PRINTED: 02/25/2019 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL010-020 02/21/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 949 NORTH SHORE DRIVE - BSL WALLBROWN HOME SOUTHPORT, NC 28461 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS An annual survey was completed on 02/21/19. A deficiency was cited. DHSR - Mental Health This facility is licensed for the following service categories: 10A NCAC 27G .5600F Alternative Family Living. 10A NCAC 27G .5100 Community Respite. Lic. & Cert. Section V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS V118 - Medication Administration Reg-(c) Medication administration: isters will be done over. Prescription and (1) Prescription or non-prescription drugs shall non-prescription meds will be documenonly be administered to a client on the written order of a person authorized by law to prescribe ted as required. The OP, M Wallbrown, drugs. will correct MAR's to include all meds (2) Medications shall be self-administered by currently ordered by all doctors. The QP clients only when authorized in writing by the will monitor this change weekly until client's physician. certain that the MAR's are being kept up (3) Medications, including injections, shall be to date and followed. Particular attention administered only by licensed persons, or by unlicensed persons trained by a registered nurse. will be paid to the doctors orders; proper pharmacist or other legally qualified person and transcription of the orders meaning all privileged to prepare and administer medications. orders; and for failure to document. (4) A Medication Administration Record (MAR) of OP, M Wallbrown, will follow up on all drugs administered to each client must be kept MAR's weekly until the deficiency current. Medications administered shall be recorded immediately after administration. The survey and twice monthly thereafter to MAR is to include the following: be certain that the policy is being (A) client's name: implemented. (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 Division of Health Service Regulation

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

(X6) DATE

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL010-020 02/21/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 949 NORTH SHORE DRIVE - BSL WALLBROWN HOME SOUTHPORT, NC 28461 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 118 V 118 Continued From page 1 with a physician. This Rule is not met as evidenced by: Based on record reviews, observations, and V118 - Medication Administration Reginterviews, the facility failed to administer medications as ordered by the physician and isters will be done over. Prescription and maintain an accurate MAR for 1 of 2 clients non-prescription meds will be documenaudited (client #2). The findings are: ted as required. The QP, M Wallbrown, will correct MAR's to include all meds Review on 2/19/19 of client #2's record revealed: currently ordered by all doctors. The OP -32 year old male admitted 11/1/14. will monitor this change weekly until -Diagnoses included moderate mental retardation, aggression, sexual maladjustment, certain that the MAR's are being kept up pedophilia, obsessive compulsive disorder, to date and followed. Particular attention attention deficit hyperactive disorder, will be paid to the doctors orders; proper schizoaffective disorder, Tourette disorder, transcription of the orders meaning all dependent personality disorder, and bipolar. orders; and for failure to document. -Order dated 9/28/18 for Ziprasidone 80 mg (milligrams) at bedtime with food. (Antipsychotic QP, M Wallbrown, will follow up on medication used to treat schizophrenia and the MAR's weekly until the deficiency manic symptoms of bipolar disorder) survey and twice monthly thereafter to -Order dated 6/1/18 for Trazadone 300 mg at be certain that the policy is being bedtime. (Antidepressant used for depression, implemented. anxiety, sleep and pain.) 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. 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

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