

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BUSHBERRY RESIDENTIAL	STREET ADDRESS, CITY, STATE, ZIP CODE 105 BUSHBERRY COURT GARNER, NC 27529
--	--

(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 and follow up survey was completed on May 31, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and</p>	V 108		

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: MHL092-227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BUSHBERRY RESIDENTIAL	STREET ADDRESS, CITY, STATE, ZIP CODE 105 BUSHBERRY COURT GARNER, NC 27529
--	--

(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 108	<p>Continued From page 1</p> <p>clients.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the governing body failed to assure training in first aid and cardiopulmonary resuscitation (CPR) was current for one of three audited staff (Manager). The findings are:</p> <p>Observation on 5/30/18 at approximately 3:00 PM revealed the Manager arrived on site with client #1.</p> <p>Review on 5/29/19 and 5/31/19 of the Manager's record revealed: - a hire date of 5/2/09 - a first aid and CPR card with a training date of 3/7/17 and an expiration date of two years - attempts to obtain evidence of certified, updated training from the administrative office was not successful</p> <p>During an interview on 5/30/19, the Manager reported: - he had worked with the company 15 years - he was primarily assigned to work with client #1 - he had most recently received first aid and CPR training earlier in 2019 and his card would be maintained at one of the administrative offices</p>	V 108		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BUSHBERRY RESIDENTIAL	STREET ADDRESS, CITY, STATE, ZIP CODE 105 BUSHBERRY COURT GARNER, NC 27529
--	--

(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 2</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, facility staff failed to assure MAR remained current for 2 of 3 clients (#1,#2). The findings are:</p> <p>a. Review on 5/29/19 and 5/30/19 of client #1's record revealed: -admitted 2009</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BUSHBERRY RESIDENTIAL	STREET ADDRESS, CITY, STATE, ZIP CODE 105 BUSHBERRY COURT GARNER, NC 27529
--	--

(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 3</p> <p>-diagnoses including Schizophrenia, paranoid type, Seizures, Anemia, Mild Mental Retardation, Pseudoseizures, Hypothyroidism</p> <p>-a physician's order dated 5/16/19 for:</p> <p>-Levothyroxine 25mg tablet to be administered once daily (used to treat thyroid condition)</p> <p>-multi-vitamin tablet to be administered once daily</p> <p>-Timolol mal sol. 5% one drop instilled in each eye every morning (used to treat glaucoma)</p> <p>-Divalproex SOD 500mg tablets to be administered by mouth at bedtime (used to treat seizures)</p> <p>- MAR for May 2019 had no evidence of documentation that the above medications were administered on 5/27/19 and 5/28/19</p> <p>b. Review on 5/29/19 and 5/30/19 of client #2's record revealed :</p> <p>- admitted 2006</p> <p>- an FL2 dated 5/2/19 with diagnoses including Profound Mental Retardation, Renal Insufficiency, Hypertension- Benign Essential, Urinary Incontinence, Tinea Pedis and Anxiety</p> <p>-a physician's order dated 5/2/19 for a Lisinpril/HCR 10-12.5 mg tablet to be administered once daily (used to treat blood pressure)</p> <p>- MAR for May 2019 had no evidence of documentation that the above medication was administered on 5/25/19 and 5/27/19</p> <p>During interview on 5/30/19 Manager reported he administered the medications on those dates but failed to document he had given them.</p>	V 118		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION</p>	V 119		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BUSHBERRY RESIDENTIAL	STREET ADDRESS, CITY, STATE, ZIP CODE 105 BUSHBERRY COURT GARNER, NC 27529
--	--

(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 119	<p>Continued From page 4</p> <p>REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews the facility failed to assure expired medications were disposed of to guard against accidental use or diversion for 2 of 3 clients (#1,#3). The findings are:</p> <p>a. Observation on 5/29/19 at approximately 1:20 PM of client #1's medications revealed:</p>	V 119		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BUSHBERRY RESIDENTIAL	STREET ADDRESS, CITY, STATE, ZIP CODE 105 BUSHBERRY COURT GARNER, NC 27529
--	--

