STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL018-015	A. BUILDING: _____ B. WING _____	10/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATAWBA COUNTY GROUP HOME #2	608 FOURTH STREET SW CONOVER, NC 28613

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V 000	INITIAL COMMENTS An annual survey was completed on October 26, 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 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		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement a treatment goal and strategies that addressed residential toileting issues for 1 of 3 current audited clients (Client #3). The findings are: Review on 10/26/18 of Client #3's record revealed: Date of admission: 6/30/12 Diagnoses: Intellectual Developmental Disability (IDD), Hypertension, Obesity, Gastroesophageal Reflux Disease (GERD), Allergic Rhinitis, Pemphigus Foliaceus-post menopause -8/6/18 Client #3's treatment plan identified: -Client #3 had bed-wetting behavior because she would not get up at night and use bathroom; -Staff were to get Client #3 up at 11:00 pm every night to use the bathroom to reduce bed-wetting; -Client #3 struggled with getting out of bed to use the bathroom; -Client #3 would wet the furniture if she was engrossed in watching a television show; -No strategies that addressed Client #3's toileting needs at the group home prior to 11:00 pm, in the mornings before the day program, on the weekends and during times Client #3 was not at her day program or struggled getting out of bed at 11:00 pm to toilet. Interview on 10/25/18 with Client #3 revealed: -She did not disclose a problem with bed-wetting or incontinence; -She stated she got up at 5:40 am during the weekdays, took a shower, got dressed, ate breakfast and then went to the day program; -She did not always get up at night after going to bed to use the bathroom because she did not	V 112		

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V 112	Continued From page 2 always need to go; -She came home from the day program around 3:30 pm every afternoon; -She enjoyed going out on the weekends with her housemates to community events. Interview on 10/25/18 with the Qualified Professional (QP) revealed: -She had been the QP for the group home for almost 1 year; -She wrote and updated the client treatment plans; -Client #3 had toileting accidents at the group home and at her supported employment; -She took a change of clothing to her place of employment in case of a toileting accident; -Client #3 had been medically evaluated and medical conditions associated with incontinence were ruled out; -Client #3 had the ability to use the toilet and carry out her other activities of daily living but she struggled with initiative and motivation to do more for herself. Interview on 10/26/18 with the Facility Director revealed: -She would follow up with the QP on toileting goals and strategies for Client #3.	V 112		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer	V 119		

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V 119	Continued From page 3 system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to dispose of discontinued and expired medications in a manner that guards against diversion or accidental ingestion. The findings are: Review on 10/26/18 of Client #2's record revealed: Date of admission: 3/1/89 Diagnoses: Intellectual Developmental Disability (IDD), Hypercholesterolemia, Chronic Kidney Disease-Stage 3, Hypokalemia, Edema, Psoriasis, Skin Rash, Sleep Apnea, Obesity, Dry Eye Syndrome, Irritability, Tongue Neoplasm, Hearing Loss	V 119		

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V 119	Continued From page 4	V 119		

-9/12/18 physician-ordered Athlete's Foot Cream 1%, apply topically to affected areas twice daily for 7 days and then as needed (PRN)

Review on 10/26/18 of Client #2's August 2018-October 2018 MARs revealed:
-8/15/18- 8/31/18, Athlete's Foot Cream initialed by staff as administered twice daily at 8 am and 8 pm;
-9/1/18-9/2/18 at 8 am and 9/1/18 at 8 pm, Athlete's Foot Cream initialed by staff as administered.

Observation on 10/25/18 at 2:23 pm revealed:
-a tube of the Athlete's Foot Cream 1% was contained in a small clear plastic bag with a label separated from the tube of cream in the same bag;
-an expiration date on the Athlete's Foot Cream label of 5/8/18.

Review on 10/26/18 of Client #3's record revealed:
Date of admission: 6/30/12
Diagnoses: Intellectual Developmental Disability (IDD), Hypertension, Obesity, Gastroesophageal Reflux Disease (GERD), Allergic Rhinitis, Pemphigus Foliaceus-post menopause
-6/22/18 a signed physician order to:
-continue Folic Acid 1 milligram (mg) daily until off the Methotrexate;
-decrease Methotrexate to 2.5 mg weekly for 2 months and stop Methotrexate if skin remained clear;
-8/27/18 a signed physician order to:
-discontinue Methotrexate 2.5 mg, 3 tablets orally once a week every Friday;
-discontinue the Folic Acid except on the day Client #3 took Methotrexate 2.5 mg;
-continue desonide topical 0.05 % to skin folds

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V 119	Continued From page 5 once daily every other day or twice daily prn if rash returns. Review on 10/25/18 of Client #3's August 2018-October 2018 MARs revealed: -8/1/18, the desonide topical 0.05 % was initialed by staff as administered; -8/25/18, the Methotrexate and Folic Acid were marked as discontinued unless rash returned; -9/2018 and 10/2018 MARs reflected Methotrexate and Folic Acid were not administered. Observation on 10/25/18 between 2:45-2:47 pm of Client #3's internal medications revealed: -Client #3's Methotrexate and Folic Acid medication packs were bound together by tape and a white sheet of paper that covered the top of the medication packs; - The white paper hid the names of the medications contained in the packs; -These medication packs were located in the same container as Client #3's current medication packs; -the desonide topical 0.05 % expired on 4/21/18. Interview on 10/25/18 with Staff #1 revealed: -She would make sure Client #2's expired Athlete's Foot cream was disposed of properly; -Client #3's Methotrexate and Folic Acid medication packs were bound together and turned opposite from the current medications so staff would not accidentally administer the medications to Client #3; -These medications were not going to be used again unless Client #3's rash returned. Interview on 10/26/18 with the Group Home Manager revealed: -A staff might have torn off the label of a former	V 119		

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V 119	Continued From page 6 tube of the Athlete's Foot Cream and placed in the bag but she had disposed of this tube of cream; -Client #2 had another tube of Athlete's Foot Cream that was current and applied by staff; -She would follow up with Client #3's physician about whether the Methotrexate and Folic Acid medications could be separated and not disposed of because: -the dates on the medications had not expired; -there was a doctor's order on 6/22/18 that Client #3 could go back to the prior doses of both medications should the rash return; -she acknowledged the doctor's order on 8/27/18 gave instructions for the discontinuation of both medications; -Client #3's rash had not returned.	V 119		