Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLII AND PLAN OF CORRECTION IDENTIFICATION NU		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	R: A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0411188	B. WING		03/	10/2022
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
GLENSIC	DE HOME		NSIDE DRIVE BORO, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	ſS	V 000			
	An Annual Survey v 2022. A deficiency	vas completed on March 10, was cited.				
	category:	sed for the following service G .1300: Residential ren or Adolescents				
		consisted of audits of 3 rmer clients and 0 deceased				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administered order of a person a drugs. (2) Medications sha clients only when an client's physician. (3) Medications, inc administered only b unlicensed persons pharmacist or other	inistration: non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by trained by a registered nurse, legally qualified person and				
	(4) A Medication Ad all drugs administer current. Medication	e and administer medications. Iministration Record (MAR) of red to each client must be kept s administered shall be ely after administration. The				

Division of Health Service R STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL0411188		B. WING		03/10/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
GLENSI	DE HOME		ENSIDE DRIVE BORO, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 118	Continued From page 1		V 118			
	 (C) instructions for (D) date and time the theorem (E) name or initials drug. (5) Client requests checks shall be recommended and the theorem (C) and theorem (C) and the theorem (ne following: and quantity of the drug; administering the drug; ne drug is administered; and of person administering the for medication changes or orded and kept with the MAR appointment or consultation				
	staff failed to ensur Record (MAR) of al client was kept curr after the drugs were	et as evidenced by: and record review, the facility e a Medication Administration I drugs administered to each rent and recorded immediately e administered, for two (client three clients surveyed.				
	and MARs revealed - admitted 4-23 - 14 years old - diagnosed wit - Post Trau - Attention- - Dissociati Combined Presenta Ordered by a physic following medicatio	-21 h: matic Stress Disorder Deficit, Hyperactivity Disorder ve Oppositional Disorder, ation cian and prescribed to take the	Ð			

STATE FORM

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If continuation sheet 2 of 4

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411188			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING		03/	10/2022		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE			
GLENSI	DE HOME		NSIDE DRIVE 30RO, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
V 118	Continued From page 2 in the morning - vitamin D3 2 micrograms (mcg) one daily, in the morning - hydroxyzine HCL (hydrochloride) 50 mg one, twice daily - olanzapine 20 mg, one at night - clonidine HCL ER (extended release) 0.1 mg three daily in the morning and one at night Further review on 3-9-22 at approximately 2:45 pm revealed the clonidine HCL ER 0.1 mg three daily in the morning and one at night, had not been documented as given: - at night on 3-8-22 - in the morning on 3-9-22		V 118				
	and MARs revealed - admitted 12-1 - 16 years old - diagnosed wit - Post Trau - Conduct I - Child Sex - Parent-Ch Ordered by a physic following medication - sertraline 25 r - trazadone 50 - Seroquel 100 - melatonin 6 m - vitamin D3 2,0 one daily in the mor Further review on 3 pm revealed the vita	-21 h: matic Stress Disorder Disorder, Unspecified ual Abuse, As Perpetrator hild Relationship Problem cian and prescribed to take the ns: ng take one daily mg take one at night ng take one at night g take two at night 000 international units (iu), ming -9-22 at approximately 3:05 amin D3 2,000 iu one daily in ot been documented as given:					

