Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL078-256 03/08/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE RECEIVED 300 RUTH DIAL STREET By DHSR - Mental Health Lic. & Cert. Section at 9:05 am, Mar 25, 2019 **ASBURY HOMES - PEMBROKE** PEMBROKE, NC 28372 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on March 8, 2019. Deficiencies were cited. This facility is licensed for the following categories: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities and 10A NCAC 27G .5100 Community Respite Services. V 116 27G .0209 (A) Medication Requirements V 116 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing. (3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 45G .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing. (4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a

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

TITLE

(X6) DATE

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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		03/08/2019		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE, ZIP CODE				
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V 116	Continued From pa	ge 1	V 116				
	pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.		,	are delivered to facility. This M will be done n	o the lenttoing renthly		
	review, the facility fa of medications was	observation, and record ailed to assure that dispensing restricted to persons o do so, affecting 1 of 3	(or as often as are delivered to the facility	Medication		
	-48 year old female -Diagnoses include encephalopathy, se -Medication orders included: -Cetirizine 10 m	d traumatic brain injury, anoxic izure disorder, depression. on the March 2019 MAR					
	-Metamucil Cap at 7 am -Omeprazole 20 -Bacitracin 500 daily at 7 am and 7 -Oyster shell Do and 7 pm -Vimpat 200 mg -Olanzapine 5 r	osules (Fiber laxative) 2 daily mg daily at 7 am gm Ointment, apply twice pm 500 mg twice daily at 7 am g twice daily at 7 pm					
	Medication Release all above medication	s "Resident Sign-Out and e Form dated 3/7/19 revealed ns had been listed and given					

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ MHL078-256 B. WING 03/08/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **300 RUTH DIAL STREET ASBURY HOMES - PEMBROKE** PEMBROKE, NC 28372 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 116 Continued From page 2 V 116 during her home visit. Observations on 3/8/19 at 2:59 pm of client #3's medications on hand revealed all medications administered orally were on hand. Interview on 3/8/19 Staff #2 stated: -Client #2's topical medications had been sent with the client and her guardian on 3/7/19. -Individual doses of client #2's oral medications had been removed from the bubble packs dispensed by the pharmacy and placed in a pill planner to be administered during her home visit. -This was the process followed for all clients when they left the facility for home visits. Interview on 3/8/19 the Qualified Professional stated: -Removing doses from the pharmacy dispensed packaging was the practice that had always been in place. -This was done to make sure client medications were on hand upon their return. -She was not aware this was not in compliance. -She would look for a solution to be in compliance, but make sure medications were available when the client returned from home visits. V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (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 druas. (2) Medications shall be self-administered by

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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V 118	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 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 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:		V 118	in Staff we ensure that all Medications and Cook with Pharmacy ensure that He MAR are accurately are a physical and the olone month of as often as	SHOULD BE PPROPRIATE COMPLETE DATE WILL ALL ALL ALL ALL ALL ALL AL		
	Review on 3/8/19 of -48 year old female -Diagnoses include	of client #3's record revealed: e admitted 10/1/10. ed traumatic brain injury, anoxic eizure disorder, depression.		a new MAR is			
	Review on 3/8/19 of	of client #3's orders and MARs					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING MHL078-256 03/08/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 RUTH DIAL STREET **ASBURY HOMES - PEMBROKE** PEMBROKE, NC 28372 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 4 V 118 from 12/1/18 - 3/8/19 revealed: -Order dated 5/3/18 to discontinue Mupirocin Cream 2 % . (Antibiotic cream) Mupirocin Cream 2 % with instructions to apply twice daily at 8 pm continued to be printed on the MARs and documented as administered daily. -Order dated 5/3/18 to discontinue Triamcinolone 0.1 % cream. (Antifungal cream) Triamcinolone 0.1 % cream with instructions to apply twice daily as needed continued to be printed on the MARs. None documented as administered. -No order for Hydrocortisone 1 % cream. (Steroid cream) Hydrocortisone 1 % cream with instructions to apply twice daily as needed continued to be printed on the MARs. None documented as administered. -Order dated 5/3/18 to discontinue Men-Phor lotion. Men-Phor lotion with instructions to apply topically 3 times daily as needed for itching continued to be printed on the MARs. None documented as administered. -Order dated 10/24/18 for Quetiapine 100 mg (milligrams) at bedtime was not documented as administered 12/1/18 and 12/2/18 at 8 pm, the scheduled dosing time. (Antipsychotic) Finding #2: Review on 3/8/19 of client #1's record revealed: -55 year old female admitted 10/1/10. -Diagnoses included moderate intellectual disability and depressive disorder. Review on 3/8/19 of client #1's orders and MARs December 2018 through March 2019 revealed an order for Miralax, use entire bottle with 32 ounces of yellow or green Gatorade transcribed. No order in record. None documented as given. Finding #3: Review on 3/8/19 of client #2's record revealed:

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STATEMENT OF DEFICIENCIES (X1) PROV

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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V 118	-57 year old female -Diagnoses include depression, genera (gastroesophageal Review on 3/8/19 of December 2018 thr -Order dated 1/7/19 days prior to breakford administered 16 day (GERD) -Order dated 1/26/1 every 8 hours. No of January or February March 2019 MAR tr scheduled for 7 am, Acetaminophen document and 3 pm from 3 Interview on 3/8/19 stated: -Requests were mandeleted orders, but to be printedShe had contacted and was told the phore for client #3's Mupiro creamClient #1's MAR ord colonoscopy prep ord deletedClient #2's 1/26/19	admitted 1/10/12. d William Syndrome, lized anxiety disorder, GERD reflux disease). f client #2's orders and MARs ough March 2019 revealed: for Omeprazole 20 mg for 14 ast documented as ys from 1/8/19 - 1/23/19. 9 for Acetaminophen 500 mg order transcribed on the y 2019 MARs. Order on the anscribed with dosing times a pm, 11 pm. cumented as administered at 7	V 118			