

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/02/2019
NAME OF PROVIDER OR SUPPLIER ONE ON ONE CARE - CARING WAY		STREET ADDRESS, CITY, STATE, ZIP CODE 115 CARING WAY SHELBY, NC 28150		
(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 July 2, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	<p>RECEIVED JUL 29 2019 DHSR-MH Licensure Sect</p>	
V 115	27G .0208 Client Services 10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule. (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious. (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment. (e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.	V 115		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

DMP411

If continuation sheet 1 of 10

[Signature] Director QR 7-25-19

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V 115	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure meals were nutritious affecting 4 of 4 clients. The findings are:</p> <p>Observation on 7/1/19 from 11:03 AM through 1:30 PM of the facility revealed:</p> <ul style="list-style-type: none"> -A vegetable drawer in the refrigerator contained a brownish colored fluid with an opened bag of salad mix, a bag of celery and a package of processed ham; -The salad mix, which was brown in color, had expired on 6/29/19; -The celery was soft and wilted to the touch; -Group Home Manager #2 removed the vegetable drawer that contained the fluid, discarded the food and cleaned the drawer after she saw the drawer's contents; -A bag of carrots, which was in a drawer of the refrigerator, had an expired date of 5/2019; -A piece of fried chicken sat on a shelf inside the refrigerator and was wrapped loosely in white paper with no labeled name and no date of purchase that would have indicated the length of time this food had been in the refrigerator; -The freezer contained a pack of hot dogs with an expiration date of 4/2019, a pack of pork fatback with an expiration date of 4/17/19, and a package of ground beef with an expiration date in 6/2019; -There was an unlabeled Styrofoam container in the freezer with unidentified food that appeared to be leftovers but had no dates of when the item was placed in the freezer. <p>Interviews on 7/1/19 with Clients #1 and #2 revealed:</p> <ul style="list-style-type: none"> -Staff prepared the meals at the facility; -They mostly ate cereal for breakfast; -Staff fixed their lunches to take to their day 	V 115		

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V 115	Continued From page 2 program; -Their lunches included sandwiches, chips and a drink; -There was a menu staff were to use to prepare their meals, but staff did not always cook what was on the menu; -They had chicken for dinner the day before. Interview on 7/1/19 with GHM #2 revealed: -She was uncertain what the brownish colored fluid was in the vegetable drawer of the refrigerator, or where the fluid came from; -The leftovers in the refrigerator and freezer foods belonged to the clients and they could identify what foods belonged to each of them; -She questioned the length of time frozen foods with expired dates could be maintained in the facility. Interview on 7/2/19 with Qualified Professional (QP) revealed: -His expectation was for expired food in the facility to be disposed of by staff.	V 115		
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,	V 118		

