

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2019
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NAME OF PROVIDER OR SUPPLIER ONE ON ONE CARE HOME A	STREET ADDRESS, CITY, STATE, ZIP CODE 607 WEST DIXON BLVD SHELBY, NC 28150
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(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 February 11, 2019. 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 Disabilities.</p>	V 000	<p style="text-align: center;"><i>DHSR - Mental Health</i></p> <p style="text-align: center;"><i>MAR 01 2019</i></p> <p style="text-align: center;"><i>Lic. & Cert. Section</i></p>	
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> <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>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Edgar Seay Director
TITLE

(X6) DATE
02-24-19

Division of Health Service Regulation

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V 118	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure medications were administered as ordered and failed to ensure MARs were current for 2 of 3 audited clients (#1, #3). The findings are: Client #1: Record review on 2/7/19 and 2/8/19 for Client #1 revealed: -Admitted on 8/1/17 with diagnoses of mild Intellectual Disability, organic personality disorder, Osteoporosis, Intermittent Explosive Disorder, nicotine dependence, epilepsy, benign prostatic hyperplasia, unspecified abnormalities of gait, urinary incontinence and MRSA (methicillin-resistant staphylococcus aureus). -Physician's order dated 1/30/19 for Triamterene-HCTZ 37.5-25mg, 1 daily. -Physician's order dated 7/5/18 for Alendronate 70mg, 1 every week (for osteoporosis). Review on 2/7/19 of the December 2018-February 2019 MARs for Client #1 revealed: -Triamterene-HCTZ was not documented on 2/4/19 and 2/5/19 as administered on the February MAR. The bubble pack, however, indicated the medicine was administered on those dates. -The January 2019 MAR indicated that the Alendronate was administered on 1/1/19, 1/8/19, 1/22/19 and 1/29/19. Administration on 1/15/19 was not documented.	V 118		
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V 118	<p>Continued From page 2</p> <p>Client #1 was non-verbal and could not be interviewed.</p> <p>Client #3:</p> <p>Record review on 2/7/19 and 2/8/19 for Client #3 revealed:</p> <ul style="list-style-type: none"> -Admitted on 12/21/18 with diagnoses of profound mental retardation, legal blindness, Chronic Obstructive Pulmonary Disorder, and Diabetes. -Physician's orders dated 1/3/19 for a multivitamin (take one daily) and for Flax Seed 1000mg daily. -Physician's order dated 12/13/18 for Pravastatin 10mg, one at bedtime. -Physician's order dated 12/20/18 for Erythromycin 2% cream, to use daily on face and back. <p>Review on 2/7/19 of the December 2018-February 2019 MARs for Client #3 revealed:</p> <ul style="list-style-type: none"> -Daily administration of the multivitamin began on 12/25/18 prior to the physician's order of 1/3/19. -Daily administration of the Flax Seed began on 12/25/18 prior to the physician's order of 1/3/19. -Daily administration of the Erythromycin was not documented until 12/31/18. -Administration of Pravastatin was marked out on 1/13/19 and 1/22/19 without an explanation on the MAR. <p>When interviewed on 2/8/19, Client #3 confirmed that he received his medications daily as required.</p> <p>Interview on 2/8/19 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -The House Manager was responsible for oversight of medication administration. -She updated the MARs when changes occurred. 	V 118		
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V 118	Continued From page 3 -She was supposed to check the MARs every time she was in the facility. -He spoke to the staff member who worked on 1/13/19 and 1/22/19. That staff member confirmed that she gave medications to Client #3. There was no explanation for why the initials were marked out on the MAR. -He was unaware of the other errors in documentation. For weekly administration they used to block off on the MAR the days that the medication was due, however, they had stopped doing that. -Client #3 had been with his sister during the Christmas holidays and she forgot to bring back the Erythromycin cream. He indicated that they had difficulty reaching her which caused a delay in the administration of that cream.	V 118		
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One On One Care, Inc./Home A

607 West Dixon Blvd., Shelby, NC 28152

MHL023190

V118 27G.0209 Medication requirements

What measures will be put into place to correct and prevent the deficiency area:

One On One Care, Inc. has recently hired a new Home Manager to help with oversight and supervision of our 8 licensed facilities. A daily house checklist has been created and each Manager will document any medication issues and/or MAR errors they find each time they enter the home. Initialed bubble packs will be compared to the MAR. Any errors found will be reported to the Administration Team and the Residential Q and will be resolved in a timely manner. The checklist for each home will be evaluated, errors corrected, and checklists will be filed at our Administrative offices.

In the future, any client that leaves the facility will have medication checked out to family member and client must return with the same medication. If medication is not returned, One On One Care, Inc. will go to the client's family home and pick up the medication.

One On One Care, Inc. will no longer accept any verbal orders taken over the phone by the pharmacist from the physician. Orders must be signed by the physician.

***Client #1: Medication: Alendronate** – This medication is administered each Tuesday of the month and will be blocked off on the MAR at the beginning of the month to help staff identify which day it is to be given.

***Client #3:** Flaxseed has been discontinued effective 2-18-19 and a new order has been received for his multi-vitamin.

Who will monitor? How often?

Residential Managers and Residential Q will monitor each time a home visit is made.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

February 19, 2019

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

Re: Annual Survey completed February 11, 2019
One on One Care Home A, 607 West Dixon Blvd., Shelby, NC 28150
MHL # 023-190
E-mail Address: escruggs@oneononecare.net

DHSR - Mental Health

MAR 01 2019

Lic. & Cert. Section

Dear Mr. Scruggs:

Thank you for the cooperation and courtesy extended during the annual survey completed February 11, 2019.

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 tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is April 12, 2019.

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.

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

LOCATION: 1800 Umstead Drive, Edgerton Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

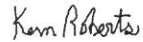
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

February 19, 2019
Eddie Scruggs
One on One Care, Inc.

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 Robin Sulfridge at 336-861-7342.

Sincerely,



Kem Roberts
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Trey Sutton, Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
W. Rhett Melton, Director, Partners Behavioral Health LME/MCO
Selenna Moss, Quality Management Director, Partners Behavioral Health, LME/MCO
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