

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

PRINTED: 08/27/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G211</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/26/2025</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MAGNOLIA GROUP HOME</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>928 MAGNOLIA DRIVE ABERDEEN, NC 28315</b>			
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E 004	<p>Develop EP Plan, Review and Update Annually CFR(s): 483.475(a)</p> <p>§403.748(a), §416.54(a), §418.113(a), §441.184(a), §460.84(a), §482.15(a), §483.73(a), §483.475(a), §484.102(a), §485.68(a), §485.542(a), §485.625(a), §485.727(a), §485.920(a), §486.360(a), §491.12(a), §494.62(a).</p> <p>The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following:</p> <p>* [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach.</p> <p>* [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually.</p>			E 004			

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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E 004	Continued From page 1  * [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Emergency Preparedness (EP) plan was reviewed and/or updated as needed. The finding is:  Review on 8/26/25 of the facility's 2024 EP plan did not include recent changes in management staff and current medical information for two clients. Additional review of the EP plan noted the plan, "will be reviewed and updated as necessary..."  Interview on 8/26/25 with the former Qualified Intellectual Disabilities Professional (QIDP) acknowledged the plan should be updated as needed with current client and staff information.	E 004			
W 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)  Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #1 received a dental and vision examination within 30 days of admission. This affected 1 of 3 audit clients. The finding is:	W 210			

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W 210	Continued From page 2 Review on 8/26/25 of client #1's record revealed she was admitted to the facility on 9/27/24. Additional review of the record did not include an evaluation of her vision or a dental examination.	W 210			
W 227	Interview on 8/26/25 with the facility nurse revealed no documentation of a dental or vision examination could be located for client #1. <b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(4)  The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure client #6's Individual Program Plan (IPP) included objectives to address client #6's needs. This affected 1 of 3 audit clients. The findings are:  A. Interview on 8/25/25 with Staff A revealed client #6 performs tasks at the day program such as cleaning light switches and door knobs. Additional interview indicated client #6 is paid for performing these work tasks.  Review on 8/25/25 of client #6's IPP dated 12/10/24 revealed, "[Client #6] understands the concept of purchasing and saving and relationship between money and purchasing." Additional review of the client's Adaptive Behavior Inventory (ABI) last reviewed 2/3/25 noted various strengths in the area of money management including identifying money, stating the equivalency of money, and some budgeting skills. Further review of the ABI included no assessment	W 227			

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W 227	<p>Continued From page 3</p> <p>of his ability to count money combinations and to count change.</p> <p>Interview on 8/26/25 with the Home Manager (HM) indicated the client carries a wallet with him every where and can identify coins, bills and wait for change. Additional interview noted some aspects of the ABI; however, may be incorrect concerning his abilities in this area.</p> <p>Interview on 8/26/25 with the Qualified Intellectual Disabilities Professional (QIDP) acknowledged client #6 has not reached his potential in the area of money management and more training may be necessary.</p> <p>B. During observations of medication administration in the home on 8/26/25 at 7:40am, the Medication Technician (MT) completed the majority of tasks while client #6 attempted to punch one pill card and consumed his medications. Client #6 was not prompted or assisted to complete any other tasks during the administration of his medications.</p> <p>Review on 8/26/25 of client #6's IPP dated 12/10/24 revealed he had worked on an objective to identify the side effects of two of his medications with 90% accuracy for 3 consecutive review periods. The plan indicated the objective had been discontinued on 10/18/24. Additional review of the IPP did not include any further training in the area of medication administration.</p> <p>Interview on 8/26/25 with the HM indicated client #6 has had some training regarding the administration of his medications; however, no recent training has been implemented.</p>	W 227			

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W 227	Continued From page 4 Interview on 8/26/25 with the former QIDP confirmed client #6 had trained on an objective for the administration of his medications; however, no further training had been implemented after the previous objective was discontinued. The QIDP acknowledged client #6 continues to have needs in this area.	W 227			
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)  The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #6's Individual Program Plan (IPP) included specific information to support his use of a hand splint and adaptive dining equipment. This affected 1 of 3 audit clients. The findings are:  A. During lunch observations at the day program on 8/25/25 at 11:33am, client #6 consumed his lunch meal utilizing a plastic spoon, regular plate and a cup with handle, lid and straw. During dinner and breakfast observations in the home on 8/25 - 8/26/25 at 5:38pm and 6:06am, respectively, client #6 utilized a inner lip plate, weighted utensils and a weighted cup with handle and lid and a dycem mat. During all observations, client #6 consumed his meal without difficulty.  Interview on 8/26/25 with the Home Manager (HM) indicated the Occupational Therapist (OT) had recommended the adaptive dining items (inner lip plate, weighted utensils and cup and dycem mat) for client #6 to utilize at meals.	W 240			

