

Division of Health Service Regulation

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 12/29/2021
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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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(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 December 29, 2021. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. The survey sample consisted of audits of 3 current clients.	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	V 108	V 108 27G .0202 F-I Personnel Requirements. This rule was not met as evidenced by: Based on the record reviews and interview the facility failed to ensure staff were trained in diabetes management for 2 of the 3 audited staff. (staff #9 and the Associate Professional, This staff had been trained in Diabetes but we were unable to find certificate. This was corrected as the above staff #9 was retrained in Diabetes on December 29,2021. And the Associate Professional retrained in Diabetes on December 31,2021. Mercy Care Inc has rechecked everyone's trainings to make sure all personnel has had all required trainings per the above rule.	12/31/21

DHSR - Mental Health

JAN 20 2021

Lic. & Cert. Section

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

TITLE

(X6) DATE

[Signature]

Executive Director

1/13/2022

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V 108	<p>Continued From page 1</p> <p>implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to ensure staff were trained in diabetes management for 2 of 3 audited staff (staff #9 and the Associate Professional). The findings are:</p> <p>Review on 12/29/21 of staff #9's personnel record revealed: - Hire date 7/15/20. - No documented training in diabetes management.</p> <p>Review on 12/29/21 of the Associate Professional's (AP) personnel record revealed: - Hire date 6/24/16. - No documented training in diabetes management.</p> <p>During interview on 12/29/21 the Director stated she was sure the two staff had completed diabetes management training, but she could not find documentation of the training. She would ensure staff #9 and the AP completed online diabetes management training.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 108	See page 1 for plan of correction for V 108	
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V 114	Continued From page 2	V 114		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>During interview on 12/29/21 the Director stated the facility operated with 3 shifts: - 1st shift 7:00 am - 3:00 pm, "sometimes until 5:00 pm." - 2nd shift 3:00 pm - 11:00 pm, "sometimes split." - 3rd shift 10:45 pm - 7:00 am.</p> <p>Review on 12/29/21 of the facility's fire and disaster drills records January 2021 - December 2021 revealed: - No fire or disaster drill documented for 3rd shift for the fourth quarter (October - December). - No fire or disaster drill documented for 3rd shift</p>	V 114	<p>V 114 27G .0207 Emergency plans and supplies.</p> <p>This rule was not met as evidenced by: based on record reviews and interviews the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift.</p> <p>Mercy Care Inc will make sure Fire and Disasters Drills are done according to above rule by assigning another office staff member to check the fire and disaster drills as they are assigned and collected to make sure that they are done according to the above rule.</p>	1/10/22

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V 114	Continued From page 3 for the second quarter (April - June). During interview on 12/29/21 the Director stated: - There was no documentation of fire or disaster drills for 3rd shift for the second or fourth quarters. - The staff person responsible for the missing drills worked a double shift (2nd and 3rd) and did a fire drill and a disaster drill and thought they would count for both second and third shifts. - She would make sure staff understood drills were required for each shift.	V 114		
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	V 118	V 118 27G .0209 (C) Medication Requirements. This rule is not met as evidenced by based on record reviews the facility failed to ensure medications administered were recorded in each client's MAR immediately after administration affecting 3 of 3 clients. Mercy Care Inc's Executive Director has talked with staff to remind them of what was taught in Medication Administration class, that the MAR has to be signed immediately after administration of each med not just the sign in and out forms that Mercy Care uses to help keep up with the inventory of the meds. Mercy Care Inc Director and Executive Director will monitor MAR's more closely to make sure staff are signing the MAR appropriately according to the above rules.	12/30/21