(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 119	<p>Continued From page 5</p> <ul style="list-style-type: none"> -a bubble pack containing Lorazepam .5 mg tablets dispensed 12/1/17 and expired 12/1/18; a bubble pack dispensed 1/13/17 and expired 1/13/18; a bubble pack dispensed 2/20/18 and expired 2/2/19 were present -two bubble packs containing Acetaminophen 500 mg dispensed 7/7/15 and expired 7/7/16 were present -all of the above medications were held together with a rubber band -current bubble packs of the above medications were stored in the same medication box <p>Review on 5/29/19 and 5/30/19 of client #1's record revealed :</p> <ul style="list-style-type: none"> -admitted 2009 -diagnoses including Schizophrenia, paranoid type, Seizures, Anemia, Mild Mental Retardation, Pseudoseizures, Hypothyroidism -a physician's order dated 5/16/19: -Lorazepam .5 mg tablet to be administered once a day as needed -Acetaminophen 500mg to be administered for pain as needed -the March April and May 2019 MAR's had documentation to reflect that the above medications were administered daily <p>b. Observation 5/29/19 and 5/30/19 at approximately 1:20 PM of client #3's medications revealed:</p> <ul style="list-style-type: none"> - Latanoprost Solution 0.005% eye drops dispensed 10/9/17 and expired 6/2018; a second bottled dispensed 1/22/18 and expired 3/2019 and a third bottle dispensed 9/11/17 and expired 12/2018 all with instructions to instill one drop in both eyes once daily and to discard six weeks after opening the bottle - a bottle of Latanoprost Solution 0.005% dispensed 5/17/19 was stored in the same 	V 119		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BUSHBERRY RESIDENTIAL	STREET ADDRESS, CITY, STATE, ZIP CODE 105 BUSHBERRY COURT GARNER, NC 27529
--	--

(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 119	<p>Continued From page 6</p> <p>container with the expired bottles</p> <p>Review on 5/29/19 and 5/30/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted 2006 - an FL2 dated 2/14/18 with diagnoses including Schizophrenia undifferentiated type, Profound Mental Retardation, Sickle cell Trait and Diabetes Mellitus Type II (family history) - a physician's order signed and dated 2/14/18 had instructions for 1 drop of Latanoprost Solution 0.005 % to be instilled in each eye once daily - the March, April and May 2019 MARs had documentation to reflect the drops were instilled daily <p>During interview on 5/29/19 staff #1 reported she didn't know why the expired medications were on site. Staff #1 furthered reported expired medications should be returned to the pharmacy. Staff #1 reported she could not locate the facility's policy on medication disposal.</p> <p>During interview on 5/30/19 Manager reported he could not locate the policy regarding medication disposal. The Manager further reported it was his expectation that medications were to be disposed of with two staff witnesses's or were to be returned to the pharmacy. The Manager stated he would arrange for the above medications to be returned to the pharmacy.</p>	V 119		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(e) Medication Storage:</p>	V 120		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BUSHBERRY RESIDENTIAL	STREET ADDRESS, CITY, STATE, ZIP CODE 105 BUSHBERRY COURT GARNER, NC 27529
--	--

(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 120	<p>Continued From page 7</p> <p>(1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation record review and interview the facility failed to assure medications were stored separately per client and in a locked container effecting 2 of 3 clients (#1,#3). The findings are:</p> <p>a. Observation on 5/29/19 at approximately 1:20 PM revealed: - 11 bottles of eye drops for clients #1 and #3 stored in a small box with a combination lock was in the refrigerator - 6 bottles of eye drops belonged to client #1 -5 bottles of Latanoprost Solution 0.005% eye drops belonged to client #3 - the box could not be closed or locked due to the number of bottles in the box.</p> <p>Review on 5/29/19 and 5/30/19 of client #1's</p>	V 120		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BUSHBERRY RESIDENTIAL	STREET ADDRESS, CITY, STATE, ZIP CODE 105 BUSHBERRY COURT GARNER, NC 27529
--	--

