

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-267</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/18/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE CHELSEA HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 CHELSEA LANE WILMINGTON, NC 28409</b>		
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on August 18, 2022. The complaint was substantiated (intake #NC00190433.) A deficiency was 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 has a current census of 1 client. The survey sample consisted of audits of 1 current client, 1 former client, and 1 deceased client.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></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>	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>(E) name or initials of person administering the drug.</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 review and interview, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR affecting 1 of 1 deceased client (DC) audited (DC#3). The findings are:</p> <p>Review on 8/18/22 of DC#3's record revealed: -61 year old female admitted 4/2/2020 and deceased 8/5/2022. -Diagnoses included intellectual developmental disability, moderate; major neurocognitive disorder due to traumatic brain injury; diabetes; epilepsy; and encephalitis. -Death Certificate filed 8/9/22 listed the cause of death to be cancer with undetermined primary source.</p> <p>Review on 8/18/22 of DC#3's medication orders and MARs for June and July 2022 revealed: -Order dated 6/1/22 for Cephalexin 500 mg twice daily for 10 days (would equal 20 doses). -Cephalexin 500 mg had been documented 2 times daily at 8 am and 8 pm from 6/1/22 8 pm through 6/11/22 at 8 pm, and again on 6/12/22 at 8 pm for a total of 22 doses administered. -Order dated 6/13/22 for Amoxicillin 500 mg</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>(milligrams) every 8 hours for 7 days (would equal 21 doses ordered).</p> <p>-Amoxicillin 500 mg had been documented 3 times daily at 7 am, 3 pm, and 11 pm from 6/14/22 - 6/20/22, 6/21/22 at 8 am, and 6/21/22 at 11 pm, total of 23 doses.</p> <p>-Order dated 6/22/22 for Cephalexin 500 mg twice daily for 10 days (would equal 20 doses).</p> <p>-Cephalexin 500 mg had been documented 2 times daily at 8 am and 8 pm from 6/22/22 at 8 am through 7/2/22 at 8 pm for a total of 22 doses.</p> <p>-Order dated 6/22/22 for Metronidazole 500 mg twice daily for 10 days (would equal 20 doses).</p> <p>-Metronidazole 500 mg had been documented 2 times daily at 8 am and 8 pm from 6/22/22 at 8 am through 7/2/22 for a total of 22 doses.</p> <p>-Order dated 7/8/22 for Cefuroxime Axetil 500 mg twice daily for 10 days (would equal 20 doses).</p> <p>-Cefuroxime Axetil 500 mg had been documented starting 7/8/22 at 8am through 8pm on 7/18 for a total of 22 doses.</p> <p>Interview on 8/18/22 the Registered Nurse (RN) stated:</p> <p>-DC#3 had been under the care of a podiatrist for a foot ulcer and received antibiotic orders on 6/1/22 and 6/22/22.</p> <p>-DC#3 had a dental procedure and received antibiotic orders on 6/13/22 .</p> <p>-DC#3 had been seen in an urgent care facility on 7/8/22 and prescribed antibiotics for a suspected urinary track infection.</p> <p>-The RN was the only person that transcribed orders to the MARs.</p> <p>-When she transcribed orders written for a specific number of doses, more dosing options would be available because it could not be determined exactly when the first dose would be given.</p> <p>-She staff would not have had extra doses to</p>	V 118			

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V 118	Continued From page 3  administer, therefore, she felt the additional doses documented were documentation errors.  Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118			