

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-160	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/29/2019
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NAME OF PROVIDER OR SUPPLIER CARING WAY 114	STREET ADDRESS, CITY, STATE, ZIP CODE 114 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 and follow up survey was completed on 5/29/19. Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and Developmental Disabilities.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation	V 118	DHSR - Mental Health JUN 26 2019 Lic. & Cert. Section	

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

[Signature] TITLE
6-19-19 (X6) DATE

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V 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to follow the written order of a physician and failed to keep the MAR current affecting 1 of 2 clients (Client #1). The findings are:</p> <p>Record review on 5/28/19 for Client #1 revealed: -Admission date of 4/10/14 with diagnoses of Moderate Intellectual Disability, Bipolar Disorder, Seizure Disorder, Generalized Anxiety Disorder and Rheumatoid Arthritis. -Physician ordered medications included: --Flagyl 500mg (antibiotic) every 8 hours for 10 days ordered 3/8/19. --Lomotil 2.5-.025mg (antidiarrheal) 4 times daily as needed ordered 3/8/19. --Calcium 600mg (supplement) once daily was noted on hospital discharge paperwork dated 8/9/18 but no order with doctor's signature was available. Review on 5/28/19 of MARs for March-May 2019 revealed: --March MAR did not include Flagyl or Lomotil. No other documentation was made available. --Calcium was documented as administered on the May MAR from 5/1/19-5/28/19.</p> <p>Interview on 5/28/19 with Staff #1 revealed: -She was house manager for his facility. -She wrote short term and PRN medications on a blank white MAR, as opposed to the printed MAR from the pharmacy. All MAR sheets were turned into the office each month.</p>	V 118		

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V 118	Continued From page 2 -She administered the short term medication (Flagyl) and PRN medication (Lomotil) but was unable to produce documentation. Interview on 5/29/19 with Qualified Professional (QP) revealed: -Client #1 took lots of meds and had lots of medical and behavioral issues. Staff stayed on top of medical concerns. -The team for Client #1 just had his CNR (Clinical Needs Review) and the agency paperwork for Client #1 was in a folder on his desk. The missing "white MARs" were probably in that. -Their process was to document PRNs and new meds on the white MARs and submit to the office with the printed monthly MARs. The sheets must have gotten separated, but he was sure they were at the office. This deficiency constitutes a recite deficiency and must be corrected within 30 days.	V 118		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. This Rule is not met as evidenced by:	V 123		

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V 123	<p>Continued From page 3</p> <p>Based on record review and interview, the facility failed to ensure medication errors were reported immediately to a physician or pharmacist and charted in the client record affecting 1 of 2 current clients (Client #1). The findings are:</p> <p>Record review on 5/28/19 for Client #1 revealed: -Admission date of 4/10/14 with diagnoses of Moderate Intellectual Disability, Bipolar Disorder, Seizure Disorder, Generalized Anxiety Disorder and Rheumatoid Arthritis. Review on 5/28/19 of MARs for March-May 2019 revealed: -Client #1 refused meds on 3/6/19 at 7am, 5pm, 7pm; on 3/7/19 at 7am, 12pm, 2pm, 3pm, 4pm, 5pm and 7pm; and on 3/8/19 at 7am, 12pm, 2pm, 3pm, 4pm and 5pm.</p> <p>Review on 5/28/19 of incident reports for March-May 2019 revealed: -Level 1 medication error incident reports were completed on 3/7/19 for 7am and 12 pm for Client #1 refusal of medications but the phone call to the pharmacy was not completed until 3/8/19. -No other documentation of pharmacy or physician contact was made available.</p> <p>Interview on 5/28/19 with Staff #1 revealed: -Client #1 went to the hospital on 3/8/19 but was released back home. "We don't do incident reports (missed meds) when clients go to the hospital". -"We always do incident reports and call the pharmacy when a client refuses meds."</p> <p>Interview on 5/29/19 with Qualified Professional (QP) revealed: -Client #1 took lots of meds and had lots of medical and behavioral issues. -"Staff are usually pretty good about keeping up</p>	V 123		

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V 123	Continued From page 4 with the incident reports. Don't know what happened here."	V 123		

One On One Care, Inc./Caring Way 114

114 Caring Way, Shelby, NC 28150

MHL# 023-160

V 118 Medication Requirements

Measures in place to correct and prevent the deficient area of practice:

When PWS is prescribed a new medication, the medication will be written on to the pre-typed MAR if there is space available. If not, then it will be written on to a blank MAR sheet and attached to the pre-typed MAR which is turned in monthly and added to the medical record.

Who will monitor?

When new medication is prescribed, Home Manager or QP will add it to the MAR to ensure that it is added correctly.

How often will it be monitored?

It will be monitored each time a new medication is prescribed.

V123 Medication Requirements

Measures in place to correct and prevent the deficient area of practice:

QP met with Home Managers and staff and reminded them of the importance of calling the Pharmacy or Physician the same day that a medicine is refused. If a medication is refused during Medical Arts Pharmacy operation hours (Mon.-Fri. 8:30 am – 7 pm and Sat. 9am -3pm closed on Sunday), staff will call to report the refusal and document. If after Medical Arts hours, staff will call CVS Pharmacy (Mon.-Sun. 8am -9pm).

Who will monitor?

When a medication refusal occurs, staff will contact Home Manager on call, who will then notify the Pharmacy for help and suggestions.

How often will it be monitored?

It will be monitored each time a medication refusal occurs.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

June 13, 2019

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

DHSR - Mental Health

JUN 26 2019

Lic. & Cert. Section

Re: Annual and Follow up Survey Completed May 29, 2019
Caring Way 114, 114 Caring Way, Shelby, NC 28150
MHL# 023-160
(E-mail Address: escruggs@oneononecare.net)

Dear Mr. Scruggs:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed 5/29/19. Deficiencies were cited.

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

- Re-cited standard level deficiencies.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is 6/28/19.
- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 7/28/19.

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.).

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- 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.

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