

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/20/2019
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NAME OF PROVIDER OR SUPPLIER BROCKINGTON'S HOME HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 516 LARK LANE ROCKY MOUNT, NC 27803
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(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 6/20/19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living/Alternative Family Living</p>	V 000		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Psychotropic medication review every six months by a pharmacist for two of two clients (#1, #2). The findings are:</p> <p>Review on 6/20/19 of client #1's record revealed: -An admission date of 11/1/18. -Diagnoses of Schizoaffective Disorder, Bi-polar, Antisocial Personality and Mild Intellectual Developmental Disability. -Medication review revealed multiple</p>	V 121		

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

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V 121	<p>Continued From page 1</p> <p>psychotropic medications prescribed daily.</p> <p>Review on 6/20/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 5/1/19. -Diagnoses of Psychotic Disorder and Mild Intellectual Developmental Disability. -Medication review revealed multiple psychotropic medications prescribed daily. <p>During interview on 6/21/19 the Licensee stated:</p> <ul style="list-style-type: none"> -Medications are ordered through a local pharmacy. -Never had a pharmacist check the medications on a regular basis. -Not aware there needed to be a psychotropic medication review and it had to be documented. -Will contact the pharmacy to set this up. 	V 121		