

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2019
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NAME OF PROVIDER OR SUPPLIER CHESTNUT HILLS GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 709 EDGEHILL ROAD FAYETTEVILLE, NC 28314
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(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 survey was completed on December 4, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
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 privileged to prepare and administer medications.</p> <p>(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> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <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>	V 118		

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

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to administer medications as ordered by the physician affecting 1 of 5 clients (client #1) audited. The findings are:</p> <p>Review on 11/26/19 of client #1's record revealed: - 44 year old male, admitted 12/1/97. - Diagnoses included Autism Spectrum Disorder, Borderline Intellectual Functioning, Hypertension, High Cholesterol. - Physician's orders signed 10/24/19 for Belviq XR (Obesity) 1 tablet daily.</p> <p>Review on 11/26/19 of client #1's MARs for October 2019 and November 2019 revealed: - No documentation for Belviq XR as ordered by the physician on 10/24/19.</p> <p>Interview on 11/26/19 the Qualified Professional (QP) stated: -The prescription was missing. -She had not been able to get it filled. -Client # 1 was already taking Phentermine. -She had not discussed the prescription with the physician. -She would confirm with the physician if Client #1 should take the Belviq XR or the Phentermine.</p>	V 118		