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W 240	<p>Continued From page 5</p> <p>Review on 8/25/25 of client #6's IPP dated 12/10/24 revealed the client consumes his food independently and "does not use any adaptive equipment for dining". Additional review of the IPP did not include any information regarding adaptive dining equipment.</p> <p>Interview on 8/26/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 should utilize adaptive equipment at meals as recommended by the OT; however, this information was not included in his IPP.</p> <p>B. During observations throughout the survey on 8/25 - 8/26/25, client #6 did not wear a hand splint. The client was not prompted or encouraged to wear a hand splint.</p> <p>Interview on 8/26/25 with the HM revealed client #6 does have a hand splint but refuses to wear it and will hide it at times.</p> <p>Review on 8/25/25 of client #6's IPP dated 12/10/24 revealed he has a hand splint as a part of his adaptive equipment. Additional review of the plan did not include any specific information regarding the use of client #6's hand splint.</p> <p>Interview on 6/26/25 with the QIDP confirmed client #6 has a hand splint; however, his IPP does not provide specific information regarding the device.</p>	W 240			
W 249	<p>PROGRAM IMPLEMENTATION</p> <p>CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active</p>	W 249			

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W 249	<p>Continued From page 6</p> <p>treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of objective implementation, medication administration and adaptive equipment use. This affected 2 of 3 audit clients (#5 and #6). The findings are:</p> <p>A. During observations of medication administration in the home on 8/26/25 at 7:40am, client #6 came to the medication are, attempted to punch one of his pill cards and consumed his medications with water. At this time, the Medication Technician (MT) completed all other tasks including punching remaining six pill cards, pouring water, and throwing away trash. Client #6 was not prompted or encouraged to complete any other tasks.</p> <p>Immediate interview with the MT revealed client #6's hands shake at times but he can be assisted to pour and throw away trash. Additional interview indicated he use to have an objective to know the medications he takes.</p> <p>Review on 8/26/25 of client #6's Adaptive Behavior Inventory (ABI) last updated 2/3/25 revealed he has total independence with pouring</p>	W 249			

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W 249	Continued From page 7 from a pitcher, placing pills in his mouth, disposing of trash, punching pills from card, stating the name, purpose, amount, side effects and consequences of not taking medications. The ABI also noted he can independently read and sign the MAR (Medication Administration Record) and read labels on pill cards and bottles. Additional review of client #6's IPP indicated he had trained on an objective in 2024 to identify two side effects of his medications.  Interview on 8/26/25 with the QIDP confirmed client #6 can perform various tasks during medications administration and should be assisted to do so.  B. During dinner and breakfast observations in the home on 8/25 - 8/26/25, client #5 finished her meal, cleared her placesetting and left the dining room. After the meal, the client was not prompted or encouraged to wipe the table.  Review on 8/25/25 of client #5's IPP dated 8/27/24 revealed an objective to wipe the table in the home after she eats with 80% verbal prompts for 3 consecutive review periods.  Interview on 8/26/25 with the QIDP confirmed client #5's objective to wipe the table should be implemented into her daily tasks.	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.	W 252			



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W 252	<p>Continued From page 8</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure data relative to the accomplishment of an objective identified in the Individual Program Plan (IPP) was documented in measurable terms. This affected 1 of 3 audit clients (#6). The finding is:</p> <p>Review on 8/26/25 of client #6's IPP dated 12/10/24 revealed a Physical Therapy (PT) service goal (OSG #1) dated 7/5/21 for client #6 to "tolerate a staff member performing range of motion to his legs." The goal noted, "Range of motion should be performed with [Client #6] in the bed and/or wheelchair." Additional review of the goal identified procedures to perform hip abduction, knee extension and hip extension exercises for 3 - 5 reps each. Further review of the procedures included a form for documentation of the exercises with an "ongoing" target date. Review of client #6's most current PT evaluation (last updated 12/19/24) noted recommendations to continue range of motion. Continued review of client #6's record did not include any documentation of range of motion exercises.</p> <p>Interview on 8/26/25 with the Home Manager (HM) indicated client #6 does not have any specific exercises or instructions from PT for which documentation is required.</p> <p>Interview on 8/26/25 with the former Qualified Intellectual Disabilities Professional (QIDP) confirmed the PT exercises were current and should be completed by staff and documented as indicated.</p>	W 252			

