STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-170	A. BUILDING: _____ B. WING _____	07/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ONE ON ONE CARE - CARING WAY	115 CARING WAY SHELBY, NC 28150

(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 survey was completed on 7/12/18. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals of all Disablility Groups.	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 pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.	V 117		

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V 117	Continued From page 1 This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure each prescription drug dispensed included a label with the name, prescribers name, dispensing date, strength, quantity, and expiration date for 1 of 3 sampled clients (#3). The findings are: Observation on 7/12/18 at 3:45pm of the medications for Client #3 included: -Levemir Flextouch 100u - 2 pens without a label. Review on 7/12/18 of the record for Client #3 revealed: -Admission date of 1/8/03 with diagnoses of Hypertension, Diabetes, Unspecified Affective Psychosis and Moderate Intellectual Developmental Disability. -Physician order dated 4/10/18 for Levemir Flextouch 100units/inject 28u daily. Interview on 7/12/18 with Client #3 revealed: -He received his medications as directed by physician. -He had not missed any medications. Interview on 7/12/18 with the Residential Manager revealed: -The label for the insulin was on the box. -The medication had been called in for a refill. -When the refill was reordered, the box with the label and instructions was discarded. -She will ensure the facility keeps the box with the label for the Levimir going forward.	V 117		