

PRINTED: 10/09/2023
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-272	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2023
NAME OF PROVIDER OR SUPPLIER WILMINGTON HOUSE GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 28 BEAUREGARD DRIVE WILMINGTON, NC 28412		
(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	INITIAL COMMENTS An annual and complaint survey was completed on October 5, 2023. The complaint was unsubstantiated (intake #NC00206919). A deficiency was 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 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the	V 117		

DHSR - Mental Health
OCT 28 2023
Lic. & Cert. Section

Division of Health Service Regulation

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

TITLE

(X6) DATE

[Signature]

CEO

10/12/23

STATE FORM

6899

M6OC11

If continuation sheet 1 of 2

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V 117	<p>Continued From page 1</p> <p>pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to ensure that medications for administration at the facility were labeled as required. The findings are:</p> <p>Review on 10/5/23 of client #1's record revealed: - 39 year-old female. - Admission date of 10/19/20. - Diagnoses of profound- intellectual developmental disability (IDD) and other specified degenerative diseases of nervous system.</p> <p>Review on 10/5/23 of client #1's signed physician order dated 8/22/23 revealed: - Ear Drops 6.5% - Instill 5 drops into both ears once weekly.</p> <p>Observation on 10/5/23 at approximately 12:00pm of client #1's medications revealed: - Ear Drops 6.5% - Instill 3 drops into each ear canal daily for the first 5 days of each month.</p> <p>Interview on 10/5/23 the Associate Professional stated: - The order for the ear drops had been changed by the physician. - A new label would be obtained from the pharmacy.</p>	V 117	<p>The LPN and/or QP will ensure all medications for participants served are labeled as required, by checking that orders, labels, and the MAR match when orders are changed and new medication is delivered, by 11/1/2023. Medication labels will be reviewed at least quarterly through quality assurance observation.</p>	

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