PRINTED: 02/05/2025 FORM APPROVED

Division of Health Service Regulation

MHL023-081 B. WING	/31/2025
MHL023-081 B. WING (/31/2025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
ONE ON ONE CARE HOME C 1977 EAVES ROAD	
SHELBY, NC 28150	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000 INITIAL COMMENTS An annual and follow up survey was completed on January 31, 2025. 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) 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 clients 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 (E) name or initials of person administering the drug; (D) date and time the drug is administering the drug; (C) instructions for administering the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug;	

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

(X6) DATE TITLE

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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		0.	1/31/2025	
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
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V 118	Continued From page 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	
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	PROVIDER OR SUPPLIER	1977 EA	DDRESS, CITY, STATE VES ROAD 7, NC 28150	, ZIP CODE			
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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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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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