PRINTED: 02/05/2025 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING:		CON	LETED	
		MHL023-081	B. WING		01.	/31/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE			
ONE ON C	ONE CARE HOME C		VES ROAD				
			, NC 28150				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
		up survey was completed A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.						
This facility is licensed for 6 and has a current census of 4. The survey sample consisted of audits of 3 current clients.							
V 118	27G .0209 (C) Medic	ation Requirements	V 118				
	only be administered order of a person aut drugs. (2) Medications shall clients only when aut client's physician. (3) Medications, incluadministered only by unlicensed persons to the pharmacist or other leprivileged to prepare (4) A Medication Admall drugs administered current. Medications recorded immediately MAR is to include the (A) client's name; (B) name, strength, and (C) instructions for according to the contraction of the contraction	istration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. hinistration Record (MAR) of d to each client must be kept administered shall be or after administration. The er following:					

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

(X6) DATE TITLE

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		MHL023-081	B. WING		0-	//31/2025	
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
ONL ON	ONE CARE HOME C	SHELBY	, NC 28150				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 118	Continued From page	e 1	V 118				
	checks shall be recor	r medication changes or ded and kept with the MAR pointment or consultation					
	review, the facility fail were administered or physician and failed t	n, interview and record ed to ensure medications the written order of a o ensure that MARs were 1 of 3 audited clients (Client					
	-date of admission 6/2 -diagnoses of Mild Int Disability, Major Depr Hypertension, Border Vitamin D Deficiency -4/18/24 physician's o Polyethylene Gly 17 grams with 8 ounc Citrucel Orange of times a day.	rellectual Developmental ression, Schizophrenia, dine Diabetes Mellitus and orders - recol 3350 (constipation) - mix res of liquid 1 time a day. (constipation) - 3 grams 2					
	#1's medications reversely-Polyethylene Glycol ounces of liquid 1 tim was empty.	25 at 10:05 a.m. of Client ealed: 3350 - mix 17 grams with 8 e a day - dispensed 2/5/24 - grams 2 x day - dispensed					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL023-081	B. WING		01	/31/2025	
	PROVIDER OR SUPPLIER	1977 EA	DDRESS, CITY, STATE VES ROAD 7, NC 28150	, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 118	-Naproxen 500 mg - dispensed 12/1/24. Review on 1/31/25 of 11/1/24 through 1/30/-Polyethylene Glycol administered for all the -Citrucel Orange - 3 gonot initialed as admin 1/1/25 - 1/30/25. -Naproxen 500 mg - November and December and Table 1 and 1/30/25 and 1/3	Client #1's MARs from 25 revealed: 3350 - was initialed as a eabove dates. grams 2 times a day - was istered at 7:00 p.m. from was listed as PRN (as initialed as administered in mber of 2024. with Client #1 revealed: I medications in the enings. edications he took but day and night. with Staff #1 revealed: ek, 2:00 p.m 8:00 p.m. Client #1 medications as she worked. etor took the client off ad been administering it the eff on it (the MAR)I can't Rs not initialed)these pills at got a new pack in January with the House Manager et had been out of his or "a whileI have been are all medications are refills)." had not initialed for the 7:00	V 118				

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		MHL023-081	B. WING		01/31/2025	
	ROVIDER OR SUPPLIER	STREET AD 1977 EAV	DRESS, CITY, STA	TE, ZIP CODE		
ONL ON	ONE CARE HOME C	SHELBY,	NC 28150			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	E
V 118	MARs)" -Client #1's Gastroent be best if he (Client # because it causes ble #1's) colon is already -an order to discontinuever received. Interview on 1/31/25 or Professional revealed reviewed MARs at the from the previous monopole and the pharmacy Naproxen, the pharmacy Naproxen, the pharmacy Naproxen, the pharmacy Naproxen and the pharmacy Naproxen	terologist "thought it would 1) didn't take Naproxen reding ulcers and his (Client inflamed." ue Naproxen, however, was with the Qualified be beginning of each month inth. today regarding Client #1's acy stated it was their RN on the November MAR. was never ordered PRN. ccurately document ation, it could not be int received their medications	V 118			

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