CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391											
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED					
		34G211	B. WING _			C 07/18/2024					
NAME OF F	PROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STAT	E, 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 (EACH CORRECTIVE) CROSS-REFERENCED DEFICI	ACTION SHOULD BE						
W 000	INITIAL COMMENTS		W 00	00							
W 148	7/18/24 for intakes #NC00218850, #NG #NC00218267. An with deficiency and substantiated witho COMMUNICATION & CFR(s): 483.420(c)	C00218420 and allegation was substantiated one allegaton was out deficiency. I WITH CLIENTS, PARENTS 0(6)	W 14	48							
	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:										
	completed on 5/29/ program, revealed on on right arm from s An explanation of the client #3 had sustain sunscreen and was "high index level of nurse, home manage intellectual disabiliti notified of the injury	of an Incident Report (IR) (24 by Staff D, at the day client #3 had a darkened area itting in an iron chair outside. he injury on the IR revealed ined sunburn, was not wearing with staff outdoors during heat." The IR revealed the ger (HM) and qualified les professional (QIDP) were y on 5/29/24 by 10:20am. The ed that ointment be applied ored.									
	5/29/24 revealed sh	of a nurse progress note from ne assessed the right forearm nd a darkened area. Staff									

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

DEDADTMENT OF HEALTH AND HUMAN SEDVICES

TITLE

(X6) DATE

PRINTED: 07/29/2024

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.

DEPART CENTE	PRINTED: 07/29/2024 FORM APPROVED DMB NO. 0938-0391							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í	ULTIPLE CONSTRUCTION DING		(X3) DAT COM	(X3) DATE SURVEY COMPLETED	
		34G211	B. WING	i			C 18/2024	
NAME OF PROVIDER OR SUPPLIER					TREET ADDRESS, CITY, STATE, ZIP CODE			
MAGNOLIA GROUP HOME					28 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 PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
W 148	were advised by the apply ointment to the changes to the nurse Review on 7/18/24 6/7/24 revealed clies guardian on 6/7/24 The guardian expre- regarding client #3's right arm. Review on 7/18/24 2024 revealed staff the right arm of clies Interview on 7/18/24 did not contact the felt the injury was a require an evaluation Interview on 7/18/24	e nurse to clean the area, ne area, cover it to report any se. of a QIDP progress note from ent #3 was picked up by the for an extended home visit. essed concerns to the QIDP s care and the sunburn on of a body audit log in June, were monitoring the burn on	W	148				

FORM CMS-2567(02-99) Previous Versions Obsolete