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V 118	<p>Continued From page 4</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 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation, and interviews the facility failed to ensure medications administered were recorded n each client's MAR immediately after administration affecting 3 of 3 clients (#1, #2, and #3). The findings are:</p> <p>Review on 12/29/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 53 year old male admitted 10/01/08. - Diagnoses included Mood Disorder, not otherwise specified; Intellectual/Developmental Disability; diabetes; and hypothyroidism. - Physician's orders signed 8/25/21 included loratadine (antihistamine) 10 milligrams (mg) 1 tablet daily; meloxicam (anti-inflammatory) 15 mg 1 tablet daily; Metformin (anti-diabetic) 500 mg 2 tablets daily; rosuvastatin (high cholesterol) 10 mg 1 tablet daily; and risperidone (anti-psychotic) 0.5 mg 1 tablet twice daily. <p>Review on 12/29/21 of client #1's MARs for October - December 2021 revealed:</p> <ul style="list-style-type: none"> - Transcriptions for loratadine, meloxicam, Metformin, rosuvastatin and risperidone as ordered to be administered at 8:00 am. - No staff initials for administration of loratadine, 	V 118	V 118 27G .0209 (C) Medication Requirements. See page 4 for plan of correction.	
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V 118	<p>Continued From page 5</p> <p>meloxicam, Metformin, rosuvastatin, or risperidone at 8:00 am 11/30/21. - No documented explanation for the omissions.</p> <p>During interview on 12/29/21 client #1 stated he took his medications daily with staff assistance and he had never missed any of his medications.</p> <p>Review on 12/29/21 of client #2's record revealed: - 67 year old male admitted 7/30/08. - Diagnoses included Cerebral Palsy; Intellectual/Developmental Disability, mild; Major Depression with psychotic features; diabetes; seizure disorder; hypertension; gastroesophageal reflux disease; anemia; and hyperlipidemia. - Physician's orders signed 12/10/20 included aspirin (prevent heart attack and stroke) 81mg 1 tablet daily; citalopram (anti-depressant) 10 mg 1 tablet daily; Debrox 6.5% (ear wax removal) 5-10 drops into each ear once weekly; folic acid (treats anemia) 1 mg 1 tablet daily; Vitamin D3 (vitamin D deficiency) 2000 units (50 micrograms) 1 tablet daily; docusate (laxative) 100 mg 1 capsule twice daily; famotidine (antacid) 10 mg 1 tablet twice daily; and baclofen (muscle relaxer) 10 mg 1 tablet three times daily.</p> <p>Review on 12/29/21 of client #2's MARs for October - December 2021 revealed: - Transcriptions for aspirin, citalopram, folic acid, Vitamin D3, docusate, and baclofen as ordered to be administered at 8:00 am. - Transcription for Debrox drops as ordered to be administered each Friday at 8:00 pm. - No staff initials for administration of aspirin, citalopram, folic acid, Vitamin D3, docusate, and baclofen at 8:00 am 11/30/21; and Debrox drops 8:00 pm 11/26/21. - No documented explanation for the omissions.</p>	V 118	V 118 27G .0209 (C) Medication Requirements. See page 4 for plan of correction	

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V 118	<p>Continued From page 6</p> <p>During interview on 12/29/21 client #2 stated he took his medications daily with staff assistance and he had never missed any of his medications.</p> <p>Review on 12/29/21 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 44 year old female admitted 3/27/17. - Diagnoses included Down Syndrome; congenital heart disease; hypothyroidism; and hyperglycemia. - Physician's orders signed 8/30/21 included furosemide (diuretic) 20 mg 1 tablet daily; levothyroxine (treats hypothyroidism) 25 micrograms 1 tablet every morning; nyamyc powder (anti-fungal) apply to affected area twice daily during no rash times; and petroleum jelly (prevents chafing) apply to inner thighs every morning. <p>Review on 12/29/21 of client #3's MARs for October - December 2021 revealed:</p> <ul style="list-style-type: none"> - Transcriptions for furosemide, levothyroxine, nyamyc powder, and petroleum jelly as ordered to be administered at 8:00 am. - No staff initials for administration of furosemide and levothyroxine at 8:00 am 11/30/21. - No staff initials for administration of nyamyc powder 8:00 am 12/12/21, 12/15/21, 12/26/21, 11/10/21, 11/30/21; 8:00 pm 11/20/21, 11/21/21. - No staff initials for administration of petroleum jelly 12/07/21, 12/12/21, 12/15/21, 12/26/21, 11/06/21, 11/10/21, 11/13/21, 11/30/21. - No documented explanation for the omissions. <p>Interview with client #3 was attempted 12/29/21; client #3 answered "no" to most questions asked, including questions about her medications.</p> <p>At approximately 11:29 am on 12/29/21 the</p>	V 118	V 118 27G .0209 (C) Medication Requirements. See page 4 for plan of correction	
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V 118	<p>Continued From page 7</p> <p>Director was observed to instruct staff #1 and the Associate Professional to enter their initials on MARs.</p> <p>During interview on 12/29/21 the Director stated: - There were blanks on the MARs. - The medication "count sheets" were available to verify administration of the medications. - "We made sure the MARs were initialed." - She understood medication administration was to be documented immediately after administration.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	V 118	<p>V 118 27G .0209 (C) Medication Requirements. See page 4 for plan of correction</p>	
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in an attractive, orderly manner, free from offensive odors. The findings are:</p> <p>Observations on 12/29/21 at approximately 9:30 am revealed:</p>	V 736	<p>V 736 27 G .0303(c) Facility and Grounds Maintenance This rule is not met as evidenced by Based on observation and interview the facility was not maintained in an attractive, orderly manner free from offensive odors.</p> <p>According to the complaint that the facility had a foul odor upon entry into the facility, I as the Executive Director, The Director and staff that was on duty that day did not smell a sour odor any where in the facility on that day. As a matter of fact one staff stated that they had just sprayed the home after cleaning right before the survey consultant arrived. Damage to the wall beside the toilet and at the top of the sink, the middle panel of the medicine cabinet door, door frames in hallway, the finish on the wood flooring, the veneer on client's 2 bedroom door, the paint in client's 3 bedroom, damage to the wall and tile at the bathtub and the wallpaper and the cabinet door and drawer pulls will be repaired by a contractor that Mercy Care Inc. has contacted to do the repairs above. We have also purchased and applied bumpers to the client's walker that has created a lot of the damage to the doors and walls. This was repaired in 2019 along with painting walls and applying white guards to the bedroom and living room area walls but we did not put guards on the walker so it continued to re-damage doors and walls. We also re varnished the floors in 2019 but the varnish for some reason will not stay on the wood floors. We plan to cover floors with floor coverings. Continued on page 9</p>	1/28/22

