

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2019
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NAME OF PROVIDER OR SUPPLIER CARING WAY 110	STREET ADDRESS, CITY, STATE, ZIP CODE 110 CARING WAY 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	INITIAL COMMENTS An annual survey was completed on 4/4/19. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and Developmental Disabilities.	V 000		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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. 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: 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. 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	V 736		

DHSR-Mental Health

MAY 03 2019

Lic. & Cert. Section

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

Eddie Scupp

TITLE

Director

(X6) DATE

4-16-19

Division of Health Service Regulation

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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 spattered 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		
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

April 15, 2019

Eddie Scruggs, Director
One on One Care, Inc.
1137 East Marion St.
Shelby, NC 28150

Re: Annual Survey Completed April 4, 2019
Caring Way 110, 110 Caring Way, Shelby, NC 28150
MHL# 023-159
E-mail Address: escruggs@oneononecare.net

Dear Mr. Scruggs:

Thank you for the cooperation and courtesy extended during the annual survey completed 4/4/19.

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

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 6/3/19.

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.

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

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

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Lic. & Cert. Section

4/15/19
Eddie Scruggs
One on One Care, Inc.

- 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.

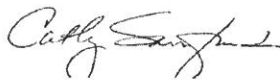
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

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 Sonia Eldridge, Mountains Team Leader at 828-665-9911.

Sincerely,



Cathy Samford
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: QM@partnersbhm.org
dhhs@vayahealth.com