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 _____	C 07/18/2024

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 complaint investigation was conducted on 7/18/24 for intakes #NC00218844, #NC00218850, #NC00218420 and #NC00218267. An allegation was substantiated with deficiency and one allegaton was substantiated without deficiency.	W 000		
W 148	COMMUNICATION WITH CLIENTS, PARENTS & CFR(s): 483.420(c)(6) The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to notify 1 of 3 audit clients (#3) guardian of a significant incident. The finding is: Review on 7/18/24 of an Incident Report (IR) completed on 5/29/24 by Staff D, at the day program, revealed client #3 had a darkened area on right arm from sitting in an iron chair outside. An explanation of the injury on the IR revealed client #3 had sustained sunburn, was not wearing sunscreen and was with staff outdoors during "high index level of heat." The IR revealed the nurse, home manager (HM) and qualified intellectual disabilities professional (QIDP) were notified of the injury on 5/29/24 by 10:20am. The nurse recommended that ointment be applied and the skin monitored. Review on 7/18/24 of a nurse progress note from 5/29/24 revealed she assessed the right forearm of client #3 and found a darkened area. Staff	W 148		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 148	Continued From page 1 were advised by the nurse to clean the area, apply ointment to the area, cover it to report any changes to the nurse. Review on 7/18/24 of a QIDP progress note from 6/7/24 revealed client #3 was picked up by the guardian on 6/7/24 for an extended home visit. The guardian expressed concerns to the QIDP regarding client #3's care and the sunburn on right arm. Review on 7/18/24 of a body audit log in June, 2024 revealed staff were monitoring the burn on the right arm of client #3 until 6/28/24. Interview on 7/18/24 with the nurse, revealed she did not contact the guardian on 5/29/24 because felt the injury was a surface burn and it did not require an evaluation at the emergency room. Interview on 7/18/24 with the QIDP revealed the Administrator did not feel the incident required an investigation.	W 148		