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V 736	<p>Continued From page 8</p> <ul style="list-style-type: none"> - A sour odor was noted upon entry into the facility via the front door. - Damage to the wall beside the toilet and at the top of the sink; a quarter size hole in the wall behind the door in the bathroom adjacent to the kitchen. - The middle panel of the medicine cabinet door was loose. - Door frames in the hallway were scuffed and damaged. - The finish on the wood flooring throughout the facility was scuffed and worn. - The blinds on the double window in client #1's bedroom sagged. - Access to both windows in client #1's bedroom was blocked by furniture. - The veneer on client #2's bedroom door was split and separating from the door body at the top of the door. - The paint in client #3's bedroom was scuffed and peeling under the window on the back of the house. - A sour odor in the hall bathroom; damage to the wall and tile at the bathtub; the wallpaper was peeling; the 6 bulb light fixture over the sink had only 2 working light bulbs; a blue plastic mesh bath pouf with heavy mildew staining hung on the water control; cabinet door and drawer pulls were loose; 2 drawer pulls were missing; there was no toilet paper or paper towels. <p>During interview on 12/29/21 the Director stated she would ensure repairs were made as noted.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736	<p>V 736 Continued from page 8</p> <p>The blinds on the double windows in client 1's bedroom will be replaced with new ones. We have rearranged furniture in his bedroom to gain access to the windows without being blocked. Extra cleaning has been done and will continue to be done to keep foul odors from facility. Also the mesh bath pouf was thrown away immediately when notice via staff. The light bulbs have been replaced and all are working. Toilet paper and paper towels replaced in bathrooms from stock in home. Talked with staff to make sure these items are replaced and kept in bathrooms at all times and to monitor clients closely to keep them from clogging toilets with excess tissue or paper towels.</p>	1/28/22



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

January 4, 2022

Sonja M. Whitted, Executive Director
Mercy Care, Inc.
218 Moore Street
Clinton, NC 28328

Re: Annual and Follow Up Survey completed 12/29/21
Mercy Care I, 508 Royal Lane, Clinton, NC 28328
MHL # 082-060
E-mail Address: mercycareinc@yahoo.com

Dear Ms. Whitted:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed December 29, 2021.

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

- Re-cited standard level deficiencies.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiencies must be **corrected** within 30 days from the exit of the survey, which is January 28, 2022.
- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is February 27, 2022.

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.).

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

January 4, 2022
Mercy Care I
Sonja M. Whitted, Executive Director

- 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 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 Gloria Locklear, South Coastal Team Leader, at 910-214-0350.

Sincerely,



Connie Anderson
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSRreports@eastpointe.net
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant