STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-161	A. BUILDING: _____ B. WING _____	01/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING WAY 118	118 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 survey was completed on 1/2/20. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals of all Disability Groups/Intellectual Developmental Disability.	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 JAN 22 2020 Lic. & Cert. Section	

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CARING WAY 118	118 CARING WAY SHELBY, NC 28150

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V 118	Continued From page 1 with a physician. 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: Observation on 1/2/20 at 9:35am of the medications for Client #1 included: -Prednisone AC 1% eye drops 2 times daily. Review on 12/31/19 and 1/2/20 of the record for Client #1 revealed: -Admission date of 5/30/14 with diagnoses of Schizophrenia-paranoid type, Mild Intellectual Developmental Disability, Hypertension, Hyperlipidemia and Gastro Esophageal Reflux Disease. -Physician order dated 12/2/19 decrease Prednisone AC 1% eye drops to once daily. Review on 12/31/19 and 1/2/20 of the October, November and December 2019 MAR for Client #1 revealed: -Prednisone AC 1% eye drops administered 2 times daily 12/3/19-12/31/19. Observation on 1/2/20 at 9:50am of the medications for Client #2 included: -Ketoconazole 2% shampoo 2 times weekly. Review on 12/31/19 and 1/2//20 of the record for Client #2 revealed: -Admission on 7/1/14 with diagnoses of Moderate	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 118	Continued From page 2 Intellectual Developmental Disability, Autism, Hypothyroidism, Hypertension, Obesity and Hyperlipidemia. -Physician order dated 10/11/19 for Ketoconazole 2% Shampoo 2 times weekly. Review on 12/31/19 and 1/2/20 of the October, November and December 2019 MAR for Client #2 revealed: -Ketoconazole 2% Shampoo not documented on 12/2/19, 12/10/19 and 12/19/19, shampoo was administered 1 time each week. Interview on 12/31/19 with Client #1 and Client #2 revealed: -They received medications. -Client #2 used his shampoo. Interview on 1/2/20 with the Group Home Manager revealed: -She was not aware the eye drops for Client #1 were changed. -Staff failed to document the shampoo. -She was responsible for oversight of medications, however if she was off it was the responsibility of staff on shift to ensure changes were made. -The day program staff would usually take clients to medical appointments and they should communicate any changes. -The Qualified Professional would review the MAR at the end of the month.	V 118		

One On One Care, Inc./Caring Way

118 Caring Way, Shelby, NC 28150

MHL#: 023-161

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

Eye drops for Client #1 was corrected on current MAR as once daily per physician's order. To prevent future deficiencies, the Home Manager will immediately document on MAR when a medication order comes in. Staff will inform Home Manager of any discrepancies.

Ketoconazole Shampoo for Client #2 was corrected on Current MAR as twice weekly per physician's order. To prevent future deficiencies, the Home Manager will pre mark the MAR at the beginning of each month for twice per week that shampoo will be used.

Who will monitor?

Staff, Home Manager, and QP will monitor

How often will it be monitored?

Staff will monitor daily, Home Manager will monitor at least 3 times per week, and QP will monitor as needed.

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

January 6, 2020

Richard L. Moore
One on One Care Inc.
PMB 109 1137 East Marion Street
Shelby, NC

Re: Annual Survey completed 1/2/20
Caring Way 118, 118 Caring Way, Shelby, NC 28150
MHL # 023-161
E-mail Address: escruggs@oneononecare.net

Dear Mr. Moore:

Thank you for the cooperation and courtesy extended during the annual survey completed 1/2/20.

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

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be ***corrected*** within 60 days from the exit of the survey, which is 3/2/20.

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.).
- 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.

January 6, 2020
Richard L. Moore
One on One Care Inc.

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, Team Leader at 828-665-9911.

Sincerely,

Sherry Waters

Sherry Waters
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: QM@partnersbhm.org
dhhs@vayahealth.com
Pam Pridgen, Administrative Assistant