STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-196	A. BUILDING: _____ B. WING _____	09/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-GINGER DRIVE GROUP HOME	604 GINGER DRIVE KINGS MOUNTAIN, NC 28086

(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 September 21, 2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	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 implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and	V 108		

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V 108	Continued From page 1 clients. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that at least one staff member while on duty in the facility was trained in basic first aid and cardiopulmonary resuscitation (CPR). The findings are: Review on 9/21/18 of Staff #2's personnel file revealed: -Expired basic First Aid and CPR certification on 2/11/16. Interview on 9/20/18 with Staff #2 revealed: -He was a direct care staff at the group home; -He had worked at the group home since 2016 and usually worked 1st and 2nd shifts; -He sometimes worked alone on a Monday and/or Friday shift ; -2 staff worked on first shift on Tuesdays, Wednesdays and Thursdays when the clients volunteered in the community; -He was current on all his required training that included Medication Administration annually and First Aid and CPR every 2 years. Interview on 9/21/18 with the Group Home Manager and Program Administrator revealed: -They were not aware that Staff #2's First Aid and CPR certification had expired; -They would follow up and address this issue.	V 108		
V 114	27G .0207 Emergency Plans and Supplies	V 114		

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V 114	Continued From page 2 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are: Review on 9/21/18 of the fire and disaster drill log revealed: -No 1st shift fire drill in first quarter (January-March 2018); -No 3rd shift disaster drill in second quarter (April-June 2018). Interview on 9/20/18 with Client #1- #3 revealed: -Fire and disaster drills were practiced more than once every month at the group home; -Their meeting place for the fire drills was at the mailbox at the end of the driveway; -They gathered in the bathroom for tornado and hurricane drills. Interview with the Group Home Manager on	V 114		

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V 114	Continued From page 3 9/21/18 revealed: -Fire and disaster drills are identified for each shift on a written schedule; -No documentation of a missed fire drill in the first quarter and a missed disaster drill in the second quarter.	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 (E) name or initials of person administering the drug. (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.	V 118		

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V 118	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to keep the MAR current for 3 of 3 sampled clients (Client #1-#3) and failed to ensure all drugs administered to clients were administered based on written order of a person authorized by law to prescribed drugs affecting 3 of 3 clients (Client #1-#3). The findings are: Record review on 9/21/18 for Client #1 revealed: Admission date: 4/3/15 Diagnoses: Autism, Mild Intellectual Developmental Disability -8/17/18 physician-ordered medications included: -bupropion (Wellbutrin) XL (extended release) 150 milligrams (mg), 1 tablet every morning for depression; -carbamazepine (Tegretol) 200 mg, 1 tablet twice daily to treat seizures and bipolar disorder; -clonidine (Catapres) 0.3 mg, 1 tablet twice daily for high blood pressure and Attention-Deficient Hyperactivity Disorder (ADHD); -duloxetine (Cymbalta) 60 mg, 1 capsule every morning with breakfast for depression; -fexofenadine (Allegra Allergy) 180 mg, 1 tablet once daily for allergies; -hydroxyzine pamoate (Vistaril) 50 mg, 1 capsule four times daily for allergies; -Melatonin 5 mg, 2 tablets every evening with food for sleep; -metformin (Glucophage) 500 mg, 1 tablet by mouth twice daily for prevention of diabetes; -olanzapine (Zyprexa) 20 mg, 1/2 tablet (10 mg) twice daily to treat mental disorders;	V 118		

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V 118	Continued From page 5 -topiramate (Topamax) 100 mg, 1 tablet twice daily to prevent seizures and migraine headaches. Review on 9/21/18 of Client #1's MARs from July 2018- September 2018 revealed: -Printed out copies of 7/1/18- 9/21/18 electronic medication administration records (EMARs) with electronic staff initials and exception codes; -Paper copies of Client #1's MARs from 7/1/18-9/21/18 with original staff initials; -7/15/18, 7/18/18, 7/20/18, and 7/26/18 at 12 pm, hydroxyzine pamoate was circled and initialed; -7/1/18, 7/4/18, 7/7/18, 7/9/18, 7/11/18, 7/15/18, 7/19/18, 7/24/18 at 4 pm, hydroxyzine pamoate was circled and initialed; -7/10/18, was initialed and circled on the following medications: -bupropion, carbamazepine, clonidine, fexofenadine, duloxetine, hydroxyzine pamoate (8 am), metformin, olanzapine, and topiramate; -8/7/18 and 8/11/18, was initialed and circled on the following medications: - bupropion, carbamazepine, clonidine, fexofenadine, duloxetine, hydroxyzine pamoate (8 am, 12 pm and 4 pm on 8/11/18), metformin, olanzapine, and topiramate; -8/9/18, 8/11/18, 8/18/18, 8/20/18, 8/23/18 at 12 pm, hydroxyzine pamoate was circled and initialed; -8/4/18, 8/21/18, and 8/24/18 at 4 pm, hydroxyzine pamoate was circled and initialed; -8/22/18, was blank on the following medications: - bupropion, carbamazepine, clonidine, fexofenadine, duloxetine, hydroxyzine pamoate (8 am), metformin, olanzapine, and topiramate; -9/1/18 at 8 pm, was initialed and circled on the following medications: - carbamazepine, clonidine, hydroxyzine pamoate (12 pm, 4 pm and 8 pm), Melatonin,	V 118		

