

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-678	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/12/2020
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NAME OF PROVIDER OR SUPPLIER THE BRUSON GROUP /NEW BEGINNINGS HE/	STREET ADDRESS, CITY, STATE, ZIP CODE 4513 FOX ROAD RALEIGH, NC 27616
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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		
V 000	INITIAL COMMENTS An annual and follow up survey was completed on March 12, 2020. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment Level II for Adolescents.	V 000		V 118 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS
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	Measures put in place to correct the deficient area of practice and how we identified other areas of the facility having the potential to be affected by the same deficient practice and what corrective actions will be taken	Our agency took immediate action to ensure the quality of all homes. We held a board meeting and reviewed the DHSR deficiencies in its entirety. Different scenarios were discussed and preventative measures/interventions were reviewed and voted on for approval by the Board. We immediately revised/updated the agencies medication disposal policies to promote best practice. The agency included the daily review of the actual clients medication boxes, along with each client's Mar's and added a policy to immediately discard each client's medication upon a change. In the event the medication is changed after hours the staff shall provide the on call crisis personnel with a photo to confirm that the medications have been removed /discarded.
			Measures put in place to prevent the problem from occurring again	Upon learning of the deficiency, our agency placed the below preventative measures in place. We immediately revised/updated the agencies medication disposal policies to promote best practice. The agency included the daily review of the actual clients medication boxes, along with each client's Mar's and added a policy to immediately discard each client's medication upon a change. In the event the medication is changed after hours the staff shall provide the on call crisis personnel with a photo to confirm that the medications have been removed /discarded.
			Who will monitor the situation to ensure it will not occur again	The Executive Director, Director and our Quality Management/Quality Improvement Director, and or a designated qualified staff will continue to monitor the implementation to ensure that the deficiency will not occur again.
			How often the monitoring will take place	Our agency made sure the above plan happened by implementing daily inspections of each facility to remain in compliance.
			Dates the corrective action will be completed	The corrective action was completed on 3/13/2020

Completed 3-13-2020

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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

Sonia Warch
3/27/2020

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 observation, record review and interview the facility failed to ensure one of three audited clients (#1) medications were administered on the written order of a physician. The findings are:</p> <p>Review on 3/10/20 of client #1's record revealed: - admitted 7/7/16 - diagnoses of Post Traumatic Stress Disorder; Oppositional Defiant Disorder & Unspecified Depressive Disorder</p> <p>Review on 3/12/20 of a fax sent to the Department of Health Service Regulation revealed: - a physician's order dated 1/6/20: discontinue Benztropine 2mg & administer Benztropine 1mg twice a day (can treat side effects of other drugs)</p> <p>Observation on 3/10/20 of client #1's medication box revealed: - at 2:28pm: Benztropine 2mg twice a day (several pills were missing from the bubble pack) - at 4:08pm: Benztropine 2mg was removed & Benztropine 1mg twice a day was observed - the Benztropine 1mg was filled 1/13/20 & no pills were missing from the bubble pack</p> <p>During interview on 3/10/20 staff #1 reported: - she was the manager of a sister facility - she, another staff & the Licensee reviewed the medications & MARs - she reviewed the medications last week - she was not sure why the Benztropine 2mg</p>	V 118	<p>Measures put in place to correct the deficient area of practice and how we identified other areas of the facility having the potential to be affected by the same deficient practice and what corrective actions will be taken</p> <p>Measures put in place to prevent the problem from occurring again</p> <p>Who will monitor the situation to ensure it will not occur again</p> <p>How often the monitoring will take place</p> <p>Dates the corrective action will be completed</p>	<p>Our agency took immediate action to ensure the quality of all homes. We held a board meeting and reviewed the DHSR deficiencies in its entirety. Different scenarios were discussed and preventative measures/interventions were reviewed and voted on for approval by the Board. Our repairman replaced the batteries that were out of compliance on that day. We held a board meeting and reviewed the DHSR deficiencies in its entirety. Different scenarios were discussed and preventative measures/interventions were reviewed and voted on for approval by the Board. We immediately completed all deficiencies. A new battery was installed, by a qualified technician and additional batteries were left with staff as a back up to prevent the issue from reoccurring. This task was also assigned to each staff that works in every location to assist by informing mgmt. when they hear a chirping noise.</p> <p>We immediately completed all deficiencies. A new battery was installed, by a qualified technician and additional batteries were left with staff as a back up to prevent the issue from reoccurring. This task was also assigned to each staff that works in every location to assist by informing mgmt. when they hear a chirping noise.</p> <p>The Executive Director, Director and our Quality management/Quality Improvement Director, and or a designated qualified staff will continue to monitor the implementation to ensure that the deficiency will not occur again.</p> <p>Our agency made sure the above plan happened by implementing continual employment of our on call / monthly maintenance man repairman and continues to have routine weekly inspections of each facility to remain in compliance or more if needed.</p> <p>The corrective action was completed on 3/13/2020</p>
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Completed 3-13-2020

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V 118	Continued From page 2 was still in client #1's medication box During interview on 3/10/20 the Licensee reported: - she reviewed medications & MARs daily - she had not found any discrepancies - she was made aware today the Benzotropine 2mg was still in client #1's medication box	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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. This Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure the home was maintained in a clean, safe and attractive manner. The findings are: Observation on 3/10/2020 at 2:15 PM revealed: -Multiple smoke detectors in the home chirping. -Black mildew like substance across the wall above the shower. During interviews on 3/10/20 clients #1, #2, #3, #4, & #5 stated: -The chirping has been going on a few days. -"Had gotten used to it."	V 736		

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V 736	Continued From page 3 During interview on 3/10/2020 The Licensee stated: -They change the batteries on the smoke detectors at the same time. -The batteries must have died at the same time recently as to why they were all chirping. -The black substance in the bathroom is not mildew because they had it tested. -They had tried to clean it but realized they have to use a certain paint to cover it and they are in the process of doing so.	V 736		