Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL007-089		B. WING		R 08/21/2025			
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE			
3650 CHERRY ROAD							
COUNTR	RY LIVING MAGNOLIA	WASHIN	GTON, NC 27	7889			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 000	V 000 INITIAL COMMENTS						
		w up survey was completed . A deficiency was cited.					
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.					
		sed for 6 beds and currently The survey sample consisted nt clients.					
V 289	27G .5601 Supervised Living - Scope		V 289				
	provides residential home environment these services is the rehabilitation of indifference illness, a development or a substance abustance all in the facility serves et (1) one or more (2) two or more (3) two or more (4) two or more (4) two or more (5) two or more (5) two or more (6) two or more (7) two or more (8) two or more (9) two or more (1) two or more (1) two or more (1) two or more (1) two or more (2) two or more (1) two or more (1) two or more (1) two or more (2) two or more (1) two or more (2) two or more (1) two or more (1) two or more (1) two or more (2) two or more (3) two or more (4) two or more (	ng is a 24-hour facility which services to individuals in a where the primary purpose of e care, habilitation or viduals who have a mental ental disability or disabilities, se disorder, and who require in the residence.					

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

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			R/SUPPLIER/CLIA CATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				A. BUILDING:			R	
		MHLO	07-089	B. WING			21/2025	
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
COUNTR	COUNTRY LIVING MAGNOLIA HOUSE 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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	(X5) COMPLETE DATE			
V 289	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		V 289					
	This Rule is not met as evidenced by: Based on interview and record review, the facility							

Division of Health Service Regulation

STATE FORM 6899 Z30U11 If continuation sheet 2 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MHL007-089		B. WING			R <b>21/2025</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
COUNTR	RY LIVING MAGNOLIA	HOUSE	ERRY ROAD STON, NC 27	7889		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCIES  ID PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AFT DEFICIENCY)				SHOULD BE	(X5) COMPLETE DATE
V 289	Continued From pa	ge 2	V 289			
V 289	failed to operate with serving 1 of 3 audith primary diagnosis of (DD). The findings Review on 08/21/28 Regulation (DHSR) licensed under 10A Supervised Living for Disabilities.  Review on 08/21/28 revealed:  - Admission date of - Diagnoses of Bipor Anxiety Disorder, Konsomnia and Neuroclassified as a deversified as a deversifie	chin the scope of licensure by ed clients (#5) without a of a Developmental Disability are:  5 of Division of Health Service records revealed the facility is NCAC 27G .5600C or Adults with Developmental of of client #5's record of 10/27/22.  5 of client #5's r				

Division of Health Service Regulation STATE FORM