STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MH L023-160	A. BUILDING: _____ B. WING _____	C 06/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING WAY 114	114 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 A complaint survey was completed on June 18, 2021. The complaint was substantiated (intake #NC00176676). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility was not kept free from insects. The findings are: Interview with facility Director on 6/15/21 revealed: -[Local Pest Control Company] provided treatment for bed bugs after bugs were discovered in the facility. The pest control company provided multiple treatments. -After the first treatment the bugs were still not gone. -On 4/15/21, the facility discovered more bugs after the initial treatment on 4/8/21. -The facilty moved all residents to a hotel until treatment was successful and no other bed bugs were found in the facility. Record review on 6/16/21 of treatment provided	V 738	DHSR - Mental Health AUG 6 2021 Lic. & Cert. Section	

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CARING WAY 114	114 CARING WAY SHELBY, NC 28150

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V 738	Continued From page 1 by the local pest control agency revealed: -The pest control company provided routine quarterly pest control service on 2/3/21. No bed bugs were noted. -A Pest Control Service Agreement signed 4/8/21 with a proposal for the facility to have bed bug treatment services, which also occurred on 4/8/21. -A service report dated 4/19/21 of a bed bug inspection of the facility -A service report dated 4/26/21 of bed bug treatment services provided at the facility. -A service report dated 4/28/21 of a bed bug inspection at the facility that showed no further evidence of bed bugs. Interview with the facility Director on 6/18/21 revealed: -After the final bed bug treatment was conducted and the facility was cleared of bed bugs, the agency replaced all furniture in the facility, including bedding, and also purchased all new clothing for the residents.	V 738		

One On One Care, Inc./114 Caring Way

114 Caring Way, Shelby, NC 28150

MHL# 023-160

V 738 Pest Control

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

Facility will continue to do regular pest control services with Nelon Cole to prevent further infestation. At this time, facility will continue quarterly bed bug inspections. Last treatment was done on 7/30/21, however, pest control stated that no bed bugs were found at that time.

Staff and clients will be encouraged to report any new activity as soon as possible.

Who will monitor?

Staff, Home Manager, QP, clients and pest control will monitor

How often will it be monitored?

Staff and clients will monitor daily. Pest control will monitor quarterly.

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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

July 29, 2021

Eddie Scruggs, Director
One on One Care, Inc.
1107 East Marion Street
Shelby, North Carolina 28150

Re: Complaint Survey completed June 18, 2021
Caring Way 114, 114 Caring Way, Shelby, NC 28150
MHL # 333 160
E-mail Address: escruggs@oneshonecare.net
Intake # NC00176676

Dear Mr. Scruggs:

Thank you for the cooperation and courtesy extended during the complaint survey completed June 18, 2021. The complaint was substantiated.

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

- Standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be ***corrected*** within 60 days from the exit of the survey, which is August 17, 2021.

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.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION
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

July 29, 2021
Caring Way 114
Eddie Scruggs

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 Robin Sulfridge at 336-861-7342.

Sincerely,

Sonia S. Eldridge

Sonia S. Eldridge
Facility Compliance Consultant II
Mental Health Licensure & Certification Section

Cc: dhhs@mayahealth.com
Pam Pridgen, Administrative Assistant