

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-158 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/08/2018 |
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| NAME OF PROVIDER OR SUPPLIER CARING WAY 104 | STREET ADDRESS, CITY, STATE, ZIP CODE 104 CARING WAY SHELBY, NC 28150 |
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| V 000 | INITIAL COMMENTS An annual and follow up survey was completed on May 8, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. | V 000 | <p>DHSR - Mental Health</p> <p>JUN 01 2018</p> <p>Lic. & Cert. Section</p> | |
| V 118 | 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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. | V 118 | | |

Division of Health Service Regulation

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

Eddie Derry CP 5-29-18

TITLE

(X6) DATE

Division of Health Service Regulation

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| V 118 | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure drugs administered to a client on written order of a person authorized to prescribe drugs affecting 1 of 3 clients (Client #2). The findings are:</p> <p>Review on 5/8/18 of Client #2's record revealed: Admission date: 2/20/18 Diagnoses: Severe Mental Retardation, Pervasive Developmental Disorder-Not Otherwise Specified, Obsessive Compulsive Disorder -Physician's order in 2/2018 for Fluvoxamine Maleate 100 milligrams, take 1 tablet twice daily -Client #2's April 2018 MAR revealed: -Fluvoxamine Maleate medication (used to treat Obsessive Compulsive Disorder) was not administered to client at the 7:00 am dosage times on 4/10/18 and 4/11/18 and at the 7:00 pm dosage time on 4/10/18 because the facility was out of the medication; -Medication consent form signed by Client #2's guardian on 2/20/18 authorized the facility to administer Client #2's prescribed medications; -Client #2 was out of the facility 16 of 30 days during April 2018 and not administered medication by staff.</p> <p>Review of facility incident reports from January 2018-May 2018 revealed Client #2 missed 3 doses of his prescribed medication in a 2 day period: -4/10/18 at 7:30 am (initial incident report) revealed: -The facility was out of Client #2's Fluvoxamine</p> | V 118 | | |

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| V 118 | <p>Continued From page 2</p> <p>Maleate medication and Client #2 was not administered the medication;</p> <ul style="list-style-type: none"> -Client #2 was administered one dose of Fluvoxamine Maleate on 4/9/18 at 7:00 pm; -Client #2 returned from a home visit the afternoon of 4/9/18 with one Fluvoxamine Maleate tablet; -Client #2's guardian was contacted about client's need for refill on the aforementioned medication; -Client #2's guardian and facility were working to have Client #2's medications changed to another local pharmacy; -Client #2's physician was not contacted by staff about client's refill of the Fluvoxamine Maleate; <p>-4/10/18 at 7:00 pm (second incident report) revealed:</p> <ul style="list-style-type: none"> -Client #2's Fluvoxamine Maleate was still not at the facility and Client #2 missed his second medication dose; -Client #2's guardian was contacted about status of Client #2's medication refill; -Client #2's physician was notified by staff about Client #2's medication refill need but there was no documentation of the physician's response to the situation; <p>-4/11/18 at 7:00 am (third incident report) revealed:</p> <ul style="list-style-type: none"> -Client #2 missed his morning dose of Fluvoxamine Maleate because the facility was still out of the medication; -Client #2's physician was not contacted about Client #2's need for medication refill of the Fluvoxamine Maleate; -Client #2's guardian was contacted about the client's need for the medication refill; -Client #2 received refill on his Fluvoxamine Maleate and was administered his 7:00 pm medication dose. | V 118 | | |

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| V 118 | <p>Continued From page 3</p> <p>Review on 5/8/18 of the facility's Medication Requirements Policy revealed: -A statement that "It is ultimately the responsibility of all members of the daily department functioning for maintaining adequate medication supplies for each resident."</p> <p>Attempted interviews on 5/7/18 and 5/8/18 with Client #2 were unsuccessful because Client #2 was on home visit status and guardian did not return Client #2 back to the facility or day program on 5/8/18 by an agreed upon time.</p> <p>Interview on 5/8/18 with Staff #1 revealed: -She was a paraprofessional and worked at the facility since 2/22/16; -She worked third shift (11:00 pm-8:00 am); -Her job responsibilities included administering medications to facility clients in the mornings; -Client #2 was out of his Fluvoxamine Maleate medication at the 7:00 am dosage time on 4/10/18 and 4/11/18; -Client #2's guardian managed Client #2's medication refills with the client's physician and local pharmacy; -The MAR was documented that the facility was out of Client #2's Fluvoxamine Maleate medication supply; -She completed the initial incident report that the aforementioned medication was not administered to Client #2.</p> <p>Interview with the House Manager on 5/8/18 revealed: -Client #2 was out of the facility with his guardian multiple times each month; -Client #2 had been without his Fluvoxamine Maleate because his guardian was not sending Client #2 back to the facility with medication refills;</p> | V 118 | | |

