Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL082-060 08/29/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **508 ROYAL LANE** MERCY CARE I CLINTON, NC 28328 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on August 29, 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 108 27G .0202 (F-I) Personnel Requirements V108 V 108 9-2-2019 27G .0202 (F-I) Personnel Requirements10A NCAC 27G .0202 PERSONNEL REQUIREMENTS(f) Continuing education shall be 10A NCAC 27G .0202 PERSONNEL documented.(g) Employee training programs shall be provided and, at a minimum, shall consist of the following: REQUIREMENTS This Rule is not met as evidenced by:Based on record review and interview (f) Continuing education shall be documented. the facility failed to ensure staff were trained in diabetes management for 1 of 3 staff audited (staff #5). The findings are: Review on 08/29/19 of the (g) Employee training programs shall be staff #5's personnel file revealed:-Hired 05/02/019.-No training on diabetes management. provided and, at a minimum, shall consist of the The above staff was trained in Diabetes Management on following: 9-2-2019 as required by the above rule. Only staff that had prior training (1) general organizational orientation; (2) training on client rights and confidentiality as Diabetes management performed diabetic care to Mercy Care consumers at all times. Mercy Care Inc. Will review delineated in 10A NCAC 27C, 27D, 27E, 27F and all personnel to make sure all required trainings are done for each employee At or before required timeframes. 10A NCAC 26B: (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff **DHSR** - Mental Health member shall be available in the facility at all times when a client is present. That staff SEP 2 0 2019 member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and Lic. & Cert. Section trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross. the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying. reporting, investigating and controlling infectious and communicable diseases of personnel and

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STATE FORM

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

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(X6) DATE

If continuation sheet 1 of 3

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL082-060 08/29/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **508 ROYAL LANE** MERCY CARE I CLINTON, NC 28328 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 108 Continued From page 1 V 108 clients. V 736 27G .0303(c) Facility and Grounds Maintenance10A 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: This Rule is not met as evidenced by: V 736Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are: Based on record review and interview, the facility failed to ensure staff were trained in diabetes Observation on 08/29/19 at approximately 11:45am of the facility revealed management for 1 of 3 staff audited (staff #5). The findings are: 1. The recliner/like chair in the TV/living room had a worn fabric on the seat and torn fabric on the foot rest and soiled fabric on the arms of the chair Review on 08/29/19 of the staff #5's personnel file Mercy Care will have chair cleaned and place new chair covering 10-15-2019 Over chair to make chair clean and more attractive in the TV/Living revealed: Room area. Mercy Care Inc's Director will monitor furniture more -Hired 05/02/019 closely to make sure it stays clean and attractive in the home. No training on diabetes management. 2.Client #1's bedroom had a strong foul odor throughout Interview on 08/29/19 the Director stated: the bedroom and contained several skuff marks or -Staff #5 had no current training for diabetes management and she would schedule her to Client 1's bedroom has been thoroughly cleaned, new mattress cover replaced 9-11-2019 have the training immediately. Mattress after being checked for odor, none found but new mattress cover applied and room is currently being painted and floor cleaned and being restained Also skuff marks on the doorframe, that came from client bumping up against the walls and doorframe with his walker, has been V 736 27G .0303(c) Facility and Grounds Maintenance V 736 restained and staff has been asked to closely monitor client to remind him to stay off of the walls with his walker. Also clients 10A NCAC 27G .0303 LOCATION AND clothing in closet and dresser has been removed and checked to make sure everything was clean and free of foul odor, in which EXTERIOR REQUIREMENTS no Foul odor was found there either. (c) Each facility and its grounds shall be 3. The bedroom hallway bathroom contained wallpaper which was peeling off the wall throughout the entire bathroom- Skuff marks/scratches throughout bedroom hallway. maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive Mercy Care Inc has removed peeling wallpaper to make bathroom more attractive 8-30-2019 And as stated above skuff marks and scratches in bedroom and hallway has been odor. Repaired. 4. The kitchen door which opened to bathroom/laundry room contained a golfball sized hole in the door 9-11-2019

Division of Health Service Regulation

This Rule is not met as evidenced by:

orderly manner. The findings are:

Based on observation and interview, the facility

was not maintained in a clean, attractive and

The kitchen door which opens to the bathroom/laundry room

Mercy Care Inc's Director will monitor home

Weekly and on an as needed basis for foul Odors and all repairs needed. Repairs will be

completed upon being reported.

has been repaired.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R B. WING_ MHL082-060 08/29/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

			MERCY CARE I CLINTON, NC 28328				
(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) COMPLE DATE			
V 736	Continued From page 2	V 736					
	Observation on 08/29/19 at approximately 11:45am of the facility revealed: - The recliner/like chair in the TV/living room had a worn fabric on the seat and torn fabric on the foot rest and soiled fabric on the arms of the chair. - Client #1's bedroom had a strong foul odor throughout the bedroom and contained several skuff marks on the doorframe. - The bedroom hallway bathroom contained wallpaper which was peeling off the wall throughout the entire bathroom - Skuff marks/scratches throughout bedroom hallway. -The kitchen door which opened to bathroom/laundry room contained a golfball sized hole in the door. Interview on 08/29/19 the Director stated: -She was aware of the items in need of repair and would have make every effort to have them repaired.		*See previous page for plan of Correction				

MERCY CARE INC 415 WARSAW RD SUITE B MAILING ADDRESS: 218 MOORE ST. CLINTON NC 28328 PHONE/FAX:910-590-5151 SONJA WHITTED,CELL:910-385-6559

To:Mental Health Licensure and Certification Section NC. Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

9-13-2019

Re: Annual and Follow Up Survey completed 08/28/19

Mercy Care I, 508 Royal Lane, Clinton, NC, 28328 MHL #082-060

E-mail Address: mercycareinc@yahoo.com

A Plan of Correction that addresses each deficiency listed on the State Form is enclosed As requested.

Thanks,

Sonja Whitted, Executive Director

DHSR - Mental Health

SEP 2 0 2019

Lic. & Cert. Section