

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G322	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/10/2023
NAME OF PROVIDER OR SUPPLIER BROWNE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 8205 BROWNE DRIVE CHARLOTTE, NC 28269		
(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) COMPLETION DATE	
W 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medications were administered in accordance with physician's orders. This affected 2 of 2 clients (client #3 and #4) observed during medication administration. The finding is:</p> <p>A. Review of the physician orders for client #3 dated 05/24/23 revealed the scheduled 7am medications: Aripiprazole 5mg(treats Depression), Chlorhexidine Gluc-0.12%-SOLN(treats Gum Disease), Docusate SOD CAP 100mg(treats Constipation), Dorzol/Timol SOL 22.3-6.8(treats Glaucoma), Losartan POT 50mg(treats Hypertension), Metformin HCL 1000mg(treats Diabetes), Novafine MIS32GX6MM(treats Diabetes), Novalog Flexpen 100 unit/ML SOPN(treats Diabetes), One-daily Tab Mult-Vit(Vitamin Supplement), and Polyeth Glyc Powder 3350 NF 17GM pack(treats Constipation).</p> <p>Review of client #3's last PCP appointment dated 01/04/23 revealed no changes or discontinuation of the 7am medications noted during the visit.</p> <p>During an observation of the medication administration pass on 10/10/23 at 7:14am, staff A administered the following medications to client #3: Metformin HCL 1000mg(1tab), Novafine MIS32GX6MM, Novalog Flexpen 100 unit/ML SOPN (1 pen), One-daily Tab Mult-Vit (1 tab), and Docusate SOD CAP 100mg(1tab). Client #3 did</p>	W 368			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G322	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/10/2023
NAME OF PROVIDER OR SUPPLIER BROWNE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 8205 BROWNE DRIVE CHARLOTTE, NC 28269		
(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) COMPLETION DATE	
W 368	<p>Continued From page 1</p> <p>not receive his Aripiprazole 5mg (1/2 tab), Chlorhexidine Gluc-0.12%-SOLN (soak toothbrush with solution then brush), Dorzol/Timol SOL 22.3-6.8(1 drop both eyes), Losartan POT 50mg (2 tabs), and Polyeth Glyc Powder 3350 NF 17GM pack (1 packet) per physician's orders.</p> <p>During an Interview on 10/10/23 at 10:14am with the licensed practical nurse (LPN) revealed client #3's physician orders are current and matched the current MARs. She stated that client #3 should have received his Aripiprazole 5mg (1/2 tab), Chlorhexidine Gluc-0.12%-SOLN (soak toothbrush), Dorzol/Timol SOL 22.3-6.8(1 drop both eyes), Losartan POT 50mg (2 tabs), and Polyeth Glyc Powder 3350 NF 17GM pack (1 packet) as ordered.</p> <p>B. Review of the physician orders for client #4 dated 05/24/23 revealed the scheduled 7am medications: Aspirin 81mg(pain), Docusate SOL LIQ 50mg/5ML(stool softer), Finasteride 5mg(treats enlarged prostate), GNP VIT D3 1000IU(Vitamin D Supplement), Levetiraceta 500mg(treats Seizures), Methenam HIP 1 GM(treats Bladder Infection), Nitrofurantn 100mg(treats Bladder Infection), Polyeth GLYC POW 3350 NF 17GM/Scoop Powder(treats Constipation), Sucralfate 1GM(treats Stomach Ulcers), Tamsulosin 0.4mg(treats enlarged prostate), and Vitamin C(Vitamin Supplement).</p> <p>During an observation of the medication administration pass on 10/10/23 at 7:33am, staff A administered the following medications to client #4: Aspirin 81mg (1 tab), Finasteride 5mg (1 tab), GNP VIT D3 1000IU (1 tab), Levetiraceta 500mg (3tab 1500mg), Methenam HIP 1 GM (1 tab), Nitrofurantn 100mg (1 cap), Sucralfate 1GM (1</p>	W 368			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G322	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/10/2023
NAME OF PROVIDER OR SUPPLIER BROWNE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 8205 BROWNE DRIVE CHARLOTTE, NC 28269		
(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) COMPLETION DATE	
W 368	Continued From page 2 tab), Tamsulosin 0.4mg (1 cap), and Vitamin C (2 tabs). Client #4 did not receive his Docusate SOL LIQ 50mg/5ML (2 teaspoonfuls) and Polyeth GLYC POW 3350 NF 17GM/Scoop Powder (17GM Scoop) per physician's orders. During an Interview on 10/10/23 at 10:14am with the licensed practical nurse (LPN) revealed client #4's physician orders are current and matched the current MARs. She stated that client #4 should have received his Docusate SOL LIQ 50mg/5ML (2 teaspoonfuls) and Polyeth GLYC POW 3350 NF 17GM/Scoop Powder (17GM Scoop) as ordered.	W 368			