STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL091-075	A. BUILDING: _____ B. WING _____	R 10/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
P & W GROUP HOMES	2636 WARRENTON ROAD HENDERSON, NC 27537

(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, follow-up and complaint survey was completed 10/3/18. The complaint (Intake #NC00141701) was not substantiated. 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 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes;	V 113		

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V 113	Continued From page 1 (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to assure a signed consent granting permission to seek emergency care from a hospital or physician for one of three audited client (#2). The findings are: Review on 10/1/18 and 10/2/18 of client #2's record revealed: - an admission date of 9/20/18 - a pre-admission assessments with diagnoses including Unspecified Bipolar Disorder, Alcohol Use Disorder in full sustained remission and Moderate Intellectual Disability - no evidence of a signed consent for permission to grant permission to seek emergency care During an interview on 10/3/18, the Qualified Professional (QP) reported a packet requiring guardian signatures was mailed to the guardian and was sent back without signatures. The QP reported he would contact the guardian again.	V 113		

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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 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 review of medications and interview, the governing body failed to assure medications were disposed of to guard against accidental ingestion for two of four clients (#3, #4). the Findings are:	V 119		

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V 119	Continued From page 3 Review on 9/27/18 of client #3's medications revealed: - Tylenol 325 mg tablets were present; filled 1/30/17 with and expiration date of 10/31/17 Review on 9/27/18 of client #4's medications revealed: - Loperamide HCL 2 mg tablets were present; filled 3/29/17 and with an expiration date of 3/2018 - Tylenol 325 mg tablets were present; filled 2/20/17 with and expiration date of 12/31/17 - Diphenhistamine 25 mg caplets were present; filled 10/24/17 with an expiration date of 9/5/18 During an interview on 9/27/18, staff #1 reported she was not aware the medications were expired and would disposed of them. Staff #1 further reported the medications had not been administered in recent months.	V 119		
V 744	27G .0304(b) Safety 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. This Rule is not met as evidenced by: Based on observation and interview, the governing body failed to assure the facility was maintained in a safe manner. The findings are:	V 744		

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V 744	Continued From page 4 During an observation on 10/2/18 between 10:30 AM and 1:00 PM and audible beeping was heard throughout the facility. During an interview on 10/2/18, the Qualified Professional reported the batteries in the smoke detectors had recently been checked. During an interview on 10/3/18, the Administrator reported the camera/security system beeps when it needs to be reset and the beeping was likely coming from the security system. The Administrator reported the systems would be checked.	V 744		