AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL078-256	B. WING	B. WING		08/2019	
IAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE			
SBURY	HOMES - PEMBROK	F	H DIAL STREE DKE, NC 28372				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMEN	ſS	V 000				
	An annual survey w 2019. Deficiencies	vas completed on March 8, were cited.					
	categories: 10A NO Living for Adults wit	sed for the following CAC 27G .5600C Supervised h Developmental Disabilities G .5100 Community Respite					
V 116	27G .0209 (A) Med	ication Requirements	V 116				
	written order of a p licensed to prescrib (2) Dispensing sha pharmacists, physic practitioners author with the North Carc permit to operate a nurse or other desi physician or other h dispensing so long and its contents are approved by the au dispensing. (3) Methadone For supplied to a client service in a properl registered nurse er pursuant to the req .0306 SUPPLYING TREATMENT PRO methadone is not c	ensing: all be dispensed only on the hysician or other practitioner be. I be restricted to registered cians, or other health care rized by law and registered blina Board of Pharmacy. If a pharmacy is Not required, a gnated person may assist a health care practitioner with as the final label, Container, e physically checked and thorized person prior to take-home purposes may be of a methadone treatment y labeled container by a nployed by the service, uirements of 10 NCAC 45G OF METHADONE IN GRAMS BY RN. Supplying of onsidered dispensing.					
	not possess a stoc	mergency use, facilities shall k of prescription legend drugs dispensing without hiring a					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-256			CONSTRUCTION		E SURVEY PLETED	
		DENTITIOA HON NOMBER.	A. BUILDING:		COM	
		MHL078-256	B. WING		03/08/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
ASBURY	HOMES - PEMBROK	F	I DIAL STREE KE, NC 28372			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 116	Continued From pa	ige 1	V 116			
	Board of Pharmacy locked supply of pr Samples shall be d	caining a permit from the NC 2. Physicians may keep a small escription drug samples. ispensed, packaged, and ince with state law and this				
	review, the facility f of medications was	, observation, and record ailed to assure that dispensing restricted to persons o do so, affecting 1 of 3				
	-48 year old female -Diagnoses include encephalopathy, se -Medication orders included: -Cetirizine 10 n	d traumatic brain injury, anoxic sizure disorder, depression. on the March 2019 MAR ng daily at 7 am				
	-Metamucil Ca at 7 am -Omeprazole 2 -Bacitracin 500	20 mg daily at 7 am psules (Fiber laxative) 2 daily 0 mg daily at 7 am gm Ointment, apply twice				
	and 7 pm -Vimpat 200 m -Olanzapine 5	/500 mg twice daily at 7 am g twice daily at 7 am and 7 pm mg twice daily				
	Review of client #3 Medication Release all above medicatio	am 2 % apply daily at 8 pm 's "Resident Sign-Out and e Form dated 3/7/19 revealed ons had been listed and given /guardian for administration				

Division of Health Service Regulation STATE FORM

6899

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 03/08/2019	
		MHL078-256				
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
ASBURY	HOMES - PEMBROK		H DIAL STREE DKE, NC 28372			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 116	Continued From pa	age 2	V 116			
	during her home vis	sit.				
		8/19 at 2:59 pm of client #3's nd revealed all medications were on hand.				
	with the client and I -Individual doses of had been removed dispensed by the p planner to be admini-This was the proce	Staff #2 stated: medications had been sent her guardian on 3/7/19. f client #2's oral medications from the bubble packs harmacy and placed in a pill nistered during her home visit. ess followed for all clients acility for home visits.				
	stated: -Removing doses f packaging was the in place. -This was done to r were on hand upon -She was not award -She would look for compliance, but ma	e this was not in compliance.				
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	only be administered					