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STATEMENT OF DEFICIENCIES(X1) PROVIDER/SUPPLIER/CLIAAND PLAN OF CORRECTIONIDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	MILEOTITIO		B. WING		03/10/2022	
PROVIDER OR SUPPLIER						
DE HOME						
SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	()		
		PREFIX TAG	CROSS-REFERENCED TO	THE APPROPRIATE	COMPLET DATE	
Continued From pa	ge 3	V 118				
Interview on 3-10-22 with staff #1 revealed: - prescribed medications are given to the clients according to the instructions in the physician 's order - they must be given within the one hour time frame - he is required to document the medication as given on the client 's MAR - "I don 't document until I watch the person we support take the meds (medications)" Interview on 3-9-22 and 3-10-22 with the Assistant Director (AD) revealed: - all medications that were supposed to be given, were given - she was the staff person that forgot to document the medications were given - "we were in a hurry, getting ready for school"						
missed it" Further interview fa clonidine HCL ER 0	iled to reveal how client #2 ' s 0.1 mg nighttime dose had not					
Director/Licensee/C revealed:	Qualified Professional					
- the AD gave the was in a hurry and the proper space - she will immed	he appropriate medication, but forgot to place her initials in diately begin reviewing the	t				
	OF CORRECTION PROVIDER OR SUPPLIER DE HOME SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa Interview on 3-10-2 - prescribed me clients according to physician ' s order - they must be a frame - he is required as given on the clie - "I don ' t docu we support take the Interview on 3-9-22 Assistant Director (- all medication given, were given - she was the s document the medi - "we were in a school" - "I think I just v missed it" Further interview fa clonidine HCL ER C been documented a Interview on 3-10-2 Director/Licensee/C revealed: - she was awar - the AD had in - the AD gave ti was in a hurry and the proper space - she will imme	OF CORRECTION IDENTIFICATION NUMBER: MHL0411188 MHL0411188 PROVIDER OR SUPPLIER STREET AI DE HOME 2212 GLI GREENS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) GREENS Continued From page 3 Interview on 3-10-22 with staff #1 revealed: - prescribed medications are given to the clients according to the instructions in the physician 's order - they must be given within the one hour time frame - he is required to document the medication as given on the client 's MAR - "I don 't document until I watch the person we support take the meds (medications)" Interview on 3-9-22 and 3-10-22 with the Assistant Director (AD) revealed: - all medications that were supposed to be given, were given - she was the staff person that forgot to document the medications were given - "we were in a hurry, getting ready for school" - "I think I just went down the page and missed it" Further interview failed to reveal how client #2 's clonidine HCL ER 0.1 mg nighttime dose had not been documented as given on 3-8-22 Interview on 3-10-22 with the Director/Licensee/Qualified Professional revealed: - she was aware of the documentation error - the AD had informed her it was her fault - the AD gave the appropriate medication, but was in a hurry and forgot to place her initials in	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL0411188 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S' DE HOME 2212 GLENSIDE DRIVE GREENSBORO, NC 22 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 3 V 118 Interview on 3-10-22 with staff #1 revealed: - prescribed medications are given to the clients according to the instructions in the physician 's order - they must be given within the one hour time frame - he is required to document the medication as given on the client 's MAR - "I don 't document until I watch the person we support take the meds (medications)" Interview on 3-9-22 and 3-10-22 with the Assistant Director (AD) revealed: - all medications that were supposed to be given, were given - she was the staff person that forgot to document the medications were given - "we were in a hurry, getting ready for school" - "I think I just went down the page and missed it" Further interview failed to reveal how client #2 's clonidine HCL ER 0.1 mg nighttime dose had not been documented as given on 3-8-22 Interview on 3-10-22 with the Director/Licensee/Qualified Professional revealed: - she was aware of the documentation error - the AD had informed her it was her fault - the AD gave the appropriate medication, but was in a hurry and forgot to place her initials in the proper space - she will immediately begin reviewing the	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: MHL0411188 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES D SUMMARY STATEMENT OF DEFICIENCIES D SUMMARY STATEMENT OF DEFICIENCIES D PROVIDER OR LICE IDENTIFYING INFORMATION) D COntinued From page 3 V 118 Interview on 3-10-22 with staff #1 revealed: - prescribed medications are given to the - Iter quired to document the medication as given on the client's MAR - '' don't document until I watch the person - Ne support take the meds (medications)" -''' don't document until I watch the person Interview on 3-9-22 and 3-10-22 with the Assistant Director (AD) revealed: - all medications were given - ''' don't document until ready for school" - "It don't document until ready for school" - were in a hurry, getting ready for school" - "It hink I just went down the page and missed it" Further interview failed to reveal how client #2's school" - she was are of the documentation error - she was aware of the documentation error - she was aware of the documentation error - she was aware of the documentation error - she wasaware of the documentation error	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COM MHL0411188 B. WING 03/ PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE DE HOME 2212 GLENSIDE DRIVE OREENSBORO, NC 27405 SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE OT THE APPROPRIATE DEFICIENCY) Continued From page 3 V 118 PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE OT THE APPROPRIATE DEFICIENCY) Continued From page 3 V 118 PREFIX TAG CROSS-REFERENCE Interview on 3-10-22 with staff #1 revealed: - prescribed medications are given to the clients according to the instructions in the physician's order V 118 Interview on 3-9-22 and 3-10-22 with the Assistant Director (AD) revealed: - all medications that were supposed to be given, were given - we ware in a hurry, getting ready for school' - We were in a hurry, getting ready for school' - "I were were in a hurry, getting ready for school' - We were in a hurry and forgot to place her initials in the proper space - she was sware of the documentation error + the AD had informed her it was her fault + the AD gave the appropriate medication, but was in a hurry and forgot to place her initials in the proper space - she will immediately begin reviewing the	

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