STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NUI			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
MHL065-226					R 80/2022			
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
PORT HE	PORT HEALTH SERVICES - KELLY HOUSE 1507 MARTIN STREET WILMINGTON, NC 28401							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE / MUST BE PRECEDED BY SC IDENTIFYING INFORM	S FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	ΓS		V 000				
	on June 30, 2022. This facility is licens category: 10A NCA Recovery Programs Substance Abuse E	w up survey was con A deficiency was cited and for the following AC 27G .4100, Resides for Individuals with Disorders and Their Consequences are consistents.	ed. service lential Children. ntly has a					
V 118	only be administered order of a person a drugs. (2) Medications shatclients only when an client's physician. (3) Medications, including administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Adall drugs administered or order and the privileged to prepare (4) A Medication Adall drugs administered order or order order or other privileged to prepare (4) A Medication Adall drugs administered order or order or other privileged to prepare (4) A Medication Adall drugs administered or other order order order or other order order or other order or	209 MEDICATION	gs shall vritten brescribe ed by by the all be or by red nurse, son and edications. (MAR) of ust be kept	V 118				
	recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the	ely after administration	on. The drug; ug; red; and					

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/S IDENTIFICATION NUMB			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
							R
		MHL065-226		B. WING	<u>-</u>	06/	30/2022
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PORT H	PORT HEALTH SERVICES - KELLY HOUSE 1507 MARTIN STREET WILMINGTON, NC 28401						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	-ULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	checks shall be rec	ge 1 for medication change orded and kept with t appointment or consul	he MAR	V 118			
	facility failed to kee two of three current findings are: Finding #1: Review on 6/30/22 - 27-year old female - Admission date of - Diagnoses of opio	views and interviews, p the MARs current at clients (#1 and #3). To client #1's record refer to the second	ffecting The evealed:				
	#1 dated 4/04/22, 5 - 5/07/22 - Fluoxetin every morning 5/16/22 - Aripipraz morning.	of physician orders for 107/22, and 5/16/22 in the Hydrochloride 20m zole 15mg - 1 tab everallol Hydrochloride 20i y.	revealed: ng- 1 cap ry				
	through June 2022 blanks: - Fluoxetine Hydrod	of client #1's April 202 MARs revealed the fo chloride 20mg - 5/31/2 /11/22, 5/12/22, at 7:0	ollowing 22,				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					R		
MHL065-226		B. WING		06/3	0/2022		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE			
PORT HE	EALTH SERVICES - K	FLLY HOUSE 1507 MAR	TIN STREE	Г			
. 01(1111	- CALITIOLIC IN	WILMING	TON, NC 28	401			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE	
V 118	Continued From page 2 - Fluoxetine Hydrochloride 20mg - 5/02/22, at 8:00am.		V 118				
	 - Aripiprazole 15mg - 5/31/22, 6/07/22, 5/02/22, 5/09/225/11/22, and 5/12/22 at 7:00am. - Propranolol Hydrochloride 20mg - More than 30 dates between 4/01/22 - 6/29/22 at 1:00pm. 						
	- Propranolol Hydro	ochloride 20mg - 5/02/22, 12/22, 5/31/22, 6/07/22, and					
	- Propranolol Hydro 4/13/22, 6/18/22, au	ochloride 20mg - 4/08/22, and 6/25/22 at 8:00pm. ochloride 20mg - 5/01/22 and					
	Finding #2: Review on 6/30/22 of client #3's record revealed: - 36-year old female - Admission date of 8/5/21 - Diagnoses of opioid dependence, Post-traumatic stress disorder, cannabis dependence, cocaine dependence, alcohol dependence, nicotine dependence, generalized anxiety disorder, major depressive disorder Review on 6/30/22 of physician orders for client #3 dated 2/15/22, 4/02/22, 4/12/22, 4/23/22, 6/02/22, and 6/18/22 revealed: - 4/02/22 - Fluoxetine Hydrochloride 20 milligrams (mg) - 3 capsules (caps) every morning - 6/02/22 - Fluoxetine Hydrochloride 40mg - 3 caps every morning						
	evening. - 2/15/22 - Levothyr	60mg - 1 tablet (tab) every roxine 75 micrograms (mcg) -					
	 1 tab every morning. - 6/18/22 - Polyethylene Glycol 3350 17g (grams) - 17g twice a day. - 4/23/22 - Suboxone 8mg - 2mg sublingual film - 						
	1 film under tongue twice daily.						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING:					
		MHL065-226	B. WING		06/3	0/2022		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
DODT H	ENITH SEDVICES - K	TELLY HOUSE 1507 MAR	RTIN STREE	т				
FORTH	PORT HEALTH SERVICES - KELLY HOUSE WILMINGTON, NC 28401							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
V 118	Continued From pa	age 3	V 118					
V 110	Review on 6/30/22 through June 2022 blanks: - Fluoxetine Hydrod 5/08/22, 5/09/22, 5/7:00am Fluoxetine Hydrod 6/03/22, and 6/07/2- Latuda 60mg - 4/5/31/22 at 8:00pm Levothyroxine 75/5/09/22, 5/11/22, 5/2- Polyethylene Glyd 6/23/22, 6/24/22 at - Polyethylene Glyd 7:00am Suboxone 8mg - 2/5/08/22, 5/09/22, 5/6/07/22 at 7:00am. Interview on 6/30/2- She would review staff. Due to the failure to medication administ determined if clients	of client #3's April 2022 MARs revealed the following chloride 20mg - 5/02/22, //11/22, 5/12/22, and 5/31/22 at chloride 40mg - 6/02/22, //2 at 7:00am. 12/22, 4/13/22, 5/01/22, and mcg - 5/02/22, 5/08/22, //12,22, and 6/07/22 at 7:00am. col 3350 17g - 6/18/22, 8:00pm col 3350 17g - 6/27/22 at 2mg sublingual film - 5/02/22, //11/22, 5/12/22, 5/31/22, and	V 116					

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