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V 118	Continued From page 6 metformin, olanzapine, and topiramate; -9/2/18 through 9/4/18, was initialed and circled on the following medications: -bupropion, carbamazepine, clonidine, fexofenadine, duloxetine, hydroxyzine pamoate (8 am-4 pm and 8 pm on 9/2/18), metformin, olanzapine, and topiramate; -9/7/18, was initialed and circled on the following medications: -bupropion, carbamazepine, clonidine, fexofenadine, duloxetine, hydroxyzine pamoate (8 am), metformin, olanzapine, and topiramate; -9/13/18 and 9/14/18, was initialed and circled on the following medications: -bupropion, carbamazepine, clonidine, fexofenadine, duloxetine, hydroxyzine pamoate (8 am), metformin, olanzapine, and topiramate; -9/17/18, was initialed and circled on the following medications: -bupropion, carbamazepine, clonidine, fexofenadine, duloxetine, hydroxyzine pamoate (8 am), metformin (8 am), olanzapine, and topiramate; -exception codes on the EMARs varied from "out of facility" and "resident refused"; -inconsistent staff note documentation on EMARS regarding Client #1's medication refusals; -no exception codes or notes that explained blanks on the 8/22/18 medications. Record review on 9/21/18 for Client #2 revealed: Admission date: 11/19/15 Diagnoses: Bipolar Affective Disorder with Type 1 psychotic features, Mild Intellectual Developmental Disability, Bardet Biedl Syndrome with associated visual defect and hypogonadism, Gastroesophageal Reflux Disease (GERD), Hypertension, Back Pain, Vitamin D Deficiency, and Retinitis Pigmentosis -Physician-ordered medications included:	V 118		

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V 118	Continued From page 7 -11/10/17, famotidine (Pepcid) 40 mg, 1 tablet at bedtime to treat GERD and cetirizine (Zyrtec) 10 mg, 1 tablet every morning for allergies; -6/13/18, docusate sodium (Colace) 100 mg, 1 capsule once daily for stool softener; -8/10/17, metformin (Glucophage) 500 mg, order changed from 1 tablet twice daily to 1 tablet once daily for prevention of diabetes and Fluticasone Spray 50 mcg. 2 sprays (100 mcg) in each nostril once daily for allergies. Review on 9/21/18 of Client #2's MARs from July 2018- September 2018 revealed: -Printed out copies of 7/1/18- 9/21/18 electronic medication administration records (EMARs) with electronic staff initials and exception codes; -Paper copies of Client #2's MARs from 7/1/18-9/21/18 with original staff initials; -7/21/18, docusate sodium was initialed and circled; -7/26/18-7/31/18, Fluticasone Spray was initialed and circled; -8/1/18-8/3/18, 8/5/18- 8/7/18, 8/9/18-8/12/18, and 8/14/18-8/31/18 at 7 am, metformin 500 mg, 1 tablet twice daily was initialed and circled; -8/15/18 at 6 pm, metformin was initialed and circled; -8/13/18, cetirizine was initialed and circled; -8/26/18, famotidine was blank; -8/5/18, 8/8/18-8/14/18, and 8/28/18, Fluticasone Spray was initialed and circled; -9/6/18, metformin 500 mg, 1 tablet twice daily stopped at 7 am dose and physician-order change dated 8/10/18 to 1 tablet once daily started at 6 pm dose; -exception codes on the EMARs varied from "out of facility", "medication has not arrived in the facility yet" and "resident refused"; -no documentation for the 8/26/18 blank on the famotidine.	V 118		

