

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-889</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRIGHTHAVEN HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2705 BRIGHTHAVEN DRIVE RALEIGH, NC 27614</b>
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(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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on March 8, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p>	V 118	<p>Brighthaven administrator will put a new procedure in place:</p> <p>During weekly meeting with house manager, the administrator will review availability of all medications, lead time if they need to be re-ordered and make sure steps are taken to ensure new supply of medications will arrive at Brighthaven before old supply runs out.</p>	4/10/18

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

*Santosh P. Gaur*

TITLE

BH Director

(X6) DATE

3/22/2018

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were administered based on the written order of a person authorized by law to prescribe drugs for 1 of 3 clients (#1). The findings are:</p> <p>Review on 3/8/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 5/8/14</li> <li>- Diagnoses: Autism Spectrum Disorder, Moderate Intellectual Disability, Severe Constipation, Diarrhea, Chronic Gas/Bloating and Abnormality Colon</li> <li>- Physician's order dated 8/10/17 Prucalopride (used to treat chronic constipation) 2 mg 1 tablet once daily</li> <li>- February and March 2018 MARs: Prucalopride was not signed as administered 2/23/18 - 3/7/18</li> </ul> <p>Observation on 3/7/18 at approximately 1:00 pm of client #1's medications revealed:</p> <ul style="list-style-type: none"> <li>- Client #1's Prucalopride was not onsite</li> </ul> <p>Interview on 3/7/18 with the Home Manager revealed:</p> <ul style="list-style-type: none"> <li>- She was aware client #1's Prucalopride ran out.</li> <li>- She learned the medication was running low about 7 days prior to it running out</li> <li>- Client #1's parents were responsible for refilling the medication</li> <li>- Usually it took about 2 weeks for the medication to come in</li> <li>- The medication has been ordered and should</li> </ul>	V 118		

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V 118	<p>Continued From page 2</p> <p>be at the facility soon</p> <p>Interview on 3/7/18 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- He was not aware client #1's Prucalopride had ran out</li> <li>- The House Manager was responsible for ensuring medications were refilled appropriately</li> <li>- He would develop a new system to ensure medications are refilled accordingly in the future</li> </ul>	V 118		

2705 Brighthaven Drive  
Raleigh, NC 27614

March 22, 2018

Mental Health Licensure & Certification Section  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Re: Annual Survey  
Brighthaven Home, 2705 Brighthaven Dr., Raleigh, NC 27614  
MHL #092-889

Attached is plan of correction to eliminate deficiencies.

*Santosh P. Gaur*  
Santosh Gaur  
BH Director