

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL067-052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/03/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GREENBRIAR-J</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>211 GREENBRIAR DRIVE JACKSONVILLE, NC 28540</b>
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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	INITIAL COMMENTS  An annual and follow up survey was completed October 3, 2019. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	<b>Y 118</b> <b>Medication requirements</b>  <b>Action Plan:</b> At any time, a medication is administered it is to be documented with initials on the MAR.	
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 file followed up by appointment or consultation with a physician.	V 118	Each Employee received a coaching and counseling on the importance of following the guidelines as written in policy and procedure.  <ul style="list-style-type: none"> <li>• Program Manager will review MARs daily when scheduled to work (M-F)</li> <li>• All staff will attend another medication class.</li> <li>• Each on coming shift will review the MAR sheet along with count of medications handover.</li> <li>• Program Manager will review all shifts exchange information weekly.</li> <li>• Program Manager provided a coaching and counseling to the employees whom did not document properly and will from this point on provide Disciplinary action to employees who do not adhere to the policies as written and training that has been provided.</li> <li>• At any time, a client missing a dose of medication and incident report will be filed.</li> <li>• It was evident the medication was given based on the count, but not documented on the MAR.</li> </ul> This information will be shared with QP during Managers Meetings.	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Carol Wilson* TITLE  
*Vice President* (X6) DATE  
*10-17-2019*

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation, and interviews, the facility failed to keep the MARs current affecting two of three current clients (#1 and #2). The findings are:</p> <p>Finding #1: Review on 10/03/19 of client #1's record revealed: - 48-year old male. - Admission date of 3/21/00. - Diagnoses of Schizophrenia, Post-Traumatic Stress Disorder, Intellectual Disability (Moderate), Sleep-Wake Disorder, Depressive Disorder, and Intermittent Explosive Disorder.</p> <p>Review on 10/03/19 of physician orders for client #1 dated 5/06/19 and 5/23/19 revealed: 5/06/19 - Combigan Solution 0.2%/0.5% (treats elevated intraocular pressure) - 1 drop in each eye twice daily.</p> <p>5/23/19 - Urea Cream 20/40% (treats dry skin) - Apply to affected area twice daily.</p> <p>Review on 10/03/19 of client #1's July 2019 through September 2019 MARs revealed the following blanks: - Combigan Solution 0.2%/0.5% - 9/30/19 at 8:00pm. - Urea Cream 20/40%- 7/16/19, 8/09/19, and 8/29/19.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Interview on 10/03/19 client #1 stated: - He received his medications as ordered.</p> <p>Finding #2: Review on 10/03/19 of client #2's record revealed: - 51-year old male. - Admission date of 12/01/06. - Diagnoses of Intellectual Disability (Moderate), Intermittent Explosive Disorder, Hypothyroidism, Diabetes (II), and Microcephaly.</p> <p>Review on 10/03/19 of physician orders for client #2 dated 9/18/19 revealed: - Zocor (treats high cholesterol) 10 milligrams (mg) - 1 tablet daily.</p> <p>Review on 10/03/19 of client #2's July 2019 through September 2019 MARs revealed the following blanks. - Zocor 10mg - 7/30/19 at 8pm.</p> <p>Interview on 10/03/19 client #2 stated: - He received his medications as ordered.</p> <p>Due to the failure to accurately document medication administration it could not be determined if client #1 and client #2 received their medications as ordered by the physician.</p>	V 118		
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