

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 03/10/2022
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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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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 3-10-22. The complaint was unsubstantiated (intake #NC00185977) Deficiencies were cited.</p> <p>This facility is licensed for the following service category 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>The survey sample consisted of audits of 2 current clients and 1 former client.</p> <p>A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff and/or clients will be identified using the letter of the facility and a numerical identifier.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure 1 of 2 audited client's (#4) medications were administered on the written order of a physician. The findings are:</p> <p>Review on 2-23-22 of client #4's record revealed: -Date of admission: 1-13-20 -Diagnoses: Post Traumatic Stress Disorder and Child Sexual Abuse -17 years old - Physician's order dated: 3-9-21 for Ibuprofen 500 milligram (mg), take 1 tablet every 6 hours (hrs) as needed (pain or fever)</p> <p>Review on 2-23-22 of client #4's February 2022 MAR's revealed: -Ibuprofen 500 milligram (mg), take 1 tablet every 6 hrs as needed (pain or fever) -Ibuprofen 500 mg administered to client on two times in February 2022.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Observation on 2-23-22 at 11:30 am of client #4's Ibuprofen pill pack revealed: -Dispensed date: 11-25-20 -Expiration date: 11-25-21 -7 tablets total missing from the expired pill pack.</p> <p>Interview on 2-23-22 the Residential Coordinator/Associate Professional (AP) reported: -She usually checks each client's MAR daily. -The Director checks the clients' medications for expired medications. The Director usually is on site daily to review medications and to see the clients. -They had a current pill pack card at Sister Facility A of client #4's Ibuprofen and staff would immediately bring it to the facility. The expired medication would be disposed of immediately.</p> <p>Observation on 2-23-22 at 2:30 pm of client #4's pill pack revealed: -Ibuprofen 500 mg, take 1 tablet every 6 hrs as needed (pain or fever) -Dispensed: 2-23-22 -Expiration date: 2-23-23</p> <p>Interview on 2-25-22 the Director reported: -She has been the Director since they opened the facility in 2004 -Some of her job duties include: overall supervision of all the facilities, monitor everything, collaboration with other facilities, scheduling, medication management, and training -She comes to the facility almost daily to oversee the day to day operations of the facility and to see the clients. -The medications should be checked daily and the expired medication should not have been in the client's locked medication box.</p>	V 118		

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V 118	Continued From page 3 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	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 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:	V 119		

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V 119	<p>Continued From page 4</p> <p>Based on observation, record review and interview the facility staff failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion affecting 1 of 2 audited clients (#4). The findings are:</p> <p>Review on 2-23-22 of client #4's record revealed: -Date of admission: 1-13-20 -Diagnoses: Post Traumatic Stress Disorder and Child Sexual Abuse -17 years old - Physician's order dated: 3-9-21 for Ibuprofen 500 milligram (mg), take 1 tablet every 6 hours as needed (pain or fever)</p> <p>Observation on 2-23-22 at 11:30 am of client #4's Ibuprofen pill pack revealed: -Dispensed date: 11-25-20 -Expiration date: 11-25-21 -7 tablets total administered from the expired pill pack</p> <p>Refer To v118 for further details regarding this expired Ibuprofen -client #4 was administered expired Ibuprofen</p> <p>Interview on 2-25-22 the Director reported: -The medications should be checked daily and the expired medication should not have been in the client's locked medication box.</p>	V 119		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of</p>	V 132		

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V 132	<p>Continued From page 5</p> <p>unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ul style="list-style-type: none"> a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p>	V 132		

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V 132	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to notify the Health Care Personnel Registry (HCPR) of an alleged abuse within 5 working days. The findings are:</p> <p>Review on 2-23-22 of (Former Client) FC#6 record revealed:</p> <ul style="list-style-type: none"> - admitted 3-22-21 & discharged 10-28-21 - diagnosis of Unspecified Depressive Disorder <p>Review on 2-25-22 of the facility's in house investigation revealed:</p> <ul style="list-style-type: none"> - "10-28-21 - CPS (child protective services) arrived and interviewed all the clients at Sister Facility A & Fox Road...verbal salutations made to the client by staff...[Director] called [staff A5] and asked him to come in immediately for an interview...explained the residential process and notified him that he would be placed on suspension until the investigation was complete. Director and Residential Coordinator/Associate Professional (RC/AP) completed an in house investigation with [staff A5] and asked the following questions: - Have you ever been alone with any of the clients? Absolutely not, its not allowed - How would deem your relationship with most of the clients? Good, I'm like a father figure; I try to be a good role model! - Have you ever been inappropriate with any of the clients? No, I'm very married an happy - Do you know why you're investigated? Yes you said that one of the clients made allegations that I greeted them inappropriately or I said something that may have made them feel uncomfortable? - Have we had a conversation prior about what 	V 132		

