

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

PRINTED: 04/14/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345520	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER MAGNOLIA GARDENS CENTER FOR NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1028 BLAIR STREET THOMASVILLE, NC 27360	
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F 000	INITIAL COMMENTS	F 000	Past noncompliance: no plan of correction required.	
F 607 SS=D	<p>Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii)</p> <p>§483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p> <p>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95,</p> <p>§483.12(b)(4) Establish coordination with the QAPI program required under §483.75.</p> <p>§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.</p> <p>§483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d) (3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p>	F 607		

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

TITLE

(X6) DATE

Electronically Signed

03/27/2025

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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F 607	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and resident and staff interviews, the facility failed to ensure staff implemented their abuse policy and procedure in the area of reporting when facility staff had knowledge of an allegation of sexual abuse. This failure resulted in a delay in the facility initiating a thorough investigation of the allegation, implementing protective measures, and reporting the allegation to the State Agency, Law Enforcement and Adult Protective Services. This deficient practice was found for 1 of 3 residents reviewed for abuse (Resident #1).</p> <p>Findings included:</p> <p>The facility's "Compliance with Reporting Allegations of Abuse/Neglect/Exploitation" reviewed/revised 1/1/25, read in part: "It is the policy of this facility to report all allegations of abuse/neglect/exploitation or mistreatment, including injuries of unknown sources and misappropriation of resident property are reported immediately to the Administrator of the facility and to other appropriate agencies in accordance with current state and federal regulations within prescribed timeframes."</p> <p>During an interview on 3/4/25 at 2:04 p.m., Nursing Assistant (NA) #1 revealed Resident #1 reported to her on Sunday (2/16/25) that she was touched inappropriately by a male staff member, but did not know his name and did not provide a description of the male or date of the incident. She recalled there were two male nursing assistants working on that unit. NA #1 stated she reported the allegation to the Staff Nurse #1 but was unsure if Staff Nurse #1 interviewed</p>	F 607	Past noncompliance: no plan of correction required.		

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F 607	<p>Continued From page 2</p> <p>Resident #1.</p> <p>An interview was conducted with Staff Nurse #1 on 3/4/25 at 2:37 p.m. Staff Nurse #1 stated no one had reported abuse to her since she began working at the facility (approximately three months ago). She recalled three to four days prior to Resident #1's recent hospitalization (2/20/25), she and the Director of Nursing (DON) were standing at the nurse's station when they overheard NA #1 repeatedly, advising NA #2 to not enter Resident#1's room unless he had someone with him. Staff Nurse #1 stated she overheard NA #1 tell NA #2 that Resident#1 "was saying that somebody was messing with her." Staff Nurse #1 revealed she did not interview Resident #1 and did not know if the DON interviewed the resident.</p> <p>An interview was conducted on 3/5/25 at 2:51 p.m. with the Director of Nursing (DON). The DON stated she first learned of the sexual abuse allegation on the morning of Friday, 2/21/25. The DON stated she did not recall overhearing any conversation at the nursing station between a female NA and male NA about not providing care to Resident #1.</p> <p>During an interview on 3/5/25 at 1:36 p.m., the Occupational Therapist (OT) recalled on 2/17/25, as she was escorting Resident #1 from the 200-hall unit's common area to start the resident's therapy session, the resident was agitated and insisted that she needed to talk with the Administrator. The OT revealed the resident informed her she was being molested at the facility since her admission. The OT stated that she calmed the resident and immediately escorted Resident #1 to the Admission's</p>	F 607			

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F 607	<p>Continued From page 3</p> <p>Coordinator's office where the resident repeated the allegation. The OT stated at that time she was unaware who was the Abuse Coordinator. The Admission's Coordinator later explained to her that the Administrator was the Abuse Coordinator, but she (Admissions Coordinator) did write the report and submitted it to the Administrator.</p> <p>On 3/5/25 at 2:19 p.m., the Admission's Coordinator stated on the morning of 2/17/25, the OT escorted Resident #1 to her office. She revealed Resident #1 told her she had been molested at the facility. The Admission's Coordinator stated she excused herself and went to the Administrator's office and informed him of the resident's allegation. She was instructed by the Administrator to take Resident #1's statement, which she did. She stated Resident #1 informed her that a "tall, skinny black guy" (no name provided) had been molesting her. She stated the resident reported every morning the male staff would remove all of her clothes, rub her "private area," then bathe and dress her before transferring her to her wheelchair and escort her to the dining table in the common area. The resident reported this happened the previous Wednesday, Thursday, Friday, Saturday, and Sunday. The Admission's Coordinator revealed when asked if there was anything else she needed to report about the incident, the resident replied, "No, that was it, but he's a nice guy." The Admission's Coordinator stated she submitted the statement to the Administrator. She further revealed she had not heard any more about the allegation.</p> <p>During an interview on 3/6/25 at 5:54 p.m., the Administrator revealed on 2/17/25, the Admission's Coordinator reported to him there</p>	F 607			

