

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/02/2020
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NAME OF PROVIDER OR SUPPLIER ONE ON ONE CARE HOME C	STREET ADDRESS, CITY, STATE, ZIP CODE 1977 EAVES ROAD SHELBY, NC 28150
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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	<p>DHSR - Mental Health</p> <p>JAN 22 2020</p> <p>Lic. & Cert. Section</p>	

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

A. Delia Sepp TITLE **Director**

(X6) DATE **1-13-20**

STATE FORM 6899 QRFC11 If continuation sheet 1 of 4

Division of Health Service Regulation

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V 118	<p>Continued From page 1 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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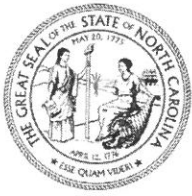
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V 118	<p>Continued From page 2</p> <p>Observation on 12/30/19 at 10:00am of the medication for Client #2 included: -Ocuflox 0.3% eye drops 1 drop into left eye 4 times daily.</p> <p>Review on 12/30/19 of the record for Client #2 revealed: -Admission 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 Ocuflox 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 Ocuflox 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"> -She picked up the Mucinex from the pharmacy and verified it was the correct dosage. -She now had the 600mg Mucinex for Client #1. -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 -December was a very busy month and moving forward oversight of medications would be increased. 	V 118		



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
One on One Care Home C, 1977 Eaves Road, Shelby, NC 28152
MHL # 023-081
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.

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

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

One On One Care, Inc./Eaves Road

1977 Eaves Road, Shelby, NC 28150

MHL# 023-081

V 118 Medication Requirements

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

Flonase for Client #1 was added to the MAR with specific time to be given as prescribed by the physician. To prevent the deficient area, any additions or discontinued medications will be documented on MAR immediately by the Home Manager. Staff has been instructed to inform the Home Manager of any discrepancy on medications and/or MAR and to ask questions regarding any discrepancies.

Mucinex 1200 mg for Client #1 was discontinued and Mucinex 600 mg was added to the MAR as prescribed by the physician to be given twice daily for the remainder of the 10 days.

Ocuflex eye drops for Client #2 was completed as directed by the physician. In the future, to prevent the deficiency, if a medication is prescribed 4 times daily, Home Manager will ensure that the Day Program also has the medication available to administer.

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.

DHSR - Mental Health

JAN 22 2020

Lic. & Cert. Section