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V 132	<p>Continued From page 7</p> <p>words we use in residential settings? Yes, you told me not to call them babies because they are not and it may seem offensive to others.</p> <ul style="list-style-type: none"> - Can you tell me to make sure that we have an understanding of what those words were? Yes, I said have a good night sweetie. I stopped saying it after you told me too, I may have slipped up once but I corrected myself. Its just a part of how I talk. - Have you ever been alone with any of the girls and made inappropriate comments? No, I try to always be in front of a camera or with another staff member... - Why do you think a client would make up things about you? I don't know, I don't understand...They will sometimes get mad when I have to redirect them for doing wrong things like cussing or being rude to their guardians on the phone..." <p>Review on 2-25-22 of an employee disciplinary action for staff A5 dated 9-14-21 revealed:</p> <ul style="list-style-type: none"> - first written warning - "reason for disciplinary action: culture differences ...has been observed calling staff and client's baby, sugar and darling. Management advised [staff A5] that it is okay to say these things to his wife but not to other staff or clients...although this is something he says to his wife and others out of it being part of his culture living in [another state], he can't say that here. Management informed client that it may appear offensive to some and inappropriate to others and best practice is not to allow any male to engage with any female in that manner..." <p>During interview on 2-25-22 staff A5 reported: (staff A5 & staff A6 were both on speaker phone...staff A6 is the wife of staff A5)</p> <ul style="list-style-type: none"> - he started at the facility April 2021 	V 132		

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V 132	<p>Continued From page 8</p> <ul style="list-style-type: none"> - only worked at Sister Facility A - only worked on the weekends (Friday - Sunday) - he only saw Fox Road girls briefly when he arrived on shift at Sister Facility A on Fridays - the girls would be leaving Sister Facility A in route back to Fox road - never alone with any of the girls from Sister Facility A or Fox Road - staff A5 could not recall a church event at Sister Facility A that FC#6 attended - staff A6 reminded him of the church event and the allegations made by FC#6 - he said the event happened 5 - 6 months ago - FC#6 had a Vape pen & he reported her to staff - after he reported FC#6 to staff, was later interviewed by DSS (Department of Social Services) - FC#6 made allegations he made sexual advances towards her - the Director was aware of the allegations - he was removed from his shift for a week as the Director completed her own investigation - no findings were found against him <p>During interview on 2-23-22 the CPS Social Worker reported:</p> <ul style="list-style-type: none"> - FC#6 made sexual abuse allegations against staff A5 - alleged incident happened sometime in September 2021 at Sister Facility A - interviewed 3 clients she said witnessed the incident & all the clients denied they witnessed the incident - no employees witnessed incident - staff said staff A5 was not alone with any of the clients - FC#6 was not creditable - staff A5 informed staff FC#6 had a Vape pen 	V 132		

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V 132	<p>Continued From page 9</p> <ul style="list-style-type: none"> - she felt the allegations were made against staff A5 after he reported she had a Vape pen - the case was discussed today (2-23-22) & it was unsubstantiated <p>During interview on 2-23-22 the CPS Social Worker supervisor reported:</p> <ul style="list-style-type: none"> - the investigation was completed at Sister Facility A - the Director was aware of the alleged sexual allegations <p>During interview on 2-24-22 a representative with HCPR reported:</p> <ul style="list-style-type: none"> - no investigations of alleged sexual abuse by staff was reported to their department <p>During interview on 2-25-22 the RC/AP reported:</p> <ul style="list-style-type: none"> - had not completed any internal investigations in last 6 months - FC#6 had not informed her at anytime she was touched by staff inappropriately - the Director completed abuse investigations and reported to the HCPR <p>During interview on 2-25-22 the Director reported:</p> <ul style="list-style-type: none"> - she did not report any allegations of abuse to HCPR - the CPS social worker informed her FC#6 said staff A5's demeanor was flirtatious - spoke with FC#6 & she did not accuse any staff of providing vape materials or drugs - FC#6 did not allege any sexually allegations by staff - had spoke to staff A5 in the past about comments he said like:"hey babe" or "hey sweetie" - removed staff A5 from his work duties during the October 2021 investigation - investigated alleged flirtatious comments 	V 132		

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V 132	Continued From page 10 made by staff A5 - did not interpret flirtatious comments as sexual allegations, therefore did not report to HCPR - she completed a culture differences training with staff and clients	V 132		