STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-931	A. BUILDING: _____ B. WING _____	11/07/2019

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BRIGHTSIDE HOMES INC	4133 WHITE PINE DRIVE RALEIGH, NC 27612

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 11/07/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders	V 113		

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V 113	Continued From page 1 diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure consents were maintained for two of three audited clients (#1 and #3). The findings are: Review on 11/06/19 of client #1's record revealed: -Admission date of 09/17/2019. -Diagnoses of Chronic Obstructive Pulmonary Disease, Hypertension, Neurocognitive disorder, Schizoaffective Disorder, Hyperlipidemia. -No evidence of consents were completed. Review on 11/06/19 of client #3's record revealed: -Admission date of 3/18/19. -Diagnoses of Schiziaffective Disorder, Bipolar type, History of Substance use -No evidence of consents were completed. During interview on 11/07/19 the Qualified Professional reported: -Thought consents were completed. -Asked Licensee if she had consent paperwork. -She will get the consents completed and filed.	V 113		

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V 113	Continued From page 2 During interview on 11/07/19 the Licensee reported: -She may have consents somewhere else. -They should have been in the book. -She will ensure the consents are completed and filed.	V 113		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are: Review on 11/07/19 of the facility's fire and disaster drills reveiw 01/23/19-10/05/19 record revealed: -Fire and disaster drills were conducted 01/23/2019-5/10/2019 on 1st and 2nd shift.	V 114		

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V 114	Continued From page 3 -There were no fire and disaster drills conducted on 3rd shift. -Fire drills conducted 06/05/2019-10/05/2019 no times were documented on the sheet. Interview on 11/07/19 with the Qualified Professional revealed: -Fire and disaster drills were conducted monthly. -Confirmed there were no fire and disaster drills conducted on 3rd shift. -Times should be documented on all sheets. This deficiency constitues a re-cited deficiency and must be corrected within 30 days.	V 114		
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;	V 118		

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V 118	Continued From page 4 (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 review and interview the facility failed to keep MARs current and record immediately after administration for 1 of 3 audited clients (#1). The findings are: Review on 11/06/19 of client #1's record revealed: -Admission date of 09/17/2017. -Diagnoses of Schizophrenia, Gastroesophageal Reflux Disease -Physician's order written -Allopurinol take 1 tablet by mouth everyday to prevent gout attacks. -MAR not signed for Allopurinol 11/01/19-11/05/19. During interview on 11/06/19 the staff #1 reported: -Recieved medication training. -Medications are given daily. -Forgot to sign the MAR for Allopurinol. -Signed MAR after each client's medication is given. During interview on 11/06/19 the Qualified Professional reported: -Staff should check and sign MAR daily. -Confirmed MAR was not signed	V 118		

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V 118	Continued From page 5 11/01/19-11/05/19. During interview on 11/06/19 the Licensee reported: -Staff forgot to sign when clients take medication. -Client might have refused the medication. -Staff should sign if medication is given and note on the back of the MAR if medication is refused. -She checks the medication when she comes to the home sometimes weekly or monthly. -Confirmed MAR was not signed 11/01/19-11/05/19.	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (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. (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. (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	V 119		

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V 119	Continued From page 6 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. This Rule is not met as evidenced by: Based on observation, record review and interviews the facility failed to assure medications were disposed of to guard against accidental ingestion for 1 of 3 audited clients (#1). The findings are: Observation on 11/06/19 at approximately 10:20 am of client #1's medications revealed Trazodone 50 milligram (mg) with and expiration date of 05/29/19 and Olanzapine 10 mg with and expiration date of 08/13/19. Review on 11/06/19 of client #1's record revealed: -Admission date of 09/17/2019 -Diagnoses of Chronic Obstructive Pulmonary Disease, Hypertension, Neurologist Disorder, Schizoaffective Disorder, Hyperlipidemia. -Physician's order dated 02/11/19 indicated the Trazodone 50 mg and Olanzapine 10 mg to be given as needed. During an interview on 11/07/19 the Qualified Professional reported: -Staff should check medications daily. -She does a quarterly review of all medications. -Administration checks medications monthly. -Confirmed medications were expired and should have been discarded. -Medications should have been noticed and replaced.	V 119		

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V 119	Continued From page 7 During and interview on 11/17/19 Licensee reported: -She did not notice expired medications. -Check medications monthly. -Confirmed the medications were expired.	V 119		