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| V 118 | <p>Continued From page 4</p> <ul style="list-style-type: none"> -Client #2's guardian managed all of Client #2's medical appointments and medication refills; -No known adverse effects with Client #2 having missed 3 doses of the Fluvoxamine Maleate. <p>Interview with the Facility Director on 5/8/18 revealed:</p> <ul style="list-style-type: none"> -Client #2 was admitted to the facility on 2/20/18; -He was aware of Client #2's missed 3 consecutive medication doses of the Fluvoxamine Maleate in April 2018 because the medication was not at the facility; -Facility staff was not counting and documenting the quantity of Client #2's medications while Client #2 was returning to the facility from home visits; -He stated that Client #2's guardian continued to handle the medication refills and would not switch local pharmacies for the facility to obtain medication refills quicker; -He had spoken with Client #2's guardian about having Client #2's medication available at the facility to administer; -He had not discussed the medication refill issue with Client #2's physician because he did not want to step on the guardian's toes. | V 118 | | |

STATE FORM: REVISIT REPORT

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| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL023-158 | MULTIPLE CONSTRUCTION A. Building B. Wing | DATE OF REVISIT 5/8/2018 |
| NAME OF FACILITY CARING WAY 104 | STREET ADDRESS, CITY, STATE, ZIP CODE 104 CARING WAY SHELBY, NC 28150 | |

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

| ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 |
|------------------|------------|------------------|------------|------------|------------|
| ID Prefix V0110 | Correction | ID Prefix V0366 | Correction | ID Prefix | Correction |
| Reg. # 27G .0204 | Completed | Reg. # 27G .0603 | Completed | Reg. # | Completed |
| LSC | 05/08/2018 | LSC | 05/08/2018 | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
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| REVIEWED BY STATE AGENCY <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR <i>Rebecca F. Hensley</i> | DATE 5/8/18 |
| REVIEWED BY CMS RO <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |

FOLLOWUP TO SURVEY COMPLETED ON 8/31/2017

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO

104 Caring Way

Shelby, NC 28150

#023-158

V118 – Medication Requirements

Measures in place to correct and prevent the deficient area of practice:

Upon admission to One On One Care, Inc., the Guardian of Person Served will sign a consent allowing One On One Care, Inc. to use current pharmacy of Person Served, or Guardian will sign a consent allowing One On One Care, Inc. to handle medication refills/issues through Medical Arts Pharmacy of Shelby, NC. This will better allow monitoring of medication changes/issues/refills.

Bubble packs will be used for each medication, which is easier for staff to monitor and count.

Staff will complete a Consumer Home Visit Checklist, which is to be completed each time a consumer is going on a home visit with family and/or friends. Section A of the form is completed upon consumer's departure, and Section B is completed upon their return to the Residential Group Home. If medication will need to be refilled before consumer returns home, staff will notify the Home Manager, who, will in turn, notify the Guardian that a refill will be needed.

One On One Care, Inc. has hired a medication auditor who visits each group home 3 times per week. Medication reviews are completed at each visit for all consumers. If the auditor finds a medication that has up to 7 days before refill needed, a call will be made to the pharmacy for the refill. If the medication has no refill, the auditor will alert Home Manager/QP up to 14 days in advance so that a contact can be made with the doctor to get a refill or an appointment made for the consumer.

Who will monitor and how often:

Staff will monitor by completing the Consumer Home Visit Checklist when a consumer is scheduled for a home visit. Medication auditor will monitor when visiting each group home 3 times each week. AP and QP will be notified with any questions or concerns.

Monitoring will take place each time a consumer leaves the facility for a home visit and by Medication auditor 3 times each week.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

May 23, 2018

Eddie Scruggs, Director
One on One Care, Inc.
1137 East Marion Street, PMB 109
Shelby, NC 28150

DHSR - Mental Health

JUN 01 2018

Lic. & Cert. Section

Re: Annual and Follow up Survey completed May 8, 2018
Caring Way 104, 104 Caring Way, Shelby, NC 28150
MHL # 023-158
escruggs@oneononecare.net

Dear Mr. Scruggs:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed May 8, 2018.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. A deficiency was re-cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

The following standard level deficiencies was re-cited:

- 10A NCAC 27G .0209 (c) Medication Requirements

Time Frames for Compliance

A re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is June 7, 2018.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2701 Mail Service Center, Raleigh, NC 27699-2701
www.ncdhhs.gov/dhsr • TEL: 919-855-3750 • FAX: 919-733-2757

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lisa Niemas-Holmes at (828) 686-0750.

Sincerely,

Rebecca F. Hensley

Rebecca F. Hensley
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: W. Rhett Melton, Director, Partners Behavioral Healthcare LME/MCO
Selenna Moss, Quality Management Director, Partners Behavioral Healthcare LME/MCO
File