

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023-161</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/28/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARING WAY 118</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>118 CARING WAY SHELBY, NC 28150</b>		
(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 and follow up survey was completed on January 28, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p> <p>.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 1 of 4 audited clients (Client #1). The findings are:</p> <p>Review on 1/23/25 of Client #1's record revealed: -date of admission 8/4/23. -diagnoses of Traumatic Brain Injury, Personality</p>	V 123		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 123	Continued From page 1  Disorder, Obsessive Compulsive Disorder, Diabetes Mellitus Type 2, Hypothyroidism, Ataxia, Encephalopathy, Hypoosmolality, Hyponatremia, Constipation, Adjustment Disorder with Depressed Mood, Epileptic Seizures, Hypertension, Allergic Rhinitis, and Epilepsy. -11/22/24 - physician's order - Trazodone Hydrochloric Acid (Depressed Mood) 150 milligrams - 1 tablet at bedtime.  Review on 1/23/25 of facility level 1 incident reports from 11/23/24 through 1/23/25 revealed: -12/26/24 - Client #1 was given 2 Trazodone. "He (Client #1) is only to get one trazadone @ (at) 7pm...two were given...is not sleepy at all up hungry eating and walking around as if he has had no trazodone..." -no indication the pharmacy or physician was contacted.  Attempted interview on 1/23/25 with Client #1 revealed he was not interviewable.  Interview on 1/22/25 with the House Manager revealed: -responsible to contact pharmacy when there was a medication error and always called poison control as well. -contacted the pharmacy for the above incident but did not document. -also had the staff member re-take the medication training.	V 123		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a	V 131		

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V 131	Continued From page 2  health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.  This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the North Carolina Health Care Personnel Registry (HCPR) was accessed prior to hire for 1 of 3 audited staff (Staff #1). The findings are:  Review on 1/23/25 of Staff #1's employee file revealed: -date of hire 2/22/24. -HCPR verification check 2/23/24.  Interview on 1/24/25 with Human Resources revealed: -she was responsible to complete the HCPR verifications for new employees. -usually waited until the new employee started their trainings before conducting the HCPR check. -was not aware the HCPR checks needed to be conducted prior to hire and would ensure this was done for future employees.	V 131		
V 742	27G .0304(a) Privacy  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (a) Privacy: Facilities shall be designed and	V 742		

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V 742	<p>Continued From page 3</p> <p>constructed in a manner that will provide clients privacy while bathing, dressing or using toilet facilities.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide privacy while dressing for 1 of 4 audited clients (Client #4). The findings are:</p> <p>Review on 1/23/25 of Client #4's record revealed: -date of admission 7/1/14. -diagnoses of Moderate Intellectual Developmental Disability, Autistic Disorder, Hypothyroidism, Hyperlipidemia, Essential Primary Hypertension, Vitamin D Deficiency, Seborrheic Dermatitis and Morbid Severe Obesity.</p> <p>Observation and interview on 1/22/25 at approximately 3:30 p.m. during the facility walk-through with Staff #1 revealed: -Client #4's bedroom did not have a door. -material with baseballs, basketballs, and footballs on it was hung up in place of the bedroom door. -the material was not wide enough to fully cover the doorway. -there were gaps on both sides of the sheet when it was fully extended. -Staff #1 stated Client #4 did not like having a door to his bedroom, he had repeatedly punched holes in it and knocked it down. -having the material up as a door was the only thing he had not torn down thus far.</p> <p>Interview on 1/24/25 with Client #4, while in the presence of his mother, revealed: -he liked to have the sports material up in place of</p>	V 742		

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V 742	<p>Continued From page 4</p> <p>a bedroom door. -he did not want a door put up to his bedroom, his mother agreed with the client.</p> <p>Interview on 1/27/25 with the Qualified Professional (QP) revealed: -the sheet up as a door had been the only thing he had not torn down.</p> <p>Interview on 1/28/25 with the Systems Coordinator/QP revealed: -Client #4 picked the sports pattern out to hang up for his door. -this was the only thing he had not torn down.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 742		