

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 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	INITIAL COMMENTS An annual and follow up survey was completed on March 28, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	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.	V 118		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

Jessica Higgins Jessica Higgins

Senior Quality Assurance Coordinator 4/7/2022

41R911

DHSR - Mental Health continuation sheet 1 of 5

APR 18 2022

Lic. & Cert. Section

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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	<p>Prescriber order has been obtained for Vitamin D12 1.25mg and all information has been transcribed and verified on MAR (order, MAR, and label all match).</p>	Completed on 3/30/2022
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V 118	Continued From page 2 Observation on 3/ of client #1's medications revealed: -Albuterol Nebulizer 0.083% not available onsite for review. Attempted interview on 3/24/22 revealed client #1 was non-verbal.	V 118	Prescription for Albuterol Nebulizer 0/083% was sent to pharmacy. Prescriber order and medication from pharmacy was verified and transcribed on MAR (all information - order, MAR and label all match). Nurse Consultant developing monthly checklist to support review of all medication administration procedures by Residential Coordinator or designee, including accuracy of transcription to MAR, adequate inventory of prescribed medication, and medication order is available and matches MAR and label. *See additional preventative actions on Page 5	Completed on 4/6/2022 Will be completed by 4/29/2022
	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. 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. 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. Attempted interview on 3/24/22 revealed client #3 was non-verbal.		Pharmacist stated verbal order received to discontinue Chlorhexidine Solution from previous dental provider in 2020. Client #3 is currently being seen by new Dental provider. Requested new dentist to provide D/C order. As of 4/7/2022, there is no order for Chlorhexidine Gluconate Solution 0.12%. Order not currently on MAR and product not available in home. Nurse Consultant developing monthly checklist to support review of all medication administration procedures by Residential Coordinator or designee, including accuracy of transcription to MAR, adequate inventory of prescribed medication, and medication order is available and matches MAR and label. *See additional preventative actions on Page 5	Will be completed by 4/29/2022
	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. Review on 3/24/22 - 3/28/22 of client #4's signed			Will be completed by 4/29/2022

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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>	V 118	<p>Prescriber order obtained for Minoxidil Topical Aerosol 5% (Rogaine 5%) foam and treatment in home (has been transcribed onto MAR and verified that order, MAR, and label all match)</p> <p>Prescriber requested to provide D/C order for Inflammacor Powder with amino acids (legal guardian of Client #4 does not want this to be administered)</p> <p>Prescriber requested to provide D/C order for Nutrafol for men (legal guardian of Client #4 does not want this to be administered)</p>	<p>Completed on 3/31/2022</p> <p>Will be completed by 4/29/2022</p> <p>Will be completed by 4/29/2022</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>		<p>Legal guardian of Client #4 sent Laser cap home via FedEx. Product is now in the home (has been transcribed onto MAR and verified that order, MAR and label all match.</p>	<p>Completed on 4/6/2022</p>

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V 118	<p>Continued From page 4</p> <p>Gluconate Solution 0.12%. -She was unable to locate a signed physician order for Minoxidil Topical Aerosol 5% administered to client #4 in January. -Inflamacor Powder with amino acids, Nutrafol for men, Laser cap and Rogaine 5% were supposed to be provided by client #4's guardian. -Inflamacor Powder with amino acids, Nutrafol for men, Laser cap and Rogaine 5% were not available at the facility. -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. -She was waiting to hear back from client #4's doctor. -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	<p>Medication Error Reports completed for each citation and submitted to ASNC Quality Management.</p> <p>Nurse Consultant will complete on-site review of all medication administration procedures and provide training for Residential Coordinator and Chestnut Hills Autism Support Professionals.</p> <p>Nurse Consultant and ASNC Quality Management team will conduct on-site, unannounced CQI inspections, no less than every six months to review adherence to all medication administration procedures and address any deficiencies that might be discovered.</p>	<p>Completed on 4/7/2022</p> <p>Will be completed by 4/29/2022</p> <p>Ongoing</p>