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F 607	<p>Continued From page 4</p> <p>was a potential allegation of abuse (she did not specify the type of abuse) which he directed her to document the witness statement. He stated the Admission's Coordinator handed him the statement later, which he placed on his desk to review after completion of what he was working on. However, he did not remember the statement. He stated that when the police arrived at the facility on 2/21/25 at 8:30 a.m. to investigate a report of employee to resident sexual abuse, he recalled receiving a written statement of abuse earlier that week. The Administrator indicated he did not read the statement of abuse when it was placed on his desk on 2/17/25. He stated after locating and reading the witness statement on his desk on 2/21/25, he contacted the Regional Chief Nursing Officer and together they began working on the investigation on 2/21/25. The alleged perpetrator (NA#2) was immediately suspended on 2/21/25. The Administrator sent an initial report to the Division of Health Service Regulation and notified Adult Protective Services on 2/21/25.</p> <p>During an interview on 3/6/25 at 11:26 a.m., NA #2 stated the first time he was made aware Resident #1 alleged that he inappropriately touched her was the morning of 2/21/25. The Administrator also informed him he was suspended until the investigation of the alleged abuse was complete. NA #2 stated he had not worked at the facility since 2/21/25. He further revealed that he was informed via phone today (3/6/25) that he was cleared to return to work at the facility.</p> <p>The facility initially reported the incident to the State Agency on 2/21/25 as an alleged employee to resident abuse of sexual assault. The facility reported it became aware of the incident on</p>	F 607			

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F 607	<p>Continued From page 5</p> <p>2/21/25 at 8:30 a.m. Resident #1 was currently in the hospital and reported to the police a description which fit one of the two male nurse aides that worked on the resident's hall. The male aide was suspended on 2/21/25 until completion of the investigation. Review of the facility's staffing records revealed NA#2 worked at the facility on 2/16/25 from 7:00 a.m. through 11:00 p.m. but did not work at the facility on 2/17/25 through 2/20/25.</p> <p>The facility provided the following corrective action plan with a compliance date of 2/22/25.</p> <p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice .</p> <p>On 2/17/25 Admission Coordinator presented Administrator with a written statement from the therapist stating that Resident #1 alleged sexual assault during care by a staff member. The administrator laid the statement on the desk before reading and completed the task he was previously working on. The Administrator became distracted by other events in the facility and failed to read the statement and report in the two-hour window. The Administrator failed to report the allegation as required. The failure of the Administrator to report led to not reporting to law enforcement, Adult Protective Services, not starting an investigation, lack of protection. Adult Protective Services was notified on 2/21/2025.</p> <p>Resident #1 did not readmit to the facility after hospitalization and is no longer residing in the facility.</p> <p>Address how the facility will identify other</p>	F 607			

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F 607	<p>Continued From page 6</p> <p>residents having the potential to be affected by the same deficient practice.</p> <p>All Residents residing in the facility have the potential to be affected by the deficient practice. On 2/21/25 the Regional Nurse Consultant reviewed reportable incidents for the last 30 days to identify if reporting was completed per policy to include appropriate reporting to the administrator and that law enforcement, APS, and state agency were notified.</p> <p>On 2/21/2025 Director of Nursing, Assistant Director of Nursing, Unit Manager, and Social Worker completed interviews with alert and oriented residents regarding abuse and skin checks on not alert and oriented residents for signs of abuse; with no indications of abuse discovered.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>On 2/21/2025 the Director of Nursing and Assistant Director of Nursing educated current staff, including agency on identifying and reporting abuse. Education included verbal abuse, sexual abuse, physical abuse, mental abuse, neglect, involuntary seclusion, exploitation, misappropriation of resident property and mistreatment. The staff members, including agency staff, that have not received the education will not be able to work until they have received this education. The Director of Nursing is responsible for ensuring this is enforced. In the event abuse is witnessed the staff member should stay with the resident providing protection from the abuse. Immediately after removing the</p>	F 607			

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F 607	<p>Continued From page 7</p> <p>abuse the abuse must be reported to the Administrator.</p> <p>The Administrator was educated by the Regional Nurse Consultant on 2/21/2025 on how he should confirm the abuse, ensure the protection of the resident, confirm the perpetrator is removed, and submit an initial investigation to the State, contact the police department and Adult Protective Services and complete a thorough investigation prior to submitting the five-day report to the State. Staff were asked to return information verbally to confirm understanding of education. The Director of Nursing is responsible for ensuring newly hired staff, including agency staff, will receive the education in orientation. Education completed 2/21/2025.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>The Regional Nurse Consultant will audit all submitted reportables in person weekly for twelve weeks to ensure protection of the resident was provided, perpetrator was removed, and appropriate reporting to the administrator and notification to law enforcement, APS, and state agency was completed timely by the Administrator.</p> <p>The decision was made on 2/21/2025 to complete education, to monitor the system, and to take to Quality Assurance Committee.</p> <p>The Regional Nurse Consultant or designee will bring these audits to the Quality Assurance Committee meeting monthly for 3 consecutive months. The Quality Assurance Committee will</p>	F 607			

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F 607	<p>Continued From page 8</p> <p>evaluate the effectiveness of the above plan and will make additional interventions and recommendations based on the audits to ensure continued compliance.</p> <p>Date of alleged compliance: 2/22/2025</p> <p>Validation of the facility's corrective action plan was conducted from 3/4/25 through 3/6/25. Review of facility documents revealed alert and oriented residents were interviewed regarding abuse by facility staff with no abuse reported and no concerns were discovered. Skin audits of residents were reviewed with no findings indicating abuse. Reviewed the education provided to staff (including sign-in sheets) on following the facility's policy on the types of abuse, protecting the resident, and reporting abuse immediately to nurse, DON, and Administrator and time frames for submitting initial report and the investigation report to the State Agency. Facility staff were interviewed during the survey on the facility's abuse policy including: identifying abuse, reporting abuse immediately, and protecting residents. The Administrator was interviewed and verbally demonstrated an understanding of the facility's abuse policy and the importance of taking immediate action on allegations of abuse. Other sampled residents' abuse allegations (most recent was 12/24/24) indicated the facility's abuse policy was followed. Interviews with residents and observations of residents indicated they had no concerns with abuse or if abuse was reported, it was investigated.</p> <p>The facility's compliance date of 2/22/25 was validated.</p>	F 607			