

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**

(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	INITIAL COMMENTS An annual survey was completed on December 4, 2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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.	V 118		

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JAN 29 2020
DHSR-MH Licensure Sect

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Quality Assurance (X6) DATE 1/29/2020
COORDINATOR

[Signature]
STATE FORM Laquyia Henderson

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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	<p>The medication in question was prescribed and discontinued shortly after. Please note, this is an error because the discontinuation of the medication was not documented properly. Moving forward, when a client has a medical appointment, an AP or QP level staff will be responsible for taking the client to the appointment. Prior to the appointment, the AP/QP will fill out the sections of ASNC's internal form (Healthcare Services Visit Form) designated for ASNC staff to complete. AP/QP will ensure the form is taken with them and the physician fills out the sections designated for them to complete. Along with the diagnosis corresponding to prescriptions, the physician will document any orders (medications, changes to those medications, restrictions and lab work), reason for the orders/desired results/potential side effects, follow-up instructions, and when the client's next visit is. The physician and the AP/QP taking the client to the appointment will both sign the form. The AP/QP shall review the form to ensure all information is accounted for and determine what changes if any need to be communicated to Residential staff. The AP/QP will make sure that all prescriptions/order changes on the form are matched with identical prescriptions/orders that are in the client's medical book. The QP will be the last person to sign off on the document after reviewing. Any discontinued medications will be documented by putting the initials "DC" on the date that the medication was discontinued and drawing a straight line through the remaining dates on the current MAR. The discontinued med will be documented on the back of the MAR including the reason and any comments. The discontinued medication will be removed from that client's medical box and discarded appropriately. Once the form is signed off by all parties and all the instructions/changes by the physician have been addressed, the form will be placed in a book designated for Healthcare Services Visit Forms. The book shall be placed in the medicine cabinet. The QP will review the book weekly.</p> <p>The facility will conduct a mandatory site-specific MAR/ Documentation training for all staff. There will also be formal documentation checks utilizing a designated form to be completed by the QP/AP on Monday, Wednesday, and Friday of each week to make sure medications are being administered as prescribed and documented properly.</p>	1/9/2020