

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023-159</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/04/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARING WAY 110</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>110 CARING WAY SHELBY, NC 28150</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 4/4/19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and Developmental Disabilities.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to be maintained in a clean, attractive and orderly manner and free of offensive odor. The findings are:</p> <p>Observation of the facility on 4/4/19 at 8:50AM revealed: -Strong urine odor in the bathroom that Client #1 and Client #2 share. The odor was even stronger in the bedroom for Client #2. No noticeable stains were observed on the floor. Empty urinal bottle sat on the dresser.</p> <p>Interview on 4/4/19 with the House Manager revealed: -He was responsible for making sure staff were doing their jobs and keeping the facility clean. -He or one of the 2 other House Managers went</p>	V 736		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 736	<p>Continued From page 1</p> <p>to facility every morning to make sure the house was clean.</p> <p>-Staff completed a "shift log" following each shift that included household responsibilities as well as client behaviors. Staff were to mop and disinfect the bathrooms and Client #2's bedroom daily.</p> <p>-Client #2 wore incontinence briefs and was responsible for throwing them away each morning in the trash outside.</p> <p>-Client #2 would urinate in bottles or his plastic urinal and pour the urine out of his window. Often urine splattered on the window sill.</p> <p>Interview on 4/4/19 with the Facility Director/Qualified Professional (QP) revealed: Client #2 will urinate in bottles in his room. Sometimes the bottles get spilled on the way to the bathroom. As long as he could remember, Client #2 had always had an issue with urinating in inappropriate places in the house.</p> <p>-The floor had been replaced due to the urine penetration into the previous floor.</p> <p>-"We just got used to the smell, I guess."</p>	V 736		