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W 257	<p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(1)(iii)</p> <p>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Individual Program Plan (IPP) was revised as needed after 2 of 3 audit clients (#5 and #6) failed to progress towards identified objectives. The findings are:</p> <p>A. Review on 8/25/25 of client #5's IPP dated 8/27/24 revealed objectives to wash her face with 80% verbal prompts for 3 consecutive review periods and to wipe the table in the home after meals with 80% verbal prompts for 3 consecutive review periods. The plan noted both objectives were implemented on 10/2/21. Additional review of the record revealed no further information regarding the objectives.</p> <p>Interview on 8/26/25 with the former Qualified Intellectual Disabilities Professional (QIDP) indicated no evidence of revisions to the objectives after 3 1/2 years.</p> <p>B. Review on 8/25/25 of client #6's IPP dated 12/10/24 revealed objectives to Swiffer the dining room floor after dinner with 80% verbal prompts for 3 consecutive review periods, brush his teeth using an electric toothbrush with 80% independence for 3 consecutive review periods and answer the phone appropriately with 90% verbal prompts or less for 3 consecutive review periods. The plan noted all of the objectives were</p>	W 257			

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W 257	Continued From page 10 implemented on 3/11/21, 3/11/21 and 10/1/21, respectively. Additional review of the record revealed no further information regarding the objectives.	W 257			
W 368	<p>Interview on 8/26/25 with the former Qualified Intellectual Disabilities Professional (QIDP) indicated no evidence of revisions to the objectives after 3 1/2 to 4 years.</p> <p><b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #1 received her medications in accordance to physician's orders. This affected 1 of 3 clients observed receiving medications. The findings are:</p> <p>A. During observations of medication administration in the home on 8/26/25 at 6:56am, client #1 was administered one spray of Flonase 50mcg to both nostrils.</p> <p>Review on 8/26/25 of client #1's most current physician's orders revealed an order for Flonase 50mcg, "use two sprays in each nostril" once every day at 8am.</p> <p>Interview on 8/26/25 with the facility nurse confirmed client #1's physician's orders were current and should be followed as written.</p> <p>B. During observations of medication administration in the home on 8/26/25 at 6:56am,</p>	W 368			

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W 368	Continued From page 11 the Medication Technician (MT) poured an undetermined amount of Chlorhex solution .12% into the bottle cap then into a medication cup and gave it to client #1. The client proceeded to take the liquid into the bathroom (spilling some of it along the way), put it into her mouth and immediately spit it into the sink. The client was not prompted to rinse her mouth with the solution.  Immediate interview with the MT indicated client #1 should rinse her mouth with the solution.  Review on 8/26/25 of client #1's current physician's orders revealed an order for Chlorhex solution .12%, "swish 10ml in mouth for 30 seconds" and spit solution out twice daily at 8am and 8pm.  Interview on 8/26/25 with the facility nurse confirmed client #1's physician's orders were current and she should swish with 10ml of the solution for 30 seconds as indicated.	W 368			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #6 received his diet as ordered. This affected 1 of 3 audit clients. The finding is:  During lunch observations at the day program on 8/25/25 at 11:40am, client #6 was assisted to	W 460			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G211</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/26/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>MAGNOLIA GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>928 MAGNOLIA DRIVE ABERDEEN, NC 28315</b>		
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W 460	<p>Continued From page 12</p> <p>place food items on his plate. The client placed mashed potatoes, a ground cold cut sandwich and mandarin oranges on his plate. After observing the sandwich, client #6 stated, "Why did they ground my sandwich?" Staff A explained she did not prepare the lunch meals and was not sure why it was ground. The client was asked if he still wanted the sandwich or something else. He responded that he would have the sandwich. Client #6 consumed his lunch meal as provided.</p> <p>Interview on 8/25/25 with Staff A revealed client #6 usually has his food in cut up pieces, not ground. Additional interview on 8/26/25 with Staff B indicated client #6 consumes a regular whole consistency diet.</p> <p>Review on 8/25/25 of client #6's Individual Program Plan (IPP) dated 12/10/24 revealed he consumes a whole consistency diet with thin liquids.</p> <p>Interview on 8/26/25 with the former Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6's food should not be ground and he consumes a whole consistency diet.</p>	W 460			