

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-977 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 05/01/2025 |
| NAME OF PROVIDER OR SUPPLIER BRENTWOOD GROUP HOME | | STREET ADDRESS, CITY, STATE, ZIP CODE 2325 BRENTWOOD STREET HIGH POINT, NC 27263 | | |
| (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 | <p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on May 1, 2025. 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 has a current census of 5. The survey sample consisted of audits of 3 current clients.</p> | V 000 | | |
| V 117 | <p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing</p> | V 117 | | |

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

TITLE

(X6) DATE

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| V 117 | <p>Continued From page 1</p> <p>practitioner.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to maintain packaging and labeling of dispensed medication for 1 of 3 clients (Client #3). The findings are:</p> <p>Review on 4/30/25 of Client #3's record revealed: -Admission date of 11/27/88. -Diagnoses of Schizoaffective Disorder-Depressive Type, Peripheral Vascular Disease (PVD), Chronic Obstructive Pulmonary Disease (COPD), Hypertension, Diabetes Mellitus Type II, and Hypercholesterolemia. -4/29/25, physician-prescribed Clotrimazole and Betamethasone Propionate Cream 0.05% (anti-fungal topical cream).</p> <p>Observation on 4/30/25 at 11:28 am of Client #3's medications revealed: -6 medication tubes of Clotrimazole and Betamethasone Propionate Cream 0.05% without packaging and were missing the required label information.</p> <p>Interview on 4/30/25 with the Group Home Manager/Qualified Professional revealed: -He would ensure prescribed medications were maintained in their dispensing package with the required label information.</p> | V 117 | | |

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| V 119 | Continued From page 2 | V 119 | | |
| 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> <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 observation and interview, the facility failed to dispose of expired medications in a manner that guards against diversion or</p> | V 119 | | |

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| V 119 | <p>Continued From page 3</p> <p>accidental ingestion for 1 of 3 clients (Client #3). The findings are:</p> <p>Observation on 4/30/25 at 11:28 am of Client #3's PRN (whenever required) medications revealed:</p> <ul style="list-style-type: none"> -Refresh Digital Preservative-Free (PF) Eye drops (eye dryness) with a dispense date of 12/21/23 and an expiration date of 12/20/24. -Meclizine 25 milligrams (mg) (antihistamine) with a dispense date of 9/19/23 and an expiration date of 9/18/24. -Loratadine 10 mg (allergies) with a dispense date of 9/26/23 and an expiration date of 9/25/24. -Clotrimazole and Betamethasone Propionate Cream 0.05% with a manufacturer's expiration date of 03/25. <p>Interview on 4/30/25 with the Group Home Manager/Qualified Professional (GHM/QP) revealed:</p> <ul style="list-style-type: none"> -He started as the GHM/QP in January 2025. -A nurse who conducted medication audits was on leave. -Expired medications were to be listed on a disposal form and returned to the pharmacy; he would have the expired medications returned to the pharmacy as soon as possible. -Moving forward, he would maintain an audit of all medications to ensure expired medications were returned to the pharmacy for disposal. | V 119 | | |