

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-209	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER SOUTH SHORE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 409 SOUTH SHORE DRIVE JACKSONVILLE, NC 28540		
(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>INITIAL COMMENTS</p> <p>An annual survey was completed on June 5, 2025. 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 Disability.</p> <p>This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</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		

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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 on record reviews, observation and interviews the facility failed to administer medications on the written order of a physician and failed to keep the MARs current for 1 of 2 clients (client #1). The findings are:</p> <p>Review on 06/04/25 and 06/05/25 of client #1's record revealed: - Admission date of 11/18/19. - Diagnoses of Severe to Moderate Intellectual Developmental Disability, Schizoaffective Disorder, Diabetes, Hypertension, and Gastroesophageal Reflux Disorder.</p> <p>Review on 06/05/25 of an electronically signed medication order dated 12/12/24 revealed: - Debrox (ear wax remover) 6.5% ear drops - instill 3 drops in both ears every week.</p> <p>Review on 06/05/25 of client #1's March 2025 thru June 5, 2025 MARs revealed: - Debrox ear drops - apply to both ears twice a week. - Staff initials on the MARs to indicate the Debrox ear drops were administered twice a week. (Not once a week as per current order).</p> <p>Interview on 06/04/25 client #1 was unable to</p>	V 118		

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V 118	Continued From page 2 state if he received any medications including ear drops. Client #1 would not answer or look away when asked about his medications. Interview on 06/05/25 the Pharmacy Liaison stated: - Client #1's Debrox ear drops should be administered one time weekly per doctor order. - The pharmacy had not changed the MAR to reflect the new order. - He would follow up with the pharmacy to ensure the correct medications are on the MARs.	V 118			