(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 120	<p>Continued From page 8</p> <p>record revealed :</p> <ul style="list-style-type: none"> - admitted 2009 -diagnosis including Schizophrenia, paranoid type, Anemia, Mild Mental Retardation, Pseudo Seizures, Hypothyroidism -a physician's order dated 5/16/19 had instructions for one drop of Timolol mal eye solution 5%to be instilled in each eye every morning; used to treat glaucoma -a physician's order dated 5/16/19 had instructions for one drop of Latanoprost eye solution 0.005% to be instilled into both eyes once daily; used to treat glaucoma <p>Review on 5/29/19 and 5/30/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted 2006 - an FL2 dated 2/14/18 with diagnoses including Schizophrenia undifferentiated type, Profound Mental Retardation, Sickle cell Trait and Diabetes Mellitus Type II (family history) - a physician's order dated 2/14/18 had instructions for 1 drop of Latanoprost Solution 0.005 % to be instilled in each eye once daily ; used to treat glaucoma <p>During and interview on 5/29/19 staff #1 reported she was not aware of medications in the refrigerator needed to be stored separate per client. Staff #1 further reported that although the medication box was not closed or locked, she did not believe the clients in the home would not tamper with the medications.</p> <p>During and interview on 5/30/19 Manager reported he was not aware that medications in the same container needed to be stored separately per client. The Manager further reported he didn't know the combination on the</p>	V 120		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BUSHBERRY RESIDENTIAL	STREET ADDRESS, CITY, STATE, ZIP CODE 105 BUSHBERRY COURT GARNER, NC 27529
--	--

(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 120	<p>Continued From page 9</p> <p>box and he said the box had never been locked.</p> <p>b. Observation on 5/29/19 at approximately 1:10 PM of client #3's room revealed a tube of Clotrimazole and Betamethazone Dipropionate USP 1% base ointment (anti-fungal) prescribed to client #3 was stored in an unlocked, clear plastic box on his dresser. The date the medication was dispensed was not legible.</p> <p>During an interview on 5/29/19, staff # 1 reported client #3 was prescribed the ointment a while ago when he had a rash; staff #1 reported the ointment should not have been stored in his room.</p> <p>Continued review of client #3's record revealed Clotrimazole and Betamethazone Dipropionate USP 1% base ointment did not appear on the 2/13/19 FL2 or the March, April or May 2019 MARs.</p>	V 120		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, facility staff failed to assure the home was maintained in a safe and attractive manner. The findings are:</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BUSHBERRY RESIDENTIAL	STREET ADDRESS, CITY, STATE, ZIP CODE 105 BUSHBERRY COURT GARNER, NC 27529
--	--

(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 736	<p>Continued From page 10</p> <p>Observation on 5/29/19 between 1:00 - 1:15 PM revealed:</p> <ul style="list-style-type: none"> - a "C" shaped crack in the drywall approximately 10 inches in length and multiple boxes of adult briefs stacked on the floor in client #2's room - a dip in the mattress of the double bed in client #1's room and three drawers off track in the dresser - construction type tape peeling from the ceiling above the sink in the hallway bathroom - caved in drywall in the kitchen and dining area approximately 1 foot and 2 inches in length and 4 inches wide near the dining room table <p>During an interview on 5/29/19, staff #1 reported:</p> <ul style="list-style-type: none"> - she was not sure how or when the wall was damaged in client #2's room - the dip in client #1's mattress was due to the box spring being cracked - was not how or when the wall was damaged in the dining and kitchen area <p>During an interview on 5/30/19, client #1 reported he damaged the drywall in the kitchen and dining area "a long time ago" when he lost his balance and fell into the wall.</p>	V 736		