STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G127	A. BUILDING _____ B. WING _____	09/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PITT COUNTY GROUP HOME #2	4263 NORTH EDGE ROAD AYDEN, NC 28513

(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) COMPLETION DATE
W 125	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#4) had the right to be treated with dignity regarding the use of a towel placed on a chair. The finding is: Client #4's dignity was not considered regarding the use of a towel placed in a chair. During morning observations in the home of 9/5/18, client #4 was seated in a chair with a bath towel placed underneath him as he sat. The towel was visible to anyone in the home. During an interview o 9/5/18, staff revealed the towel is positioned underneath client #4 due to the fact he will urinate on himself and in the process get the chair wet. Further interview revealed client #4 is on a toileting schedule. Review on 9/5/18 revealed client #4 has a toileting schedule where staff are to ask him every hour to go to the bathroom. During an interview on 4/10/18, the Qualified Intellectual Disabilities Professional (QIDP) revealed the bath towel should not have been placed underneath client #4 while he sat in the chair.	W 125		
W 209	INDIVIDUAL PROGRAM PLAN	W 209		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 209	Continued From page 1 CFR(s): 483.440(c)(2) Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #3's guardian was afforded the opportunity to participate in the development of his Individual Program Plan (IPP). This affected 1 of 3 audit clients. The finding is: Client #3's guardian was not provided a copy of his IPP. Review on 9/4/18 of client #3's record revealed review of the client's IPP meeting attendance list and signature sheet revealed client #3's guardian had not attended his IPP. Further review there was no documentation to indicate client #3's guardian was sent a copy of his IPP. During an interview on 9/5/18, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3's guardian had not attended his annual IPP meeting. Further interview revealed the IPP was not discussed with client #3's guardian.	W 209		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed	W 249		

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W 249	Continued From page 2 interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to ensure each client received a continuous active treatment plan consisting of needed interventions and services identified in the Individual Program Plan (IPP) in the areas of self help and diet. This affected 2 of 3 audit clients (#3 and #4). The findings are: 1. Client #3 was not prompted to utilize a knife. During dinner observations in the home on 9/4/18, client #3 picked up his two pieces of chicken with his fingers and biting them. Further observations revealed client #3 had a knife at his place setting. At no time did staff prompt client #3 to utilize his knife. During an interview on 9//5/18, staff revealed client #3 can utilize a knife independently. Further interview revealed client #3 should have been prompted to utilize his knife. Review on 9/5/18 of client #3's adaptive behavior inventory (ABI) dated 10/29/17 revealed client #3 has partial independence in using a knife for cutting. During an interview on 9/5/18, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 should have been prompted to utilize his knife.	W 249		

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W 249	Continued From page 3 2. Client #4 did not receive his prune juice at breakfast. During breakfast observations in the home on 9/5/18, client #4 drank orange juice, water, milk and coffee. Further observations revealed at no time did staff offer client #4 to drink his prune juice. Additional observations revealed a container of prune juice was located in the refrigerator. Review on 9/4/18 of client #4's IPP dated 9/14/17 stated, "[Client #4] drinks prune juice in the morning to promote good elimination." Review on 9/5/18 of client #4's nutritional evaluation dated 9/14/17 revealed, "Recommendations:...3. Provide prune juice 9 AM...." Review on 9/5/18 of client #4's nursing evaluation dated 9/2017 stated, "HX of occasional constipation and drinks prune juice in the morning to promote good elimination." During an interview on 9/5/18, the facility's dietitian confirmed client #4 should have received his prune juice at breakfast.	W 249		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.	W 252		

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W 252	Continued From page 4 This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure data was documented. This affected 1 of 3 audit clients (#4). The finding is: Data was not collected as indicated for client #4. Review on 9/5/18 of client #4's toileting schedule for 9/4/18 revealed data missing from 4pm through 10pm. Further review revealed, "Ask [Client #4] to go to the bathroom every hour....Beside each scheduled time document...." During an interview on 9/5/18, staff confirmed client #4's toileting schedule should have been documented as indicated. During an interview on 9/5/18, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4's toileting schedule should have been documented as indicated.	W 252		
W 322	PHYSICIAN SERVICES CFR(s): 483.460(a)(3) The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on record review, document review and interview, the facility failed to ensure 1 of 3 audit clients (#1) obtained a colonoscopy. The finding is: Client #1 did not receive his colonoscopy.	W 322		

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W 322	Continued From page 5 Review on 9/4/18 of client #1's individual program plan (IPP) dated 6/15/18 revealed, "The colonoscopy was discussed with his guardian who declined for [Client #1] to have the procedure done...." Review on 9/5/18 of client #1's nursing evaluation dated June 2018 stated, "Scheduling of a colonoscopy procedure was discussed with his guardian who declined for [Client #1] to have the procedure." During further review there was no documentation to indicate client #1's team met with his physician to discuss him not recieiving a colonoscopy. During an interview on 9/5/18 Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5 had not received his colonoscopy. Additional interview revealed the team had not discussed other colonoscopy options for client #1.	W 322		