

Division of Health Service Regulation

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| 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 R 03/28/2022 |
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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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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on March 28, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</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> | 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>(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> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to ensure medications were administered as ordered by a physician and MARs kept current affecting 3 of 3 audited clients (#1, #3 and #4). The findings are:</p> <p>Finding #1 Review on 3/24/22 -3/28/22 of client #1's record revealed: -45 year old male. -Admitted on 12/17/1997. -Diagnoses of Autism, Intellectual Disability, Epilepsy/Seizure Disorder, Hyperlipidemia, Psoriasis and Season Allergies.</p> <p>Review on 3/24/22 - 3/28/22 of client #1's signed physician orders revealed: -FL-2 dated 4/28/21: Albuterol Nebulizer 0.083% 1 vial every 4 hours as needed for shortness of breath. -No physician order for Vitamin D12 1.25 milligram (mg) capsule once weekly.</p> <p>Review on 3/24/22 - 3/28/22 of client #1's MARs from January 1, 2022 - March 24, 2022 revealed: -Vitamin D12 1.25 mg documented as administered from 1/1/22 - 3/24/22.</p> | V 118 | | |

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| V 118 | <p>Continued From page 2</p> <p>Observation on 3/ of client #1's medications revealed: -Albuterol Nebulizer 0.083% not available onsite for review.</p> <p>Attempted interview on 3/24/22 revealed client #1 was non-verbal.</p> <p>Finding #2 Review on 3/24/22 -3/28/22 of client #3's record revealed: -49 year old male. -Admitted on 4/1/00. -Diagnoses of Autism, Intellectual Disability profound and Retinitis Pigmentosis.</p> <p>Review on 3/24/22 - 3/28/22 of client #3's signed physician orders revealed: -FL-2 dated 8/30/21: Chlorhexidine Gluconate Solution 0.12% once daily.</p> <p>Review on 3/24/22 - 3/28/22 of client #3's MARs from January 1, 2022 - March 24, 2022 revealed: -Chlorhexidine Gluconate Solution 0.12% was not transcribed on the MAR for 1/1/22 - 3/24/22.</p> <p>Attempted interview on 3/24/22 revealed client #3 was non-verbal.</p> <p>Finding #3 Review on 3/24/22 -3/28/22 of client #4's record revealed: -42 year old male. -Admitted on 10/18/98. -Diagnoses of Autism Spectrum Disorder, Tourette's Disorder, Obsessive Compulsive Disorder, Cerebral Palsy and Intellectual Disability moderate.</p> <p>Review on 3/24/22 - 3/28/22 of client #4's signed</p> | V 118 | | |

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| V 118 | <p>Continued From page 3</p> <p>physician orders revealed: -No physician order for Minoxidil Topical Aerosol 5% foam 1/2 capful 2 times a daily to scalp and massage. (hair growth) -2/10/22: Inflammacor Powder with amino acids 2 capsules once or twice daily with almond milk or yogurt for weight gain. : Nutrafol for men for hair growth. : Laser cap to be used for hair growth 1 to 2 times a day as much as 7 days a week. : Rogain 5% for men twice daily for hair growth.</p> <p>Review on 3/24/22 - 3/28/22 of client #4's MARs from January 1, 2022 - March 24, 2022 revealed: -Minoxidil Topical Aerosol 5% documented as administered in January and not transcribed or documented on MAR for February or March. -Inflammacor Powder with amino acids, Nutrafol for men, Laser cap and Rogaine 5% were not transcribed on MAR for February or March.</p> <p>Observation on 3/24/22 - 3/28/22 of client #4's medications revealed: -Minoxidil Topical Aerosol 5% was not available for review. -Inflammacor Powder with amino acids, Nutrafol for men, Laser cap and Rogaine 5% were not available onsite for review.</p> <p>Attempted interview on 3/24/22 revealed client #4 was non-verbal.</p> <p>Interview on 3/24/22 - 3/28/22 the Qualified Professional stated: -She was unable to locate a signed physician order for client #1's Vitamin D2 mg. -Client #1 had not used his Albuterol Nebulizer 0.083%. -Client #3 no longer used the Chlorhexidine</p> | V 118 | | |

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| V 118 | <p>Continued From page 4</p> <p>Gluconate Solution 0.12%.</p> <p>-She was unable to locate a signed physician order for Minoxidil Topical Aerosol 5% administered to client #4 in January.</p> <p>-Inflamacor Powder with amino acids, Nutrafol for men, Laser cap and Rogaine 5% were supposed to be provided by client #4's guardian.</p> <p>-Inflamacor Powder with amino acids, Nutrafol for men, Laser cap and Rogaine 5% were not available at the facility.</p> <p>-She had made attempts to contact client #4's doctor to get clarification for the nutrition supplements and prescriptions for client #4's hair growth.</p> <p>-She was waiting to hear back from client #4's doctor.</p> <p>-She was working with the pharmacy and attempted to contact client #1, client #3 and client #4's physicians for discontinue orders.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 118 | | |