Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED B. WING MHL092-227 02/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 105 BUSHBERRY COURT **BUSHBERRY RESIDENTIAL** GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 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. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients. V 119 27G .0209 (D) Medication Requirements V 119 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. RECEIVED (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer APR 2 7 2023 system, or by transfer to a local pharmacy for destruction. A record of the medication disposal **DHSR-MH Licensure Sect** 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

Division of Health Service Regulation

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continuation sheet 1 of 4

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Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL092-227 B. WING 02/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 105 BUSHBERRY COURT **BUSHBERRY RESIDENTIAL** GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) **PREFIX** TAG (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 119 Continued From page 1 V 119 calendar days after the date of discharge. This Rule is not met as evidenced by: Based on observation, record review, interview the facility failed to dispose of prescriptions in a manner that guards against diversions or accidental ingestion affecting 1 of 2 clients (#1). The findings are: Review on 2/17/23 of client #1's record revealed: Admitted 5/1/09 Diagnoses of Schizophrenia, Profound Intellectual Developmental Disability, Asthma, Diabetes, and Sickle Cell Trait Review on 2/17/23 of client #1's MAR revealed: Latanoprost .05% eye drops (Eye pressure) daily An observation at 12:11pm on 2/17/23 of client #1's medication bin revealed: Latanoprost eye drop bottles Latanoprost label: discard date of 2/6/22 During an interview on 2/17/23 staff #1 reported: He was the Lead Tech in the facility He was responsible for checking clients' medication bins for expired medication "Old medications" should be discarded Should have removed expired medications from bin "That's on my part" Expired medications should be sent back to pharmacy

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
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	Continued From page 2 During an interview on 2/17/23 staff #2 reported: - She administered night medications - She looked at medication labels prior to giving to clients - Was not aware client #1's medications were expired - Would have notified staff #1 if she noticed the medication was expired - She did not discard medication. "I don't deal with that part" During an interview on 2/20/23 the Licensee reported: - Visited the facility monthly - Was responsible for checking medication bins - Did not noticed expired medications in December 2022		V 119	client #1 and #2 med that is expired and only new up to date medications.	medication only the cation is	13-3-2
V 736 :	- Did not notice clie expired 27G .0303(c) Facility 10A NCAC 27G .0303 EXTERIOR REQUIRE (c) Each facility and its maintained in a safe, of manner and shall be knodor. This Rule is not met a	EMENTS s grounds shall be clean, attractive and orderly kept free from offensive as evidenced by: and interviews, the facility and attractive	V 736			

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Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL092-227 B. WING 02/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **BUSHBERRY RESIDENTIAL** 105 BUSHBERRY COURT GARNER, NC 27529 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (X5) COMPLETE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 736 Continued From page 3 Client#Z is recieving a 3-3-200 V 736 new mouthess and box spaing today 3-3-2023 An observation at 11:19am on 2/17/23 of client #2's bed revealed: Large dip on one side of mattress During an interview on 2/17/23 staff #1 reported: The mattress had been like that for a few weeks Caused by normal wear and tear from client #2 sleeping on that side The facility purchased new mattresses in 2019 The spring box was broken and that's why its sunken He reported it to the Licensee on 2/17/23 A new mattress was purchased on 2/17/23 During an interview on 2/17/23 staff #2 reported: She walked through the facility at every shift change Did not notice the sunken bed During an interview on 2/17/23 the Licensee reported: He visits the facility monthly Last visit was in December 2022 He was responsible for making walk through of facility for any repairs Did not find any issues during his last walk through Staff #1 told him about the mattress on 2/17/23 He ordered a new mattress on 2/17/23 Both clients' mattresses were replaced in 2019 Damage was from normal wear and tear Division of Health Service Regulation