STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-052	A. BUILDING: _____ B. WING _____	R 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBRIAR-J	211 GREENBRIAR DRIVE JACKSONVILLE, NC 28540

(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	INITIAL COMMENTS An annual and follow up survey was completed on April 13, 2022. A deficiency was cited. This facility is licensed for he following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan.	V 291		

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V 291	Continued From page 1 Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record reviews, observations and interviews the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the clients' treatment affecting 1 of 3 audited clients (#1). The findings are: Review on 4/12/22 of client #1's record revealed: - 54 year old male admitted 12/01/06. - Diagnoses included Intellectual/Developmental Disability, moderate; Attention Deficit Hyperactivity Disorder; type 2 Diabetes; hypothyroidism, microcephaly, and hypercholesterolemia. - Physician's order signed 1/20/22 for Assure Platinum Blood Glucose Test Strips "give as directed four times a day" and Assure Lancets (used to prick finger for blood glucose testing) "give as directed for testing blood sugar twice daily." - Unsigned aftercare documentation from a Primary Care Provider dated 3/17/22 included "Assure Lancet use 1 lancet . . . BID (twice daily); Assure Platinum Test Strip take 1 strip(s) twice a day by miscell. (miscellaneous) route." - No signed Physician's order to check blood glucose level once daily. - "Diabetic Self Monitoring Blood Sugar Record" with documentation of blood sugar checks once daily at different times each day (for example on 3/01/22 blood sugar check was documented at 12:00 noon, on 3/02/22 blood sugar check was	V 291		

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V 291	Continued From page 2 documented at 5:00 pm, on 3/03/22 blood sugar check was documented at 8:00 pm, on 3/04/22 blood sugar check was documented at 10:00 pm, etc.) from 1/11/22 through 3/30/22 and four times daily from 3/31/22 through 4/11/22. Review on 4/12/22 of client #1's Medication Administration Records (MARs) for February 2022 - April 2022 revealed: - Transcription for Assure Platinum Blood Glucose Test Strips "give as directed four times a day" with printed times for use at 8:00 am, 12:00 noon, 6:00 pm, and 10:00 pm. - Transcription for Assure Lancets "give as directed for testing blood sugar twice daily" with printed times for use four times daily at 8:00 am, 12:00 noon, 6:00 pm, and 10:00 pm; with staff initials to document blood sugar testing was done daily at those times. - The April 2022 MAR included documentation that blood sugar checks were completed four times daily. - The February 2022 and March 2022 MARs included documentation that blood sugar checks were performed once daily, at a different time each day (for example, on 3/01/22 blood sugar check was documented at 12:00 noon, on 3/02/22 blood sugar check was documented at 5:00 pm, on 3/03/22 blood sugar check was documented at 8:00 pm, on 3/04/22 blood sugar check was documented at 10:00 pm, etc.). Observation on 4/12/22 at 11:25 am of client #1's blood glucose testing supplies revealed: - Assure Platinum Blood Glucose Test Strips with pharmacy label that included "give as directed four times daily" dispensed 4/01/22. - Assure Lancets with pharmacy label that included "Give as directed for testing blood sugar twice daily" dispensed 12/08/21.	V 291		

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V 291	Continued From page 3 During interview on 4/12/22 client #1 stated staff pricked his finger to check his blood sugar everyday. During interview on 4/12/22 the Program Manager stated: - She began working at the facility approximately 3 weeks prior to the survey. - When she began working at the facility she reviewed the MARs and realized client #1's blood sugar was not being checked four times daily as ordered by the Physician. - The MARs were printed by the pharmacy; she did not know why the transcription for the lancets was twice a day while the transcription for the test strips was four times a day. - Client #1's blood sugar was checked four times a day. During interview on 4/13/22 the Vice President stated: - She thought the Physician wrote an order for client #1's blood sugar to be checked once daily at different times each day. - The "Diabetic Self Monitoring Blood Sugar Record" was provided by the Physician and the form was set up such that blood sugar checks were to be documented once daily at a different time each day. - She could not find the signed Physician's order for blood sugar checks to be done once daily. - She would contact client #1's Physician for clarification about how frequently blood sugar checks were to be done.	V 291		