

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023-081</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/02/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ONE ON ONE CARE HOME C</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1977 EAVES ROAD SHELBY, NC 28150</b>
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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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 1/2/20. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals of all Disability Groups/Intellectual Developmental Disability.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to keep the MAR current and ensure prescription drugs were administered as ordered by the physician for 2 of 3 audited clients (#1, #2). The findings are:</p> <p>Observation on 12/30/19 at 10:45am of the medications for Client #1 included: -Flonase 50mcg 2 puffs each nostril daily. -Mucinex 1200mg ER over the counter administer as directed (2 times daily).</p> <p>Review on 12/30/19 of the record for Client #1 revealed: -Admission date of 9/22/16 with diagnoses of Paranoid Schizophrenia, Mild Intellectual Developmental Disability, Hypertension, Diabetes and Hypertension. -Physician order dated 8/17/19 for over the counter medications, Mucinex as directed for congestion. -Physician order dated 8/17/19 for Flonase 50mcg 2 puffs each nostril daily.</p> <p>Review on 12/30/19 of the October, November and December 2019 MAR for Client #1 revealed: -No documentation of the Flonase administration 12/1/19-12/30/19. -Mucinex 600mg 1 tablet every 12 hours for 10 days, documented as administered 2 times daily 12/27/19, 12/28/19, 12/29/19 and 1 time on 12/30/19.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Observation on 12/30/19 at 10:00am of the medication for Client #2 included: -Ocuflax 0.3% eye drops 1 drop into left eye 4 times daily.</p> <p>Review on 12/30/19 of the record for Client #2 revealed: -Admission date of 12/7/09 with diagnoses of Moderate Intellectual Developmental Disability, Impulse Control Disorder, Attention Deficit Hyperactivity Disorder, Allergies, Hypertension, Hyperlipidemia, Hypothyroidism and Seizure Disorder. -Physician order dated 12/16/19 for Ocuflax 0.3% 1 drop into left eye 4 times daily until infection was gone. Infection should clear in 3-5 days.</p> <p>Review on 12/30/19 of the October, November and December 2019 MAR for Client #2 revealed: -Documentation for Ocuflax 2 times on 12/17/19 and 12/18/19, 3 times on 12/19/19-12/29/19.</p> <p>Interview on 12/30/19 with Client #1 revealed: -He received his medication daily which included nose spray.</p> <p>Interview on 12/30/19 with Client #2 revealed: -Staff administered his eye drops. -He did not have to take eye drops after today.</p> <p>Interview on 12/30/19 with Staff #1 revealed: -She administered medications for Client #1 and Client #2. -After the medications were administered, she documented on the MAR.</p> <p>Interview on 1/2/19 with the Group Home Manager revealed: -The medications were administered but not documented.</p>	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-She picked up the Mucinex from the pharmacy and verified it was the correct dosage.</li> <li>-She now had the 600mg Mucinex for Client #1.</li> <li>-She was sure why the eye drops for Client #2 were not documented as given 4 times daily. She would normally put the administration time down while the client was present in the facility</li> <li>-December was a very busy month and moving forward oversight of medications would be increased.</li> </ul>	V 118		