

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL091-121</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/08/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRIGHTSIDE HOMES IV</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3705 EGYPT MOUNTAIN ROAD KITTRELL, NC 27544</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on February 8, 2023 . The complaint was unsubstantiated (intake #NC00196647). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 113	<p><b>27G .0206 Client Records</b></p> <p>10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally</p>	V 113		

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

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V 113	<p>Continued From page 1</p> <p>responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain client records for 2 of 3 audited clients (#2 &amp; #5). The findings are:</p> <p>A. Record review on 2/8/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 8/31/21</li> <li>- Diagnoses of Schizophrenia, Seizure Disorder, Obesity &amp; Tachycardia</li> <li>- labs were last completed 9/2/22</li> </ul> <p>During interview on 2/8/23 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Client #2 had lab work completed monthly due to being on the medication Clozaril (Schizophrenia)</li> <li>- The physician's office does not give</li> </ul>	V 113		

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V 113	<p>Continued From page 2</p> <p>documentation for lab work</p> <ul style="list-style-type: none"> <li>- Will ask the physician for documentation at the next visit</li> </ul> <p>During interview on 2/8/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- Will have physician sign the consultation forms for completed lab work</li> </ul> <p>B. Record review on 2/8/23 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- a FL2 dated 11/2/22 with diagnoses of: Chronic Pain Syndrome, Major Depressive Disorder &amp; Anxiety Disorder</li> <li>- a January 2023 MAR</li> <li>- it did not include the following:               <ul style="list-style-type: none"> <li>- an identification face sheet which includes:                   <ul style="list-style-type: none"> <li>- name (last, first, middle, maiden)</li> <li>- date of birth</li> <li>- race, gender and marital status</li> <li>- admission date</li> <li>- documentation of the screening and assessment</li> <li>- treatment/habilitation or service plan</li> <li>- emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician</li> <li>- a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician</li> </ul> </li> </ul> </li> </ul> <p>During interview on 2/8/23 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- client #5 was admitted last night</li> <li>- the Licensee planned to come today (2/8/23) with completed documents for client #5</li> </ul> <p>During interview on 2/8/23 the QP reported:</p> <ul style="list-style-type: none"> <li>- was not aware client #5 was admitted to the</li> </ul>	V 113		

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V 113	Continued From page 3  facility last night - she and the Licensee would usually meet prior to the admission of a client - client #5 was an emergency placement - came from the Licensee's family care home facility - she had not completed the admission paperwork for client #5	V 113		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.  This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were completed on a quarterly basis. The findings are:  Review of the facility's fire and disaster drills log revealed: - the last fire drill was completed 7/7/22 - there were 4 disaster drills completed in	V 114		

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V 114	<p>Continued From page 4</p> <p>which 2 had no dates</p> <ul style="list-style-type: none"> <li>- a disaster drill completed 7/5/22 &amp; 11/11/22</li> </ul> <p>During interview on 2/8/23 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- fire &amp; disaster drills were completed once every 3 months</li> <li>- when there was a new admission a drill was completed</li> <li>- if a storm warning came to her phone, she completed a drill</li> </ul> <p>During interview on 2/8/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- she and the Licensee were responsible for ensuring drills were done</li> <li>- she had not followed up to see if fire &amp; disaster drills were being completed</li> </ul> <p>During interview on 2/8/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- "We fell through on that one"</li> <li>- she and staff were responsible for the completion of drills</li> </ul>	V 114		
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</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>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:</p> <ul style="list-style-type: none"> <li>(A) client's name;</li> <li>(B) name, strength, and quantity of the drug;</li> <li>(C) instructions for administering the drug;</li> <li>(D) date and time the drug is administered; and</li> <li>(E) name or initials of person administering the drug.</li> </ul> <p>(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 and interview the facility failed to ensure 1 of 3 audited clients (#5)'s MAR was kept current. The findings are:</p> <p>Review on 2/8/23 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- a FL2 dated 11/2/22 with diagnoses of: Chronic Pain Syndrome, Major Depressive Disorder &amp; Anxiety Disorder</li> <li>- the following medications were listed on the FL2: <ul style="list-style-type: none"> <li>- Trazadone 150mg (milligrams) bedtime (antidepressant)</li> <li>- Pravastatin 40mg bedtime (cholesterol)</li> <li>- Risperdal 2mg twice a day (Schizophrenia)</li> <li>- Gabapentin 400mg twice a day (epilepsy)</li> </ul> </li> </ul>	V 118		

