

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL067-204</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/17/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KENWOOD HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>413 KENWOOD DRIVE JACKSONVILLE, NC 28540</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on August 17, 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 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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 observation, record review and interview, the facility failed to administer medications as ordered and maintain a current MAR for 1 of 3 clients audited (client #3). The findings are:</p> <p>Review on 8/12/22 and 8/16/22 of client #3's record revealed: -66 year old male admitted 4/1/20. -Diagnoses included intellectual developmental disorder, moderate; diabetes type 2; anemia; chron's disease; hyperlipidemia; hypertension; and hypothyroidism. -Order dated 2/8/22 for Tresiba FlexTouch 100u (units)/3 ml's (milliliters), give 12u every night at bedtime. -Order dated 5/19/22 for Tresiba FlexTouch 100u/3 ml's, give 22u every night at bedtime. -Order dated 6/13/22 for Prisma/Tegaderm Foam Adhesive. Instructions for wound care: Cleanse wound on heal with normal saline. Apply Prisma to wound bed. Cover with Tegaderm foam adhesive dressing every Monday, Wednesday, and Friday. (Used to treat exuding wounds including diabetic ulcers.) -Order dated 8/1/22 for Polymem Ag (silver) to wound bed; cover; secure with tape; change dressing every Monday and Thursday.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Review on 8/12/22 and 8/16/22 of client #3's MARs revealed:</p> <ul style="list-style-type: none"> <li>-Tresiba FlexTouch 100u/3ml's, 12u had been documented as administered from 6/1/22 - 6/12/22. Starting 6/13/22 dosage increased to 22u as ordered on 5/19/22.</li> <li>-Wound dressing changes using Prisma/Tegaderm Foam Adhesive was documented on Monday, Wednesday, and Friday from 8/1/22 (Monday) through 8/15/22 (Monday).</li> <li>-Order for wound dressing with Polymem Ag had not been transcribed to the MAR.</li> </ul> <p>Observation on 8/16/22 at 11:09am revealed:</p> <ul style="list-style-type: none"> <li>-Polymem Silver, 4 inches by 4 inches non-adhesive Pad on hand for wound care.</li> </ul> <p>Interview on 8/16/22 the House Manager stated:</p> <ul style="list-style-type: none"> <li>-Client #3 was seen at the local wound care clinic once a week, usually on Monday.</li> <li>-Client #3's wound care would be done when at the wound clinic, then by the facility staff the other 2 days a week.</li> <li>-When she returned from her benefit time off around the end of July, the dressing supplies had been changed to the Polymem Ag.</li> <li>-Staff would cut a piece of the Polymem non-adhesive dressing and cover with the Tegaderm on Monday, Wednesday, and Friday.</li> <li>-Client #3's wound was a callus on his foot.</li> <li>-She had been instructed on wound care by the staff at the wound care center.</li> <li>-She did not make changes to the MARs. Only the nurse was allowed to do that.</li> </ul> <p>Interview on 8/12/22 the Licensed Practical Nurse (LPN) stated:</p> <ul style="list-style-type: none"> <li>-She did not receive client #3's insulin change order dated 5/19/22 until 6/13/22.</li> <li>-When she received the order she made the</li> </ul>	V 118		

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V 118	<p>Continued From page 3</p> <p>change on his MAR the same day.</p> <p>-Client #3 received all of his wound care at the wound care clinic.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		