Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		BERTH TO, THOM BERT				
		MHL092-227	B. WING			R <b>20/2023</b>
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
BUSHBE	RRY RESIDENTIAL		HBERRY COU R, NC 27529	RT		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual and follow up survey was completed on February 20, 2023. Deficiencies were cited.					
	This facility is licensed for the following service: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.					
		sed for 3 and currently has a urvey sample consisted of clients.				
V 119	27G .0209 (D) Med	ication Requirements	V 119			
	medication shall be guards against dive (2) Non-controlled so of by incineration, fl system, or by transf destruction. A recor shall be maintained Documentation sha medication name, so date and method, th disposing of medicat witnessing destruct (3) Controlled subst accordance with the Substances Act, G. subsequent amend (4) Upon discharge remainder of his or	osal: and non-prescription disposed of in a manner that ersion or accidental ingestion. substances shall be disposed ushing into septic or sewer fer to a local pharmacy for rd of the medication disposal by the program. Ill specify the client's name, strength, quantity, disposal he signature of the person ation, and the person ion. tances shall be disposed of in e North Carolina Controlled S. 90, Article 5, including any ments. of a patient or resident, the her drug supply shall be ly unless it is reasonably				

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Division	of Health Service Re	egulation			FORM	APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		F DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-227	B. WING		R 02/20/2023		
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE			
BUSHBE	RRY RESIDENTIAL		HBERRY COL R, NC 27529	IRT			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)	
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETE DATE	
V 119	Continued From pa	ge 1	V 119				
	calendar days after	the date of discharge.					
	the facility failed to o manner that guards accidental ingestion The findings are: Review on 2/17/23 o - Admitted 5/1/09 - Diagnoses of S	on, record review, interview dispose of prescriptions in a against diversions or affecting 1 of 2 clients (#1). of client #1's record revealed: ) chizophrenia, Profound					
	Diabetes, and Sickl Review on 2/17/23	mental Disability, Asthma, e Cell Trait of client #1's MAR revealed: 5% eye drops (Eye pressure)					
	<ul><li>#1's medication bin</li><li>Latanoprost eye</li></ul>						
	<ul> <li>He was the Lea</li> <li>He was response medication bins for</li> <li>"Old medication</li> <li>Should have reading from bin</li> <li>"That's on my p</li> </ul>	ns" should be discarded moved expired medications					

Division of Health Service Regulation STATE FORM

YJNX11

STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED R	
		MHL092-227	B. WING		02/	20/2023
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
BUSHBE	ERRY RESIDENTIAL		HBERRY COU R, NC 27529	RI		
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 119	Continued From page 2		V 119			
	<ul> <li>She administer</li> <li>She looked at r giving to clients</li> <li>Was not aware expired</li> <li>Would have no medication was exp</li> <li>She did not disc with that part"</li> <li>During an interview reported:</li> <li>Visited the facil</li> <li>Was responsibilis</li> <li>Did not noticed December 2022</li> </ul>	card medication. "I don't deal on 2/20/23 the Licensee				
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe manner and shall b odor.	I its grounds shall be e, clean, attractive and orderly e kept free from offensive et as evidenced by: on and interviews, the facility safe and attractive	V 736			

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Division of Health Service Regulation           STATEMENT OF DEFICIENCIES           AND PLAN OF CORRECTION           (X1) PROVIDER/SUPPLIER/CLIA           IDENTIFICATION NUMBER:		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
		DENTIFICATION NOMBER.	A. BUILDING:			
		MHL092-227	B. WING			R 20/2023
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
BUSHBE	RRY RESIDENTIAL		HBERRY COU R, NC 27529	RT		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 736	Continued From pa	ge 3	V 736			
	An observation at 11:19am on 2/17/23 of client #2's bed revealed: - Large dip on one side of mattress					
	<ul> <li>During an interview on 2/17/23 staff #1 reported:</li> <li>The mattress had been like that for a few weeks</li> <li>Caused by normal wear and tear from client #2 sleeping on that side</li> <li>The facility purchased new mattresses in</li> </ul>					
	sunken - He reported it t	was broken and that's why its o the Licensee on 2/17/23 s was purchased on 2/17/23				
		on 2/17/23 staff #2 reported: ough the facility at every shift he sunken bed				
	reported: - He visits the fa - Last visit was in - He was respon of facility for any re - Did not find any through - Staff #1 told hir 2/17/23	n December 2022 sible for making walk through				
	- Both clients' ma 2019	attresses were replaced in rom normal wear and tear				