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V 118	<p>Continued From page 6</p> <p>Review on 2/8/23 of client #5's January 2023 MAR revealed:</p> <ul style="list-style-type: none"> <li>- no staff initials documented at bedtime</li> </ul> <p>During interview on 2/8/23 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- client #5 was admitted late last night</li> <li>- she administered his night medications</li> <li>- the MAR came with him from another facility</li> <li>- she did not want to initial another facility's MAR</li> <li>- she planned to transcribe all his medications to the facility's blank MAR this morning (2/8/23)</li> <li>- she did not get a chance to transcribe &amp; sign her initials to the facility's MAR</li> </ul> <p>During interview on 2/8/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- she had not completed a medication review since September 2022</li> <li>- there were no medication errors at that time</li> </ul>	V 118		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(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.</p> <p>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.</p>	V 119		

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V 119	<p>Continued From page 7</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a medications were disposed of in a manner that guarded against diversion or accidental ingestion for 1 of 3 audited clients (#5). The findings are:</p> <p>Review on 2/8/23 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- a FL2 dated 11/2/22 with diagnoses of: Chronic Pain Syndrome, Major Depressive Disorder &amp; Anxiety Disorder</li> <li>- the following medications were listed on the FL2: <ul style="list-style-type: none"> <li>- Hydrocortisone 1%as apply to affected area as needed to absorb cream dated 12/21/21 discard after 12/21/22</li> <li>- Proair 90mcg inhale as needed for breathing dated 11/30/21 discard after 11/30/22</li> </ul> </li> </ul> <p>Observation on 2/8/23 at 1:51pm of client #5's medication bin revealed:</p> <ul style="list-style-type: none"> <li>- the Hydrocortisone &amp; Proair medications</li> </ul>	V 119		



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V 119	Continued From page 8  During interview on 2/8/23 the Licensee reported: - client #5 was admitted last night (2/7/23) - she gathered all his medications at the previous facility and placed them in the medication bin - she and staff went through the clients' medication bins and would dispose of expired medications on a monthly basis	V 119		
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. Activities shall be designed to foster community inclusion. Choices may be limited when the court	V 291		

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V 291	<p>Continued From page 9</p> <p>or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interviews the facility failed to ensure clients had an activity opportunity based on their choices, needs, and treatment/habilitation plans affecting 5 of 5 (#1 - #5) clients. The findings are:</p> <p>During observation on 2/8/23 between approximately 9:45am-4:15pm:</p> <ul style="list-style-type: none"> <li>- Clients #1, #3 &amp; #4 would watch television in the living room</li> <li>- Client #4 would walk back and forth outside to smoke</li> <li>- Client #2 and #5 walked around the facility or was in their bedroom</li> </ul> <p>A. Review on 2/8/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Treatment plan dated 6/10/22 with the following goal: "will utilize supervised time in the community to engage in activities of his choice and learn to navigate the immediate community in order to gain unsupervised access to the community"</li> </ul> <p>During interview on 2/8/23 client #1 reported:</p> <ul style="list-style-type: none"> <li>- Watched television (tv) or smoke all day</li> <li>- He's "bored"</li> </ul> <p>B. Review on 2/8/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 3/16/22</li> <li>- Diagnosis of Dysthymia Disorder, Diabetes-type II, Seizure Disorder, Intellectual Developmental Disability (mild), Thyroid Disease,</li> </ul>	V 291		

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V 291	<p>Continued From page 10</p> <p>and Hypertension</p> <ul style="list-style-type: none"> <li>- Treatment plan dated 4/15/22 with the following goal: "improving daily productivity and self-esteem by...participating in programs that focus on increasing vocational, social, and leisure recreational skills a least 1x weekly for 12 months."</li> </ul> <p>During interview on 2/8/23 client #3 reported:</p> <ul style="list-style-type: none"> <li>- No goals, just sit and watch tv</li> <li>- No day program in the area</li> <li>- Hasn't been to a day program since his previous home</li> <li>- Went out "every once in a while" to doctor appointments</li> </ul> <p>Review on 2/8/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 5/4/22</li> <li>- Diagnosis of Bipolar Disorder, Seizure Disorder, Traumatic Brain Injury, and Hyperlipidemia</li> <li>- Treatment plan dated 6/4/22 with the following goal: "Will participate in educational, social and or recreational activities 2x week."</li> </ul> <p>An attempted interview with client #4 but he was unable to comprehend some of the questions</p> <p>During interview on 2/8/23 client #2 reported:</p> <ul style="list-style-type: none"> <li>- "Don't do nothing but watch tv"</li> <li>- Sometimes they will go out in the community</li> </ul> <p>During interview on 2/8/23 Staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Clients would watch television, walk around the facility &amp; smoke cigarettes</li> <li>- Clients went in the community about once or twice a month</li> <li>- Everyone will go to the pharmacy, doctor appointments &amp; physician appointments</li> <li>- Clients will have a laundry day to go out and</li> </ul>	V 291		

