

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411188	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLENSIDE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2212 GLENSIDE DRIVE GREENSBORO, NC 27405
--	--

(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	<p>INITIAL COMMENTS</p> <p>.</p> <p>An Annual Survey was completed on March 10, 2022. A deficiency was 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 3 current clients, 0 former clients and 0 deceased clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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</p>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411188	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLENSIDE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2212 GLENSIDE DRIVE GREENSBORO, NC 27405
--	--

(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 118	<p>Continued From page 1</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility staff failed to ensure a Medication Administration Record (MAR) of all drugs administered to each client was kept current and recorded immediately after the drugs were administered, for two (client #2 and client #3) of three clients surveyed. The findings are:</p> <p>Review on 3-9-22 of client #2 's facility record and MARs revealed: - admitted 4-23-21 - 14 years old - diagnosed with: - Post Traumatic Stress Disorder - Attention-Deficit, Hyperactivity Disorder - Dissociative Oppositional Disorder, Combined Presentation Ordered by a physician and prescribed to take the following medications: - atomoxetine 100 milligrams (mg) one daily,</p>	V 118	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>1) On 3/12/2022 a Medication Administration Audit was completed by the QP to ensure no other medication documentation was missed.</p> </div>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411188	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLENSIDE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2212 GLENSIDE DRIVE GREENSBORO, NC 27405
--	--

(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 118	<p>Continued From page 2</p> <p>in the morning</p> <ul style="list-style-type: none"> - 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 <p>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:</p> <ul style="list-style-type: none"> - at night on 3-8-22 - in the morning on 3-9-22 <p>Review on 3-9-22 of client #3 ' s facility record and MARs revealed:</p> <ul style="list-style-type: none"> - admitted 12-1-21 - 16 years old - diagnosed with: <ul style="list-style-type: none"> - Post Traumatic Stress Disorder - Conduct Disorder, Unspecified - Child Sexual Abuse, As Perpetrator - Parent-Child Relationship Problem <p>Ordered by a physician and prescribed to take the following medications:</p> <ul style="list-style-type: none"> - sertraline 25 mg take one daily - trazadone 50 mg take one at night - Seroquel 100 mg take one at night - melatonin 6 mg take two at night - vitamin D3 2,000 international units (iu), one daily in the morning <p>Further review on 3-9-22 at approximately 3:05 pm revealed the vitamin D3 2,000 iu one daily in the morning, had not been documented as given: In the morning on 3-9-22</p>	V 118	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>2) On 03/14/2022 all staff received a teachable moment with the QP regarding the medication administration process. The QP used the state survey results that revealed one deficiency as supported documentation for the staff.</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>3.All facility staff were re-educated on the requirements for compliance with V118 with the emphasis on the protocol for documenting medications. Any new staff will receive the same training.</p> </div>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411188	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLENSIDE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2212 GLENSIDE DRIVE GREENSBORO, NC 27405
--	--

(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 118	<p>Continued From page 3</p> <p>Interview on 3-10-22 with staff #1 revealed:</p> <ul style="list-style-type: none"> - 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)" <p>Interview on 3-9-22 and 3-10-22 with the Assistant Director (AD) revealed:</p> <ul style="list-style-type: none"> - 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" <p>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</p> <p>Interview on 3-10-22 with the Director/Licensee/Qualified Professional revealed:</p> <ul style="list-style-type: none"> - 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 MARs every other day to ensure their accuracy 	V 118	<div style="border: 1px solid black; padding: 5px;"> <p>4.The QP will monitor corrective actions to ensure the effectiveness of these actions by conducting MAR audits on all clients every other day, starting on 3/12/2022. Findings will be reported at the quarterly QA/QI meetings until such time as substantial compliance has been achieved to maintain compliance when completing facility reviews.</p> </div>	