STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-239	A. BUILDING: _____ B. WING _____	R 02/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK	1111 MEADOWBROOK DRIVE GREENVILLE, NC 27834

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V 000	INITIAL COMMENTS An annual and follow-up survey was completed on February 21, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the physician or pharmacist of medication errors and document refusals affecting one of two audited clients (#1). The findings are: Review on 02/19/19 and 02/20/19 of client #1's record revealed: - 49 year old female. - Admission date of 03/12/14. - Diagnoses of Cerebral Palsy-Not Otherwise Specified, Moderate Intellectual Developmental Disability, Generalized Anxiety Disorder and Seizure Disorder.	V 123		

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Review on 02/19/19 of client #1's signed physician orders dated 11/08/18 revealed:
- Norvasc (treats high blood pressure) 10 milligrams (mg) - take one tablet daily.
- Abilify (antipsychotic) 10mg - one tablet daily.
- Aspirin (treats aches) 81mg - take one tablet daily.
- Lexapro (antidepressant) 10mg - take one tablet daily.
- Flonase (treats allergies) - 2 sprays daily.
- Folic Acid (vitamin) 1 mg - one tablet daily.
- Zyrtec (treats allergies) 10mg - one tablet daily.
- Multivitamin (treats vitamin deficiency) - take one tablet daily.
- Tegretol (treats seizures) 200mg - take one tablet three times daily.
- Voltaren Gel (treats pain) apply three times daily.
- Lipitor (treats high cholesterol) 20mg - take one tablet daily.
- Sinequan (treats anxiety) 50mg - take one capsule daily.
- Ditropan (treats urinary incontinence) 5mg - take one tablet daily.
- Saline Mist (treats nasal issues) - one spray in each nostril at bedtime.

Review on 02/19/19 of client #1's February 2019 MAR revealed the following dates and times of staff initials circled to indicate client's refusal of medications and no documentation a physician or pharmacist was immediately notified of refusals:
- Norvasc - 02/17/19 at 8am.
- Aspirin - 02/17/19 at 8am.
- Lexapro - 02/17/19 at 8am.
- Flonase - 02/17/19 at 8am.
- Folic Acid - 02/17/19 at 8am.
- Zyrtec - 02/15/19 thru 02/17/19 at 5pm.
- Multivitamin - 02/15/19 thru 02/17/19 at 5pm.
- Tegretol - 02/05/19 at 8pm, 02/14/19 thru 02/16

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V 123	Continued From page 2 at 8pm and 02/17/19 at 8am and 12pm. - Voltaren Gel - 02/14/19 thru 02/16/19 at 4pm and 8pm and 02/17 at 8am and 12pm. - Lipitor - 02/05/19 and 02/14/19 thru 02/16/19 at 8pm. - Sinequan - 02/05/19 and 02/14/19 thru 02/16/19 at 8pm. - Ditropan - 02/05/19 and 02/14/19 thru 02/16/19 at 8pm. - Saline Mist - 02/14/19 thru 02/16/19 at 8pm. Interview on 02/20/19 client #1 stated: - She lived at the facility for several years. - She had been refusing some medications but was unable to state the reason. Interview on 02/19/19 the Residential Director stated: - Client #1 had been refusing medications. - Staff documented medication refusals on the MAR. - She did not have any incident reports for missed medications. Interview on 02/19/19 the Qualified Professional stated: - Staff should document on the MAR when medications were missed or refused. - If clients refused medications multiple times then the facility nurse would be notified and the physician would be made aware.	V 123		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their	V 366		

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V 366	Continued From page 3	V 366		

response to level I, II or III incidents. The policies shall require the provider to respond by:
(1) attending to the health and safety needs of individuals involved in the incident;
(2) determining the cause of the incident;
(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;
(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;
(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;
(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and
(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.
(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.
(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal

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V 366	Continued From page 4 review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;	V 366		

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V 366	Continued From page 5 (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to document their response to level I incidents. The findings are: See Tag V123 for specifics. Review on 02/19/19 and 02/20/19 of facility records revealed no incident reports documented for client #1's medication refusals in February 2019. Interview on 02/21/19 the Administrative Staff stated they were aware incident reports were required for medication errors or medication refusals.	V 366		