

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL010-020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WALLBROWN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 949 NORTH SHORE DRIVE - BSL SOUTHPORT, NC 28461
---	---

(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>INITIAL COMMENTS</p> <p>An annual survey was completed on 02/21/19. A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5600F Alternative Family Living. 10A NCAC 27G .5100 Community Respite.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation</p>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL010-020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WALLBROWN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 949 NORTH SHORE DRIVE - BSL SOUTHPORT, NC 28461
---	---

(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 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR for 1 of 2 clients audited (client #2). The findings are:</p> <p>Review on 2/19/19 of client #2's record revealed: -32 year old male admitted 11/1/14. -Diagnoses included moderate mental retardation, aggression, sexual maladjustment, pedophilia, obsessive compulsive disorder, attention deficit hyperactive disorder, schizoaffective disorder, Tourette disorder, dependent personality disorder, and bipolar. -Order dated 9/28/18 for Ziprasidone 80 mg (milligrams) at bedtime with food. (Antipsychotic medication used to treat schizophrenia and the manic symptoms of bipolar disorder) -Order dated 6/1/18 for Trazadone 300 mg at bedtime. (Antidepressant used for depression, anxiety, sleep and pain.)</p> <p>Review on 2/19/19 of client #2's December 2018, January 2019, and February 2019 MARs revealed: -Ziprasidone 80 mg was documented twice daily at 7 am and 7:30 pm. -"Trazadone 150 mg 2x's daily pm" transcribed and documented daily at 7:30 pm.</p> <p>Observations on 2/19/19 at 3:28 pm of client #2's medications on hand revealed: -Label for Ziprasidone read to administer 1 80 mg</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL010-020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2019
NAME OF PROVIDER OR SUPPLIER WALLBROWN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 949 NORTH SHORE DRIVE - BSL SOUTHPORT, NC 28461		
(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 118	Continued From page 2 tablet at bedtime with food. -Label for Trazadone 100 mg tablets read to administer 3 tablets at bedtime. Interview on 2/19/19 Staff #2 stated it was a transcription error for these 2 medications. She was sure she administered the medications as the labels read. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		