

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL018026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/17/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CATAWBA COUNTY GROUP HOME #4</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>722 EIGHTH AVENUE S.W. CONOVER, NC 28613</b>
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(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	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on February 17, 2026. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure MARs were kept current affecting 1 of 3 clients (Client #1). The findings are:</p> <p>Review on 2/16/26 of Client #1's record revealed: -Date of Admission: 4/12/93. -Diagnoses: Down's Syndrome and Mild Intellectual Developmental Disabilities. -Physician's orders dated 12/19/25: -Levothyroxine sodium 0.50 mg (milligram), take 1 tablet by mouth once daily. -Valacyclovir HCL (hydrochloride) 1 gm (gram), take 2 tablets by mouth twice daily.</p> <p>Observation on 2/16/26 at 12:08 pm of Client #1's medication revealed: -Levothyroxine sodium 0.075 mcg (microgram), take 1 tablet by mouth once daily, dispensed 2/9/26. -Valacyclovir HCL 1 gm, take 2 tablets by mouth twice daily, dispensed 9/18/25.</p> <p>Review on 2/16/26 of Client #1's MAR dated December 2025, January 2026 and February 2026 revealed: -Levothyroxine 50 mcg/0.05 mg, take 1 tablet by mouth once a day, initialed as administered daily.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>-Valacyclovir HCL 1 gm, take 2 tablets by mouth 2 times a day PRN.</p> <p>Interview on 2/17/26 with Client #1 revealed: -Acknowledged that he took medications. -Could not identify the names of the medications that he took.</p> <p>Interview on 2/17/26 with Staff #2 revealed: -Was trained in medication administration. -Would check the medication against the MAR when administering medication. -Would alert the house manager if there were any issues with medications.</p> <p>Interview on 2/16/26 with the House Manager revealed: -Had completed medication administration training. -Was responsible for completing the MARs. -The physician would sign off on the MAR that was brought in during visits. -Completed the February MAR based on the January MAR and not the actual medications. -"There were no changes (in physician's orders) that I knew of." -Had taken Client #1 to the physician's office "...when he (the physician) says it is a PRN for when he (Client #1) has outbreaks." -Was unsure when the medication dosage had changed. -"The most current FL2 (long term care form - physician's order) matches the MAR not the medication." -On 2/16/26 made an appointment with the physician to get the correct orders and medications. -Would instruct staff to audit the MARs to ensure the MARs and medications match. -The Qualified Professional (QP) would also</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>review medications and MARs. -The current QP was new and hadn't started reviewing medications and MARs.</p> <p>Interview on 2/16/26 with the QP revealed: -Had only been the QP "for about a month". -Had not fully taken on all of the QP responsibilities yet. -Would be supervising the House Manager. -Had received medication administration training. -The House Manager was currently reviewing the MARs and medications -She would be auditing the MARs, physician's orders and medications for the facility on a monthly basis but had not yet started doing that yet.</p>	V 118		