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	MHL078-256	B. WING	B. WING		03/08/2019	
PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE			
HOMES - PEMBROK	(F	-				
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
Continued From pa	age 3	V 118				
 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 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 with a physician. 						
Based on record re facility failed to adm ordered and mainta	views and interviews, the ninister medications as ain a current MAR for 3 of 3					
-48 year old female -Diagnoses include	e admitted 10/1/10. ed traumatic brain injury, anoxic					
	OF CORRECTION PROVIDER OR SUPPLIER HOMES - PEMBROM SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From participation clients only when a clients only when a client's physician. (3) Medications, ind administered only b unlicensed persons pharmacist or othe privileged to prepare (4) A Medication Ac all drugs administe current. Medication recorded immediat MAR is to include t (A) client's name; (B) name, strength (C) instructions for (D) date and time t (E) name or initials drug. (5) Client requests checks shall be record file followed up by a with a physician. This Rule is not me Based on record ref facility failed to admonstres ordered and mainta clients audited (#1, Finding #1: Review on 3/8/19 c -48 year old female -Diagnoses include	OF CORRECTION IDENTIFICATION NUMBER: MHL078-256 MHL078-256 PROVIDER OR SUPPLIER STREET AI MOMES - PEMBROKE 300 RUT PEMBROK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 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 kepi 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 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 with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications as ordered and maintain a current MAR for 3 of 3 clients audited (#1, #2, #3). The findings are: Finding #1: Review on 3/8/19 of client #3's record revealed: -48 year old female admitted 10/1/10.	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL078-256 B. WING *ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE *HOMES - PEMBROKE 300 RUTH DIAL STREET PEMBROKE, NC 28372 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG Continued From page 3 V 118 Continued From page 3 V 118 Continued From page 3 V 118 Clients only when authorized in writing by the client's physician. D (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 following: (A) Ideinations de each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (C) instructions for administering the drug; (D) date and time the drug is administering the drug. (S) 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications as ordered and maintain a current MAR for 3 of 3 clients audited (#1, #2, #3). The findings are: Finding #1: Review on 3/8/19 of client #3's record revealed: -48 y	OF CORRECTION IDENTIFICATION NUMBER: A BULDING: COM MHL078-256 B. WING 03/ PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 RUTH DIAL STREET HOMES - PEMBROKE 300 RUTH DIAL STREET PECODE SUMMARY STATEMENT OF DEFICIENCE ID PEMBROKE, NC 28372 PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USE DIENTIFYMS INFORMATION) PRECENCE OCONSECTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USE DIENTIFYMS INFORMATION) V 118 Continued From page 3 V 118 V 118 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 3 V 118 V 118 ID PRETEX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 3 V 118 V 118 ID ID PRETEX ID PRETEX (a) Medications, including injections, shall be administered only by licensed persons on by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administerion for ecorded immediately after administration. The MAR is to include the following: (A) clients 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; (S) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by	

AND PLAN OF CORRECTION		Egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL078-256	B. WING	B. WING		08/2019
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ASBURY	HOMES - PEMBROK		H DIAL STREE DKE, NC 2837			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	age 4	V 118			
	Cream 2 % . (Antib 2 % with instruction continued to be prin documented as add -Order dated 5/3/18 0.1 % cream. (Antii 0.1 % cream with in as needed continue None documented -No order for Hydro cream) Hydrocortis instructions to appl continued to be prin documented as add -Order dated 5/3/18 lotion. Men-Phor lo topically 3 times da continued to be prin documented as add -Order dated 10/24 (milligrams) at bed administered 12/1/ scheduled dosing t Finding #2: Review on 3/8/19 c -55 year old female -Diagnoses include disability and depre Review on 3/8/19 c December 2018 the order for Miralax, u of yellow or green 0 order in record. No	 a to discontinue Mupirocin a to apply twice daily at 8 pm a to apply twice daily at 8 pm a to apply twice daily at 8 pm a to discontinue Triamcinolone fungal cream) Triamcinolone function with instructions to apply funda on the MARs. None ministered. for Quetiapine 100 mg funde was not documented as 18 and 12/2/18 at 8 pm, the funda 12/2/18 at 8 pm, the 				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL078-256		(X2) MULTIPLE			(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL078-256			03/	08/2019
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
SBURY	HOMES - PEMBROK		H DIAL STREE DKE, NC 28372			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	age 5	V 118			
	-57 year old female admitted 1/10/12. -Diagnoses included William Syndrome, depression, generalized anxiety disorder, GERD (gastroesophageal reflux disease). Review on 3/8/19 of client #2's orders and MARs					
	-Order dated 1/7/19 days prior to break administered 16 da (GERD) -Order dated 1/26/2	rough March 2019 revealed: 9 for Omeprazole 20 mg for 14 fast documented as ays from 1/8/19 - 1/23/19. 19 for Acetaminophen 500 mg order transcribed on the				
	March 2019 MAR t scheduled for 7 am	cumented as administered at 7	7			
	stated: -Requests were ma	9 the Qualified Professional ade to the pharmacy to remove)			
	be printed.	they sometimes continued to d the pharmacy during survey				
	for client #3's Mupi % cream.	narmacy did not have orders rocin 2 % or Hydrocortisone 1				
	colonoscopy prep o deleted.	rder for Miralax was an old order and should have been				
		order for Acetaminophen 500 should have been a PRN (as				