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V 118	Continued From page 8 Record review on 9/21/18 for Client #3 revealed: Admission date: 10/22/15 Diagnoses: Autism, Psychosis, Impulse Control Disorder, Mild Intellectual Developmental Disability, Eczema, Allergic Rhinitis -Physician-ordered medications included: -2/8/18, benztropine (Cogentin) 2 mg, 1 tablet at bedtime for tremors; -8/3/18, metformin (Glucophage) 500 mg, 1 tablet once daily for prevention of diabetes. Review on 9/21/18 of Client #3's MARs from July 2018- September 2018 revealed: -Printed out copies of 7/1/18- 9/21/18 electronic medication administration records (EMARs) with electronic staff initials and exception codes; -Paper copies of Client #3's MARs from 7/1/18-9/21/18 with original staff initials; -7/18/18, benztropine (1 dose) was blank; -no documentation for the missed benztropine dose; -8/6/18, metformin administered to Client #3; -no documentation that explained the 3 day delay in start of the metformin. Interview on 9/20/18 with Client #1 revealed: -He took medication in the daytime to help him concentrate better; -"If I don't take it, I will get off track"; -One of his goals was to take his medication every day; -He did not take his medications all the time because he did not like to get up early in the mornings; -He took medication at night to sleep. Interview on 9/20/18 with Client #2 revealed: -He took Colace in the mornings to soften his bowl movements and took it when needed;	V 118		

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V 118	Continued From page 9 -He took cetirizine and Flonase in the mornings for his allergies; -He took metformin to prevent diabetes and he did not need this medication because he did not have diabetes; -He refused the metformin in the mornings a lot because he did not need it and he liked to sleep in of the mornings; -His doctor reduced his metformin doses to once a day. Interview on 9/20/18 with Client #3 revealed: -He took medicine every day in the mornings and at night; -He did not know what his medications were and what they were for. Interview on 9/20/18 with Staff #1 and Staff 2 revealed: -Clients #1 and #2 had a tendency to refuse their medications; -Client #1 struggled getting awake in the mornings to take his medication; -Client #1 was verbally prompted by staff before medication administration time began in the mornings to awaken and prompted every 15 minutes thereafter to take his medication; -The morning medication administration "window" (timeframe) began at 7 am and ended at 9 am for morning doses; -Staff # 1 stated Client #1 "now and then missed the window"; -Staff #1 stated that clients who missed taking their medications during the "window" had to wait until the next medication dosage time because staff could not give the same medications close together in time and it was "company rules"; -Client #2 refused his medications if he did not think he needed the medication; -Client #2 refused to take metformin in the	V 118		

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V 118	Continued From page 10 morning because he was not pre-diabetic; -Staff logged missed medication doses into the EMAR; -If the EMAR was not working, staff used a paper MAR for each client as a backup system. -An incident report was completed each time a client refused to take a medication. Interviews on 9/20/18 and 9/21/18 with the Group Home Manager revealed: -She was aware that Clients #1 and #2 refused their medications multiple times each month; -Clients #1 and #2 struggled to get up in the mornings for medication administration; -Client #2's doctor reduced Client #2's metformin from twice daily to once daily because Client #2 refused to take his metformin in the mornings; -Written incident reports are completed for client medication refusals. Due to the failure to accurately document medication, it could not be determined if Clients #1-#3 received their medications as ordered by the physician from 7/1/18 through 9/21/18. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 123	27G .0209 (H) Medication Requirements 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.	V 123		

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V 123	Continued From page 11 .	V 123		

This Rule is not met as evidenced by:
Based on interview and record review, the facility failed to ensure medication refusals were reported immediately to a physician or pharmacist affecting 3 of 3 sampled clients (Client #1- #3). The findings are:

Record review on 9/21/18 for Client #1 revealed:
Admission date: 4/3/15
Diagnoses: Autism, Mild Intellectual Developmental Disability
-8/17/18 physician-ordered medications included:
-bupropion (Wellbutrin) XL (extended release) 150 milligrams (mg), 1 tablet every morning for depression;
-carbamazepine (Tegretol) 200 mg, 1 tablet twice daily to treat seizures and bipolar disorder;
-clonidine (Catapres) 0.3 mg, 1 tablet twice daily for high blood pressure and Attention-deficient Hyperactivity Disorder (ADHD);
-duloxetine (Cymbalta) 60 mg, 1 capsule every morning with breakfast for depression;
-fexofenadine (Allegra Allergy) 180 mg, 1 tablet once daily for allergies;
-hydroxyzine pamoate (Vistaril) 50 mg, 1 capsule four times daily for allergies;
-Melatonin 5 mg, 2 tablets every evening with food for sleep;
-metformin (Glucophage) 500 mg, 1 tablet by mouth twice daily for prevention of diabetes;
-olanzapine (Zyprexa) 20 mg, 1/2 tablet (10 mg) twice daily to treat mental disorders;
-topiramate (Topamax) 100 mg, 1 tablet twice daily to prevent seizures and migraine headaches.

