifer Bell, BSN, RN, OF*

Date: 4/18/24