STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL010-091	A. BUILDING: _____ B. WING _____	09/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALLBROWN HOME	949 NORTH SHORE DRIVE SOUTHPORT, NC 28461

(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	INITIAL COMMENTS An annual and complaint survey was completed on September 24, 2019. The complaint was unsubstantiated (intake #NC00155421). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living.	V 000		
V 118	27G .0209 (C) Medication Requirements 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 drugs. (2) Medications shall be self-administered by 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	V 118		

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V 118	Continued From page 1 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medications on the written order of a physician affecting one of two clients (#2). The findings are: Review on 09/24/19 of client #2's record revealed: - 32 year old male. - Initial admission date in 1996. - Diagnoses of Smith-Magenis Syndrome , Impetigo, Lichen Simplex and Eczema. Review on 09/24/19 of client #2's electronically signed physician orders dated 03/28/19 and 06/14/19 revealed: - Muprocin 2% (prevents and treats bacterial infections) - apply a small amount to the infected area three times daily. Review on 09/24/19 of client #2's July 2019 thru September 2019 MARs revealed no transcribed entry for Muprocin 2%. Observation on 09/24/19 at approximately 11:00am of client #2's medications revealed no Muprocin 2% available for administration. Interview on 09/24/19 client #2 stated: - He had lived at the facility for many years. - He took medications for skin issues. - He received all his medications as ordered.	V 118		

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V 118	Continued From page 2 Interview on 09/24/19 staff #2 stated: - Client #2 had an order for Muprocin 2% in the past. - The doctor had discontinued the Muprocin order. - He understood the physician needed to give a scheduled time or discontinue order for medications which ended.	V 118		