STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL052010	A. BUILDING: _____ B. WING _____	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA COTTAGE FAMILY CARE BLDG 3	5643 HWY 70 DOVER, NC 28526

(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) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on March 03, 2025.	C 000		
C 206	10A NCAC 13G .0702 (e) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test And Medical Examination and Immunizations (e) The result of the medical examination required in Paragraph (b) of this Rule shall be documented on the North Carolina Medicaid Adult Care Home FL-2 form which is available at no cost on the Department's Medicaid website at https://medicaid.ncdhhs.gov/media/6549/open. The Adult Care Home FL-2 shall be signed and dated by the physician or physician extender completing the medical examination. The medical examination shall include the following: (1) resident's identification information, including the resident's name, date of birth, sex, admission date, county and Medicaid number, current facility and address, physician's name and address, a relative's name and address, current level of care, and recommended level of care; (2) resident's admitting diagnoses, including primary and secondary diagnoses and dates of onset; (3) resident's current medical information, including orientation, behaviors, personal care assistance needs, frequency of physician visits, ambulatory status, functional limitations, information related to activities and social needs, neurological status including orders for therapeutic diets; (4) special care factors, including physician orders for blood pressure, diabetic urine testing, physical therapy, range of motion exercises, a bowel and bladder program, a restorative feeding program, speech therapy, and restraints;	C 206		

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C 206	Continued From page 1 (5) resident's medications, including the name, strength, dosage, frequency and route of administration of each medication; (6) results of x-rays or laboratory tests determined by the physician or physician extender to be necessary information related to the resident's care needs; and (7) additional information as determined by the physician or physician extender to be necessary for the care of the resident. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the FL2 form was complete for 1 of 3 sampled residents (#1) to include admitting, primary or secondary diagnoses. The findings are: Review of Resident #1's current FL-2 dated 02/13/25 revealed: -Section 15 for admitting diagnosis, primary, secondary and dates of onset was blank. -She was non-ambulatory and used a wheelchair for locomotion. -She required assistance with bathing and dressing. -She was on a regular diet. -There was an order for oxygen at 2 liters per minute as needed. -She required glasses and hearing aids. -There was an order for finger stick blood sugars (FSBS) every week on Wednesdays.	C 206		

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C 206	Continued From page 2 -There were 26 medication orders listed. Review of Resident #1's signed physician order sheets dated 02/13/25 revealed diagnoses included hypothyroidism, type 2 diabetes mellitus, hyperlipidemia, hypokalemia, hypertensive heart disease with heart failure, atrial fibrillation, atherosclerotic heart disease with native coronary artery, sick sinus syndrome (a heart rhythm that occurs when the sinoatrial node malfunctions), permanent pacemaker, chronic obstructive pulmonary disease (COPD) and gout. Interview with the Administrator on 03/03/25 at 9:28am revealed she was not sure why there were no diagnoses listed on the FL2 dated 02/13/25 for Resident #1. Interview with a medication aide (MA) on 03/03/25 at 2:48pm revealed: -She was employed at the facility as a personal care aide (PCA) and as a MA. -When she could, she assisted the Administrator with paperwork such as updating and filling out the FL2 forms to send to the residents' PCP for review and signature. -She was aware the residents' diagnoses were required on their FL2 forms. -She had updated Resident #1's FL2 and forgot to include her diagnoses. Interview with the Administrator on 03/03/25 at 2:51pm revealed: -The residents' FL2 forms were completed and sent to the resident's PCP for review and signature. -She was responsible for ensuring the residents' FL2 forms were current, complete, and accurate. -It was an oversight that Resident #1's diagnoses were not included on her 02/13/25 FL2 form.	C 206		

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C 206	Continued From page 3 Attempted telephone interview with Resident #1's PCP on 03/03/25 at 2:35pm was unsuccessful.	C 206		