

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-158	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER CARING WAY 104		STREET ADDRESS, CITY, STATE, ZIP CODE 104 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 An annual and follow up survey was completed on January 28, 2025. Deficiencies were 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 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.	V 000	Staff that work at at CW1 were reminded that client has to have soft foods, mashed or blended. Staff reviewed the material in writing explaining the needs this client has. Postings were put up in the home in the staff office also. Client specifics are reviewed with new staff coming into the home to make sure processes are in place to provide these supports for client. Adult sippy cups work best for this client and extra are kept in the home as well as extras at main office in case these need replaced.	2-24-2025
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112	Feeding Checklist Small Spoon Blender / Processor working properly Foods available are adaptable to dietary orders Thicket (nectar consistency) Adult Sippy Cups Bib (if items are needed let someone know)	

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CARING WAY 104

**104 CARING WAY
SHELBY, NC 28150**

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to implement treatment strategies to address the needs of 1 of 3 audited clients (Client #3). The findings are:</p> <p>Review on 1/23/25 of Client #3's record revealed: -date of admission 10/9/12. -diagnoses of Severe IDD, Dysphagia, Disruptive Behavior, Post Traumatic Stress Disorder (PTSD), Migraines, High Cholesterol, and Eczema. -12/1/24 treatment plan goal to assist the client "...by reducing choking hazards, by mashing/blending his food and by prompting his when he is eating too quickly...assist [Client #3] by using his thicket to a consistency of nectar."</p> <p>Observation and attempted interview on 1/22/25 at 3:10 p.m. of Client #3 revealed: -the client either repeated the last word said or did not respond at all. -sitting at the dining room table with Client #3 and the House Manager. -Staff #1 provided the client with a snack which consisted of a small bag of chips and apple juice. -observed to have no teeth, but chewing the chips without difficulty. -the apple juice appeared to be of regular consistency. -the client was not observed to cough or choke while eating and drinking his snack.</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>Interview on 1/22/25 and 1/24/25 with Staff #1 revealed: -she would put thickener in Client #3's food, but he was "not a big fan" of his food mixed like this. -he could eat chips without choking, "feel his problem is more rushing (while eating)...have to tell him to slow down." -it was "very rare" she added thickener to his liquids, he "doesn't have issues with (drinking) liquids." -the juice observed on 1/22/25 did not have thickener in it.</p> <p>Interview on 1/23/25 with the House Manager revealed: -Client #3 had to have thickener in his fluids and his food. -he "will pick up any food" and eat it. -was not sure if Staff #1 put thickener in his apple juice on 1/22/25.</p> <p>Interview on 1/28/25 with the Qualified Professional revealed: -Client #3 had to have his food "smashed up" and thickener for his liquids. -he "hated" thickener in his liquids and attempted to steal other clients drinks. -she was responsible to complete treatment plans for the clients. -at one time his treatment plan did say to use the thickener if needed, now the "doctors think it's probably safest" to use thickener. -he "gums (eats) very well" to not have teeth. -he had an appointment yesterday (1/27/25) with the Ear Nose and Throat specialist and had his esophagus "stretched."</p>	V 112			

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V 123	Continued From page 3	V 123		
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (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>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 3 audited clients (Client #3). The findings are:</p> <p>Review on 1/23/25 of Client #3's record revealed: -date of admission 10/9/12. -diagnoses of Severe IDD, Dysphagia, Disruptive Behavior, Post Traumatic Stress Disorder (PTSD), Migraines, High Cholesterol, and Eczema. -physician orders dated 3/14/24: -Cetirizine HCL (hydrochloric acid) (allergies) 10 milligrams (mg) - 1 tablet a day. -Potassium Chloride ER (extended release) (low potassium) 20 milliequivalents (mEq) - 1 tablet in a.m. -Vitamin D3 (calcium supplement) 2,000 Units - 1 tablet a day. -Fesoterodine Fumarate ER (overactive</p>	V 123 V 123	<p>V123</p> <p>Measures to correct: Reviewed med error procedure with staff and home manager. Putting new protocol in for when Residential QP reviews to verify that contact with the Pharmacy was recorded.</p> <p>Measures to prevent:Secondary person verifying that the contact with pharmacy is recorded and will ensure the process is being followed as expected. Ways to prevent are to retrain staff to notify home manager right away to review when incidents of refusals are taking place, to ensure immediate contact with pharmacy or physician takes place.</p> <p>Who will monitor:Home managers, Residential QP, Systems Coordinator.</p> <p>How often is it monitored:When medication errors are taking place. Procedure is reviewed quarterly during the Incident Review Trends data aggregation.</p>	2-24-2025