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V 118	<p>Continued From page 3</p> <p>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:</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> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a prescribed medication was administered on the written order of a person authorized to prescribe medications and failed to ensure a client had a physician's order to self-administer a prescribed medication. The findings are:</p> <p>Review on 7/2/19 of Client #1's record revealed: -Date of admission: 12/7/95 -Diagnoses: Mild Mental Retardation, Post-Traumatic Stress Disorder (PTSD), Major Depression, Acute Stress Disorder, Chronic Allergies, Sleep Apnea, Chronic Obstructive Pulmonary Disease (COPD), and Type 2 Diabetes -5/1/19 physician-ordered glipizide (Glucotrol)</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>Extended Release (ER) 5 milligram (mg) one daily with breakfast to treat high blood sugar; -5/20/19 physician-ordered Levemir Flextouch Insulin Pen 100 units, inject 30 units subcutaneously every morning (AM) and 15 units every evening (PM) to treat high blood sugar; -A written client-specific data sheet dated 4/1/19 and titled "Emergency Plan for Person Served" stated that Client #1 was not to administer medications and staff were to monitor and administer his medications.</p> <p>Review on 7/2/19 of Client #1's 4/1/19 through 6/30/19 MARs revealed: -From 6/3/19 at 7 AM to 6/14/19 at 7 AM, glipizide was not administered to Client #1; -The reasons stated on the MAR were "the facility was waiting for the prescription to be filled" and the medication was "not in house;" -From 4/1/19 to 4/30/19, 5/1/19 to 5/31/19, and 6/1/19 to 6/30/19, staff initialed administration of the Levemir Flextouch Insulin.</p> <p>Interview on 7/1/19 with Client #1 revealed: -He took daily medication that included insulin for his Type 2 Diabetes; -His insulin doses were 30 units every morning and 15 units every night; -He gave himself his daily insulin shot in his arm or in his stomach; -The insulin was in a pen with a needle at the end of the pen; -Staff watched him check his blood sugar before he gave himself his insulin shot; -He checked his blood sugar number in the mornings before eating breakfast and every night after dinner; -He checked his blood sugar daily by cleaning a finger, pricking his finger with a small needle, putting his blood on a test strip, and a machine</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>read his number; -He and staff read his daily blood sugar test and he watched staff put his number down in his chart; -His reading was around 150 which was a normal level; -A high level was 200; -His blood sugar ran high when he ate or drank something with a lot of sugar.</p> <p>Interviews on 7/1/19 with the Group Home Manager (GHM) #1 and GHM #2 revealed: -Client #1 checked his blood sugar level daily and gave himself his own insulin shots daily for a "long time;" -Staff observed him each time he checked his blood sugar level and staff recorded his levels on the MAR; -Staff observed Client #1 administer his insulin twice daily with the pre-filled insulin pen and staff recorded he had the medicine on the MAR; -They were not certain if Client #1 had a physician order to check his blood sugar levels and administer his own insulin as prescribed; -The GHM on duty was responsible for notifying Client #1's doctor if his blood sugar was high.</p> <p>Interview on 7/1/19 with Staff #4 revealed: -All the clients except for Client #1 depended on staff to be given their medications; -Client #1 was able to check his own blood sugar levels and Client #1 gave himself his own insulin shots; -He looked at Client #1's blood sugar numbers after Client #1 tested himself to make sure the number was accurate to record on the MAR; -He believed Client #1's normal blood sugar number was around 140; -If Client #1 had a high blood sugar level, he was responsible for notifying GHM #1.</p>	V 118		

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V 118	Continued From page 6 Interview on 7/2/19 with the Director of Operations/Qualified Professional (QP) revealed: -He updated Client #1's client-specific data sheet; -He was initially not aware Client #1 checked his own blood sugar and administered his own insulin; -He later stated GHM #2 told him Client #1 had been giving himself his own insulin shots for a long time with staff observations during these times. -If there was not a doctor's self-administration order for Client #1 in his record to check his blood sugar and administer his insulin shot, there was not a medical order; -He would have Client #1's physician notified to determine Client #1's ability to self-administer his medications; -Client #1's glipizide was on back order at the pharmacy the reason the prescription had not been filled; -GHM #1 had communicated with the local pharmacy about this issue and he did not believe there was an alternative medication at the time that Client #1's insurance would cover. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
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.	V 736		

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V 736	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean, attractive, orderly manner. The findings are:</p> <p>Observation on 7/1/19 from 11:03 AM through 1:30 PM of the facility revealed:</p> <ul style="list-style-type: none"> -The microwave in the kitchen had a broken door handle; the bottom portion of the handle was no longer attached to the microwave door; -Two window blinds in the living room were broken; -Client #1's bedroom floor contained piles of clothing items, two soda cans, a white trash bag with miscellaneous items and no trash can, and his closet floor had an unorganized pile of multiple items such as coloring books, coloring pencils, pens, a blanket and a towel; -Client #1's bedroom contained a boxed fan which was covered with a thick layer of gray colored dust on the inside of the fan; -The bathroom that adjoined Client #2's bedroom had hair shavings in the sink basin, a white colored dried substance on the faucet of the sink, and the floor of the shower stall had brownish gray colored stains; -Client #3's bedroom floor had 3 unorganized stacks of items that contained newspapers, magazines and books; there was a pile of clothing on his floor as well; -Client #4's bedroom had a pile of clothes on the floor, a pile of clothing on top of the dresser, and two laundry baskets full of folded clothing. <p>Interview on 7/1/19 with Client #1 revealed:</p> <ul style="list-style-type: none"> -He had a goal to keep his room clean; -He was aware he had "stuff" laying around in his room and his room was not clean; 	V 736			