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V 123	Continued From page 12 Record review on 9/21/18 for Client #2 revealed: Admission date: 11/19/15 Diagnoses: Bipolar Affective Disorder with Type 1 psychotic features, Mild Intellectual Developmental Disability, Bardet Biedl Syndrome with associated visual defect and hypogonadism, Gastroesophageal Reflux Disease (GERD), Hypertension, Back Pain, Vitamin D Deficiency, and Retinitis Pigmentosis -Physician-ordered medications included: -11/10/17, famotidine (Pepcid) 40 mg, 1 tablet at bedtime to treat GERD and cetirizine (Zyrtec) 10 mg, 1 tablet every morning for allergies; -6/13/18, docusate sodium (Colace) 100 mg, 1 capsule once daily for stool softener; -8/10/17, metformin (Glucophage) 500 mg, order changed from 1 tablet twice daily to 1 tablet once daily for prevention of diabetes and Fluticasone Spray 50 mcg. 2 sprays (100 mcg) in each nostril once daily for allergies. Record review on 9/21/18 for Client #3 revealed: Admission date: 10/22/15 Diagnoses: Autism, Psychosis, Impulse Control Disorder, Mild Intellectual Developmental Disability, Eczema, Allergic Rhinitis -Physician-ordered medications included: -2/8/18, benztropine (Cogentin) 2 mg, 1 tablet at bedtime for tremors; -8/3/18, metformin (Glucophage) 500 mg, 1 tablet once daily for prevention of diabetes. Review on 9/20/18 of facility incident reports from 7/1/18 through 9/20/18 revealed: -A minimum of 20- Level I written incident reports Client #1 for medication refusals; -A minimum of 20- Level I written incident reports Client #2 for medication refusals; -Multiple incident reports with no documentation a	V 123		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-196	A. BUILDING: _____ B. WING _____	09/21/2018

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V 123	Continued From page 13	V 123		

physician or pharmacist had been notified immediately of a missed medication or medication refusal;
-7/18/18 no documentation on Client #3's missed benztropine dose;
-8/15/18 incident report on Client #2's medication refusal of metformin at 7:30 am was not reported to Client #2's physician until 9/11/18 at 9:30 am;
-9/11/18 incident report on Client #1's medication refusal of unidentified medications.

Interview on 9/20/18 with Clients #1 and #2 revealed:
-They refused their medications a lot of the time because they did not like to get up early in the mornings.

Interview on 9/20/18 with Client #3 revealed:
-He took medicine every day in the mornings and at night;
-He had no problem taking his medication.

Interview on 9/21/18 with the Group Home Manager revealed:
-She reviewed all client incident reports;
-The client's physician or a pharmacist was contacted each time there was a client medication refusal;
-Client incident reports were reviewed at a monthly safety committee meeting;
-She was unsure whether staff had received refresher training on incident report documentation.

Interview on 9/21/18 with the Program Manager revealed:
-He started as Program Manager in 4/2018;
-No documentation that group home staff had received refresher training on incident report

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V 123	Continued From page 14 documentation from 9/7/17 to 9/21/18. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 123		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 9/21/18 between 11:58 am and 12:05 pm revealed: -Client #3's bathroom sink had ants crawling in the sink; -Client #3's shower walls had brownish-colored streaks and his toilet had a brown-colored ring on inside walls. Interview on 9/21/18 with Client #3 revealed: -He and staff cleaned his bathroom every week; -His goal to clean his room included the bathroom. Interview on 9/21/18 with the Group Home Manager revealed: -She and staff became aware of the ants in Client #3's sink this week; -The exterminator was called on 9/19/18 and was	V 736		

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V 736	Continued From page 15 scheduled to treat the ant problem on 9/25/18; -No response to the conditions of Client #3's shower walls and toilet.	V 736		