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V 291	<p>Continued From page 11</p> <p>wash clothes</p> <ul style="list-style-type: none"> <li>- Clients went to the local shopping stores on payday</li> <li>- the Licensee or Staff #2 will transport clients to appointments or outings</li> <li>- Watched movies at home and not at theaters</li> </ul> <p>During interview on 2/8/23 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- Spoke with the Licensee today about getting the clients into the community at least once a week</li> <li>- Clients used to go out in the community to the park or local stores</li> <li>- Clients stopped going because Client #4 would have behaviors</li> <li>- Clients haven't been on an outing since August 2022 or September 2022</li> </ul> <p>During interview on 2/8/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- Agreed with QP that clients should get out more often</li> <li>- Clients used to go to the local fast food restaurant</li> <li>- Contacted a day program in another town for the clients to attend</li> <li>- Needed to schedule a Comprehensive Clinical Assessment (CCA) for the clients</li> <li>- The day program no longer completed the CCA</li> </ul>	V 291		
V 539	<p>27F .0102 Client Rights - Living Environment</p> <p>10A NCAC 27F .0102 LIVING ENVIRONMENT</p> <p>(a) Each client shall be provided:</p> <p>(1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being</p>	V 539		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL091-121</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/08/2023</b>
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V 539	<p>Continued From page 12</p> <p>provided and the type of clients being served; and (2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team. (b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure accessible areas for personal privacy for 1 of 3 audited clients (#4). The findings are:</p> <p>Observation on 2/8/23 at 10:13am revealed:</p> <ul style="list-style-type: none"> <li>- No doorknob on Client #4's bedroom door</li> </ul> <p>Interview on 2/8/23 with Client #4 reported:</p> <ul style="list-style-type: none"> <li>- Doorknob was removed last night (2/7/23)</li> <li>- "Don't know why" the doorknob was removed</li> </ul> <p>Interview on 2/8/23 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- Licensee removed the doorknob from Client #4's door last night (2/7/23)</li> <li>- Client #4 locked himself in the room</li> <li>- She has a key to the door but felt uncomfortable using it</li> <li>- Had not previously reported this behavior to Licensee</li> </ul> <p>Interview on 2/8/23 with QP reported:</p> <ul style="list-style-type: none"> <li>- Was not aware Client #4's doorknob was removed</li> </ul>	V 539		

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V 539	<p>Continued From page 13</p> <ul style="list-style-type: none"> <li>- She would not have removed the doorknob</li> <li>- it would create a privacy issue</li> <li>- people could walk by and look into the hole where the door knob was</li> <li>- Staff were able to enter into a clients' bedroom after 3 knocks</li> <li>- Treatment team would discuss the lock issue and add to his treatment plan</li> </ul> <p>Interview on 2/8/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- Found out about Client #4 would lock himself in his room last night (2/7/23)</li> <li>- She removed Client #4's bedroom doorknob last night</li> <li>- Planned to get another door knob for Client#4's door</li> <li>- Staff had a key for the locks on the clients' doors</li> <li>- Would put a door knob back on client #4's door</li> </ul>	V 539		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain its grounds in a clean and attractive manner. The findings are:</p>	V 736		

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V 736	<p>Continued From page 14</p> <p>Observation on 2/8/23 between 10:13am-3:24pm revealed the following:</p> <p>Bathroom #1</p> <ul style="list-style-type: none"> <li>- Unpainted area on wall by toilet</li> </ul> <p>Bathroom #2</p> <ul style="list-style-type: none"> <li>- Shower knob broken off and placed on shower niche</li> </ul> <p>Client #1 and #2's Bedroom</p> <ul style="list-style-type: none"> <li>- Damaged blinds</li> </ul> <p>Back patio door</p> <ul style="list-style-type: none"> <li>- Upper and lower screens not fully attached to wooden frame</li> </ul> <p>Interview with Client #1 reported:</p> <ul style="list-style-type: none"> <li>- His bed was near the window and he messed up the blinds</li> <li>- Probably been like that about 4 months</li> </ul> <p>Interview with Client #2 reported:</p> <ul style="list-style-type: none"> <li>- Client #1 pulled and broke the blinds</li> </ul> <p>Interview with Staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Client #1 pulled on blinds and broke them</li> <li>- Found the shower knob on the bathroom floor this morning</li> <li>- Did not have time to fix the showed knob</li> <li>- Doesn't know how long the patio door was broken</li> <li>- Clients stuck their hands between the door frame and screen to unlock screen door.</li> </ul> <p>Interview with QP reported:</p> <ul style="list-style-type: none"> <li>- Licensee was responsible for repairs to the facility</li> <li>- She was responsible for reporting damages to Licensee</li> </ul>	V 736		

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V 736	Continued From page 15  Interview with Licensee reported: - She was responsible for maintenance and repairs - Staff will report damages to her - Maintenance should have come out and fixed the damages - Client #1 will "mess with things" - Client #1 had property destructive behaviors - Planned to discuss his behaviors with his doctor	V 736		