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V 736	<p>Continued From page 8</p> <p>-He did not feel like picking his belongings up from the floor of his bedroom.</p> <p>Interview on 7/2/19 with Client #2 revealed: -The shower head nozzle in his shower had been recently replaced by the "bossman" but he was no longer getting warm or hot water to come out of the shower head and as a result, he could no longer shower; -He told staff last week about having no hot water and the situation had not yet been fixed; -He reported his water situation to the Qualified Professional (QP) during the interview.</p> <p>Interview on 7/1/19 with Group Home Manager (GHM) #1 revealed: -Client #1 chose not to clean his bedroom and staff cleaned his room for him; -Client #1 tended to get his room back into an unorganized condition; -She would follow up with the staff and clients to ensure cleanliness of the client bathroom.</p> <p>Interview on 7/1/19 with Group Home Manager (GHM) #2 revealed: -Maintenance staff and the Qualified Professional (QP) were aware that the microwave door handle was broken; -The living room blinds were broken due to the clients bending them to look out the window.</p> <p>Interview on 7/2/19 with the QP revealed: -He would visit the facility this afternoon and check on Client #2's shower head and communicate with the Chief Executive Officer (CEO) who oversaw maintenance issues of the facility; -Client #2 was allowed to use the other bathroom in the facility for showering and he would follow up with staff to encourage Client #2's use of the</p>	V 736			

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V 736	Continued From page 9 other bathroom until his water situation in his shower was resolved.	V 736			

One On One Care, Inc./Caring Way

115 Caring Way, Shelby, NC 28150

MHL# 023-170

V 115 Client Services

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

Outdated food was removed and discarded. Drawer in refrigerator was cleaned. When making weekly grocery list for the home, Manager and staff will check refrigerator, freezer and cabinets for any outdated foods and discard at that time prior to purchasing groceries for the week.

Who will monitor?

Staff, Home Managers, QP and will monitor.

How often will it be monitored?

It will be monitored weekly.

V 118 Medication Requirements

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

Client #1 self- administers his Levemir Flex Touch Insulin and checks his own blood sugar daily. At his next doctor's appointment, on July 30, 2019, he will obtain the physician's order to self-administer his insulin and check his own blood sugar. If the physician feels that he does not need to continue to do this, then Client #1 will no longer self-administer. If any medication is being filled or on back order at the pharmacy, Home Manager will complete a medication error report each time this occurs.

Who will monitor?

Staff will monitor Client #1 when he self-administers his insulin and checks blood sugar daily. Home Manager will monitor MAR for any medication that is on order.

How often will it be monitored?

Self-administration of insulin and check of blood sugar for Client #1 will be monitor daily. Home Manager will monitor medication back orders as they occur.

V736 Facility and Grounds Maintenance**Measures in place to correct and prevent the deficient area of practice:**

All issues during the observation in regard to Clients #1-4 bedrooms and bathrooms have been addressed and corrected. Clients have daily goals for maintaining the cleanliness and orderliness of their home which includes their bedrooms and the bathrooms that they use. Staff will continue to prompt the Clients to complete the goal as independently as possible. Staff will provide hand over hand assistance for Clients to ensure that goals are met.

Microwave door will be repaired or replaced and broken blinds will be replaced.

Shower valve for Client #2 has been replaced and is working properly.

Who will monitor?

Staff and Home Managers will monitor.

How often will it be monitored?

It will be monitored daily.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

July 17, 2019

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

RECEIVED

JUL 29 2019

DHSR-MH Licensure Sect

Re: Annual Survey and Follow up survey completed July 2, 2019
One on One Care-Caring Way, 115 Caring Way, Shelby, NC 28150
MHL # 023-170
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 July 2, 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

Standard level deficiencies are cited for:

- 10A NCAC 27G .0208 (c) Client Services (V115);
- 10A NCAC 27G .0209 Medication Requirements (V118);
- 10A NCAC 27G .0303 (c) Location and Exterior Requirements (V736).

Time Frames for Compliance

A re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is August 1, 2019.

A new or additional standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is August 31, 2019.

What to include in the Plan of Correction

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

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

July 17, 2019

Eddie Scruggs

One on One Care-Caring Way

- 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.

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,

Rebecca Hensley

Rebecca Hensley
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
Enclosure

Cc: QM@partnersbhm.org
File