` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL023-190	B. WING		02/11/2019	
NAME OF S					1 02/1	1/2010
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ONE ON	ONE CARE HOME A		T DIXON BL\ NC 28150	טו		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	EIX (EACH CORRECTIVE ACTION SHOULD BE COMP		(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
	2019. A deficiency	vas completed on February 11, was cited.				
	category: 10A NCA Living for Adults wit	C 27G .5600C Supervised h Developmental Disabilities.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	10A NCAC 27G .0209 MEDICATION REQUIREMENTS					
	(c) Medication adm					
	<ul> <li>(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.</li> <li>(2) Medications shall be self-administered by clients only when authorized in writing by the</li> </ul>					
	client's physician.	luding injections, shall be				
	(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse,					
		legally qualified person and e and administer medications.				
	(4) A Medication Ad	ministration Record (MAR) of				
		red to each client must be kept s administered shall be				
		ely after administration. The				
	(A) client's name;	io ronowing.				
		and quantity of the drug;				
		administering the drug; ne drug is administered; and				
	(E) name or initials	of person administering the				
	drug. (5) Client requests t	for medication changes or				
		orded and kept with the MAR				
	file followed up by a with a physician.	appointment or consultation				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
		MHL023-190	B. WING		02/1	1/2019	
NAME OF F				STATE, ZIP CODE	•		
ONE ON	ONE CARE HOME A		DIXON BL	/D			
	OLIMANA DV. OTA		NC 28150	DDOU/DEDIG DLAN OF CODDECT	2NI	0.4-1	
(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 SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 118	Continued From pa	ge 1	V 118				
	failed to ensure me as ordered and failed current for 2 of 3 au findings are:  Client #1:  Record review on 2 revealed: -Admitted on 8/1/17 Intellectual Disabilit Osteoporosis, Internicotine dependent hyperplasia, unspecurinary incontinence (methicillin-resistan-Physician's order of Triamterene-HCTZ-Physician's order of 70mg, 1 every weel Review on 2/7/19 of 2018-February 2019-Triamterene-HCTZ 2/4/19 and 2/5/19 a February MAR. Thindicated the medicathose dates.	view and interviews the facility dications were administered ed to ensure MARs were addited clients (#1, #3). The with diagnoses of mild y, organic personality disorder, mittent Explosive Disorder, ee, epilepsy, benign prostatic clified abnormalities of gait, e and MRSA t staphylococcus aureus). Mated 1/30/19 for 37.5-25mg, 1 daily. Mated 7/5/18 for Alendronate k (for osteoporosis).					
	Alendronate was ac	dministered on 1/1/19, 1/8/19, 9. Administration on 1/15/19					

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6899 C2OL11 If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
MHL023-190		B. WING		02/11/2019		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ONE ON	ONE CARE HOME A		T DIXON BL\ NC 28150	/D		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 2	V 118			
	Client #1 was non-vinterviewed.	verbal and could not be				
	Client #3:					
	revealed: -Admitted on 12/21, mental retardation, Obstructive Pulmor-Physician's orders multivitamin (take of 1000mg dailyPhysician's order of 10mg, one at bedtire-Physician's order of 10mg.	ane daily) and for Flax Seed lated 12/13/18 for Pravastatin me.				
	-Daily administration 12/25/18 prior to the -Daily administration 12/25/18 prior to the -Daily administration documented until 12 -Administration of F	9 MARs for Client #3 revealed: n of the multivitamin began on e physician's order of 1/3/19. n of the Flax Seed began on e physician's order of 1/3/19. n of the Erythromycin was not				
		on 2/8/19, Client #3 confirmed medications daily as				
	oversight of medica	ed: er was responsible for				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL023-190	B. WING		<b>02</b> /	11/2019	
	PROVIDER OR SUPPLIER  ONE CARE HOME A	607 WEST	DRESS, CITY, S DIXON BLV NC 28150	STATE, ZIP CODE <b>/D</b>			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 118	-She was supposed time she was in the -He spoke to the sta 1/13/19 and 1/22/19 confirmed that she There was no explamarked out on the I-He was unaware of documentation. For used to block off on medication was due doing thatClient #3 had been Christmas holidays the Erythromycin cr	It to check the MARs every facility.  aff member who worked on D. That staff member gave medications to Client #3. Ination for why the initials were MAR.  If the other errors in reekly administration they a the MAR the days that the e, however, they had stopped with his sister during the and she forgot to bring back eam. He indicated that they ng her which caused a delay	V 118				

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