| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL018026 | A. BUILDING: _____ B. WING _____ | R 01/31/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CATAWBA COUNTY GROUP HOME #4 | 722 EIGHTH AVENUE S.W. CONOVER, NC 28613 |

| (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<br><br>An annual and follow up survey was completed on January 31, 2025. A deficiency was cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.<br><br>This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients. | V 000 | | |
| V 318 | 13O .0102 HCPR - 24 Hour Reporting<br><br>10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL<br>The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to report an allegation of exploitation to the Health Care Personnel Registry (HCPR) within 24 hours of becoming aware of the allegation. The findings are: | V 318 | | |

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| V 318 | Continued From page 1<br><br>Review on 1/31/25 of the Former House Manager's (FHM) personnel record revealed:<br>-Hired: 10/10/22.<br>-Terminated: 1/8/25.<br><br>Review on 1/30/25 of the Incident Response Improvement System (IRIS) report for Clients #1-5 submitted 1/10/25 revealed:<br>-Date of incident: 1/9/25.<br>-The FMH was terminated on 1/8/25. The Qualified Professional (QP) identified client funds were missing immediately after the FMH was terminated. The facility did not immediately report the FMH to HCPR within 24 hours of becoming aware of the incident.<br>-1/14/25, "submitting HCPR information and updating with amount per client."<br><br>Review on 1/31/25 of the facility's finance report for the total amount of money missing revealed:<br>-Client #1: $105.<br>-Client #2: $86.<br>-Client #3: $60.<br>-Client #4: $55.<br>-Client #5: $56.09.<br><br>Attempted phone interviews on 1/30/25 and 1/31/25 with the FHM were unsuccessful as she did not answer nor call back.<br><br>Interview on 1/30/25 with the QP revealed:<br>-FHM was terminated on 1/8/25 due to performance issues.<br>-Discovered that the clients' money was missing on 1/9/25.<br>-Received the facility's safe code verbally from the FHM on 1/8/25 and keys to the safe on 1/9/25, "...I didn't have the safe code or keys until I got them from [FHM]." | V 318 | | |

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| V 318 | Continued From page 2<br>-In general, "The House Manager (HM) is responsible for managing and tracking the clients' personal spending." The HM is responsible for submitting a summary sheet with receipts for each client at the beginning of the month for the previous month to the Finance Director.<br>-Was responsible for completing the IRIS report regarding the missing funds.<br>-The Chief Operations Officer (COO) was responsible for completing the Supervisor and HCPR sections of the IRIS report.<br>-In the future, will review and sign the receipts the HM turns in each month to ensure the receipts are correct and no money is missing. Will also have a copy of the facility's safe keys and code to ensure easy access to the funds and records.<br><br>Interview on 1/31/25 with the COO revealed:<br>-FHM was terminated on 1/8/25 due to performance issues.<br>-Discovered that the clients' money was missing on 1/9/25.<br>-"[FHM] was responsible for the clients' money, [QP] did not have access to the safe and codes until [FHM] was fired."<br>-Was responsible for completing the Supervisor and HCPR sections of the IRIS report.<br>-In the future, the QP will have a copy of the keys and safe code for each facility and sign the monthly receipts turned in for the clients making sure what was spent and any money left over match for each client.<br>-Will complete both the HCPR section in IRIS and the specific HCPR notification forms to be sent directly to HCPR within 24 hours of an allegation of abuse, neglect, or exploitation so that HCPR is notified immediately moving forward. | V 318 | | |