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V 123	<p>Continued From page 4</p> <p>bladder) 8 mg - 1 tablet a day.</p> <p>-Aspirin (mild to moderate pain) 81 mg - 1 tablet a day.</p> <p>-Omeprazole (gastroesophageal reflux) 20 mg - 1 capsule 2 times a day.</p> <p>-Paroxetine (PTSD) HCL 40 mg - 1 tablet at HS (bedtime).</p> <p>-Melatonin (sleep aide) 5 mg - 1 tablet at HS.</p> <p>-physician orders dated 10/21/24:</p> <p>-Divalproex DR (delayed release) (Migraines) 125 mg - 3 capsules 2 times a day.</p> <p>-Trimethoprim (prevent urinary tract infections) 100 mg - 1 tablet at HS.</p> <p>-Benztropine Mesylate (improve side effects from antipsychotics) 2 mg - 1 tablet at HS.</p> <p>-Guanfacine HCL ER (increase blood flow) 1 mg - 1 tablet at HS.</p> <p>-Trazodone HCL (Disruptive Behavior) 100 mg - 2 tablets at HS.</p> <p>-Lybalvi (manic or mixed episodes disorder) 20 mg/10 mg - 1 tablet at HS.</p> <p>-physician orders dated 12/20/24:</p> <p>-Atorvastatin Calcium (High Cholesterol) 10 mg - 1 tablet at HS.</p> <p>Review on 1/23/25 of facility level 1 incident reports from 11/23/24 through 1/23/25 revealed:</p> <p>-Client #3 refused his medications on the following dates:</p> <p>-1/8/25 at 7:45 a.m. - "refusal," he took "about 2/3 of his med (medications)..."</p> <p>-1/14/25 at 7:00 a.m. - "No meds taken/refused morning meds."</p> <p>-1/16/25 at 8:00 a.m. - "tried multiple times between 6 - 8 a.m. to administer meds...he refused every time..."</p> <p>-1/17/25 at 8:00 a.m. - "tried multiple times between 6 - 8 A (a.m.) to give [Client #3] his meds and he refused..."</p> <p>-1/18/25 at 8:00 a.m. - "keep trying to administer</p>	V 123		

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V 123	<p>Continued From page 5</p> <p>meds and every time he refused..."</p> <p>-1/19/25 "pm (circled)" - "tried to encourage [Client #3] to take his meds and he constantly pushed me away..."</p> <p>-the section on the report "REQUIRED - Prescribing Physician Contacted...Dispensing Pharmacist Contacted..." to include the date and time were blank on all the above incidents.</p> <p>Attempted interview on 1/22/25 was unsuccessful as Client #3 either repeated the last word said or did not respond at all.</p> <p>Interview on 1/22/25 with Staff #1 revealed:</p> <p>-Client #3 would have days when he would refuse medications.</p> <p>-this depended on his "moods," he would "stomp around" the facility and "pace back and forth."</p> <p>-when this happened she continued to try and administer his medications.</p> <p>-if he continued to refuse she then completed an incident report.</p> <p>Interview on 1/23/25 with the House Manager (HM) revealed:</p> <p>-expected staff to continue to try to administer Client #3's medications on days when he refused.</p> <p>-it was her responsibility to call the pharmacy or physician on the day of the incident.</p> <p>-she remembered calling the pharmacy for the above incidents, but "forget to come back and document."</p> <p>Interview on 1/28/25 with the Qualified Professional revealed:</p> <p>-Client #3 "will go a month (refusing meds) and then for weeks it's ok..."</p> <p>-the HM was responsible to contact the pharmacy or physician.</p>	V 123			

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V 123	Continued From page 6 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	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 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 1/24/25 of Staff #1's employee file revealed: -date of hire 7/9/24. -date of HCPR verification 7/10/24. 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.	V 131	V131 Correct the deficient: Retraining of Human Resources explaining the procedural steps required during a health care registry check. Verifying that documentation is recorded correctly and health care registry check is completed prior to hire date. Bi- Annual Audit completed by Human Resources ensuring that any gaps or deficiencies in the verification process are corrected immediately, and staff without verification will not be allowed to continue working until HCPR status is appropriately and correctly documented and verified. Prevent the problem: Retraining of Human Resources explaining the procedural steps required during a health care registry check. Develop a reminder system/checklist for HR to ensure that verification is completed prior to hire date. Who will monitor: Human Resources How often: Upon employment of new staff. Process discussed with HR to use was to in house screen the registry prior to sending info out to have the nationwide background checks completed.	2-24-2025

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V 131	Continued From page 7 -was not aware the HCPR checks needed to be conducted prior to hire and would ensure this was done for future employees.	V 131		