

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-060 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 08/29/2019 |
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NAME OF PROVIDER OR SUPPLIER
MERCY CARE I

STREET ADDRESS, CITY, STATE, ZIP CODE
**508 ROYAL LANE
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) COMPLETE DATE |
|--------------------|---|---------------|--|--------------------|
| V 000 | INITIAL COMMENTS 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 000 | | |
| V 108 | 27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 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 member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and 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 | V 108 | V108 27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS(f) Continuing education shall be documented.(g) Employee training programs shall be provided and, at a minimum, shall consist of the following: This Rule is not met as evidenced by:Based on record review and interview, 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 staff #5's personnel file revealed:-Hired 05/02/019.-No training on diabetes management. The above staff was trained in Diabetes Management on 9-2-2019 as required by the above rule. Only staff that had prior training in Diabetes management performed diabetic care to Mercy Care consumers at all times.Mercy Care Inc. Will review all personnel to make sure all required trainings are done for each employee At or before required timeframes. | 9-2-2019 |

DHSR - Mental Health

SEP 20 2019

Lic. & Cert. Section

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

TITLE

(X6) DATE


STATE FORM


Executive Director

9/13/19

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER MERCY CARE I | STREET ADDRESS, CITY, STATE, ZIP CODE 508 ROYAL LANE CLINTON, NC 28328 |
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| V 736 | <p>Continued From page 2</p> <p>Observation on 08/29/19 at approximately 11:45am of the facility revealed:</p> <ul style="list-style-type: none"> - 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. <p>Interview on 08/29/19 the Director stated:</p> <ul style="list-style-type: none"> -She was aware of the items in need of repair and would have make every effort to have them repaired. | V 736 | *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

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SEP 20 2019

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