

Division of Health Service Regulation

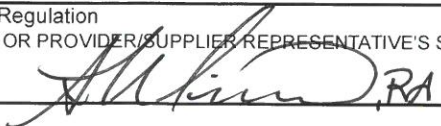
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL067-204</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/17/2022</b>
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NAME OF PROVIDER 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
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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>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		

**RECEIVED**  
**SEP 12 2022**  
**DHSR-MH Licensure Sect**

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Residential Administrator	07 Sept 2022

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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. -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		

## Appendix 1-B: Plan of Correction Form

Plan of Correction			
<p><b>Please complete <u>all</u> requested information and mail completed Plan of Correction form to:</b></p> <p>Mental Health Licensure and Certification Section            NC Division of Health Service Regulation            2718 Mail Service Center            Raleigh, NC 27699-2718</p>		<p><b>In lieu of mailing the form, you may e-mail the completed electronic form to:</b></p>	
<b>Provider Name:</b>	A Caring Heart Case Management, Inc. – Kenwood House	<b>Phone:</b>	910-455-6724
<b>Provider Contact Person for follow-up:</b>	Siobhan Miranda, Residential Administrator	<b>Fax:</b>	910-346-5489
		<b>Email:</b>	smiranda@acaringheartinc.com
<b>Address:</b>	413 Kenwood Drive, Jacksonville, NC 28540		<b>Provider #</b> 3419141 MHL-067-204
Finding	Corrective Action Steps	Responsible Party	Time Line
<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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)</p>	<ol style="list-style-type: none"> <li>1. Nursing staff has made corrections to MAR at exit of survey to reflect correct transcription as ordered by physician. Nursing staff has completed a direct consultation with physician office to contact ACHCM Nursing staff of any new changes to orders prior to sending directly to the pharmacy to ensure continuity of care. QP will implement and conduct a mandatory staff training/meeting with the facility staff (HTPP) pertaining to proper follow-up of medical consultation from and new Rx received at doctor appointment which are submitted to Nursing staff.</li> <li>2. Nursing staff will review Med Consult and updated physician orders both paper and e-scripts from pharmacy and implement the new changes on MAR as indicated. Nursing staff will email all med consults and updated physician orders to QP and RA daily for review.</li> <li>3. RA will review all med consults and physician orders received daily and verify for accuracy all updated orders are reflected correctly on MAR and verify all new paper Rx or e-script orders from pharmacy have been receive and were inputted by Nursing staff and address all discrepancies found within 24 hours of receipt of email.</li> </ol>	<ol style="list-style-type: none"> <li>1. Nursing Staff, Qualified Professional</li> <li>2. Nursing Staff</li> <li>3. Residential Administrator</li> </ol>	<p>Implementation Date:</p> <p>08/17/2022, 08/29/2022, and ongoing</p> <hr/> <p>Projected Completion Date:</p> <p>10/16/2022 or before</p>