

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

PRINTED: 12/23/2024
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 C 12/12/2024	
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 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			W 000			
W 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that equipment was installed properly to prevent accidents for 1 of 1 audit clients (#6). The finding is:</p> <p>Review on 12/12/24 of a nurse's case note dated 12/10/24 revealed at 4:00pm, the nurse was present in the client #6's room, while a vendor assessed and measured his leg for new equipment. During the assessment, client #6's wheelchair fell backwards and he was sent out to the hospital.</p> <p>Review on 12/12/24 of the Seating and Mobility Clinical Evaluation and Letter of Medical Necessity report dated 1/31/24 revealed the physical therapist (PT) recommended rear anti-tippers to reduce posterior tilting and improper positions of the wheelchair. The PT had acknowledged client #6 lacked the ability to weight shift secondary to his lack of trunk control</p>			W 436			

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

TITLE

(X6) DATE

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.

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W 436	<p>Continued From page 1 and positioning.</p> <p>Review on 12/12/24 of a Neurosurgeon's Note dated 12/11/24 revealed client #6 had a history of traumatic brain injury as a child with skull fractures and a seizure disorder. Client #6 was admitted to the hospital on 12/10/24 due to a head injury from a fall where he reportedly fell backwards in his wheelchair resulting in a left occipital scalp laceration. Client #6 denied losing consciousness and felt he was at baseline, although the client's mother felt his affect was more flat than usual. A head CT scan was performed on 12/10/24 revealed a small amount of scattered bilateral subarachnoid hemorrhage overlying the bilateral frontal and temporal regions as well as a mild amount in the interhemispheric tissue. The doctor revealed there was no mass effect and he had stable findings. The doctor recommended to continue seizure medication, performing neuro checks every 4 hours with a follow-up CT scan of the head in two weeks.</p> <p>Interview on 12/12/24 with the Home Manager (HM) revealed she was not present when the accident happened and client #6's wheelchair was sent to the hospital.</p> <p>Interview on 12/12/24 with the nurse revealed client #6 received a new wheelchair earlier this year and she noticed the rear anti-tippers were improperly installed by th vendor (too short to make contact with the ground) and notified the PT to re-assess because the wheelchair would "lift off the ground.". The PT came to the home a month ago and looked at the wheelchair and told her, "everything was working properly."</p>	W 436			

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W 436	<p>Continued From page 2</p> <p>The nurse further revealed she was in the room on 12/10/24 with the vendor came to the home to measure client #6's legs for a lymphedema device. The nurse revealed she was standing between the wall and client #6's wheelchair, with the vendor standing in front of the wheelchair. The nurse revealed she moved client #6's foot pedal so the vendor could measure his leg. The vendor attempted to put the sleeve on client #6's left leg was lifted, all of a sudden the wheelchair flipped backwards causing client #6 to hit the back of his head. The nurse affirmed his seatbelt and chest strap were in place when he fell. Client #6 was sent immediately to the hospital and was diagnosed with a concussion and 2 hemorrhages of the brain. The nurse revealed that client #6 was well enough to be re-admitted to the facility in a day.</p> <p>Interview on 12/12/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed anti-tippers were installed on client #6's wheelchair. The QIDP acknowledged staff had expressed concerns about the installment of the anti-tippers therefore the PT was contacted to re-evaluated the equipment. The QIDP revealed the PT came to look at the wheelchair about a month ago but did not find anything wrong. The QIDP acknowledged because client #6 did not have any previous accidents in the wheelchair with the anti-tippers she accepted the PT's statement that the equipment was safe to use.</p>	W 436			