

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/02/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/31/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>PITT CO GROUP HOME #1</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6570 FAIRWAY DRIVE GRIFTON, NC 28530</b>	
(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 209	<p><b>INDIVIDUAL PROGRAM PLAN</b> <b>CFR(s): 483.440(c)(2)</b></p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure clients #3, #4 guardians were afforded the opportunity to participate in the development of their individual program plans (IPP). This affected 2 of 3 audit clients. The findings are:</p> <p>Clients #3 and #4 guardians were not provided a copy of their IPPs.</p> <p>Review on 10/30/18 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.</p> <p>Review on 10/30/18 of client #4's record revealed review of the client's IPP meeting attendance list and signature sheet revealed client #4's guardian had not attended his IPP. Further review there was no documentation to indicate client #4's guardian was sent a copy of his IPP.</p> <p>During an interview on 10/31/18, management staff confirmed neither client #3's or client #4's guardians had not attended their annual IPP meetings. Further interview revealed the IPP was not discussed with client #3's and client #4's guardians.</p>	W 209	<p>The Social Worker will discuss and document client's IPP with the legal guardian. The QP will mail the IPP to all guardians and document in the record. The QP will review compliance with the above during quarterly reviews.</p> <p><b>DHSR - Mental Health</b> <b>NOV 16 2018</b> <b>Lic. &amp; Cert. Section</b></p>	12/30/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*May Lee Perry*

TITLE

*Executive Director*

(X6) DATE

*11-14-18*

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 322	<p><b>PHYSICIAN SERVICES</b> CFR(s): 483.460(a)(3)</p> <p>The facility must provide or obtain preventive and general medical care.</p> <p>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 (#3) obtained a colonoscopy. The finding is:</p> <p>Client #1 did not receive his colonoscopy.</p> <p>Review on 10/31/18 of client #3's record did not indicate he has had an colonoscopy. Further review revealed client client #3 is 70 years old.</p> <p>During an interview on 10/31/18, management staff there was no documentation in client #3's record to indicate if he has had an colonoscopy.</p>	W 322	<p>An interim meeting will be held for Client #3 to discuss the need for a colonoscopy and possible alternatives</p>	12/30/18	
W 374	<p><b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(7)</p> <p>The system for drug administration must assure that drugs used by clients while not under the direct care of the facility are packaged and labeled in accordance with State law.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all drugs were packaged and labeled with the name of the person prescribed the medication, with instructions on how to administer the medication and instructions as to how often to administer the medication for 2 of 3 audit clients (#3, #4). The</p>	W 374	<p>The pharmacy will be contacted and asked to provide a label for the individual EpiPens and staff will check future EpiPen to insure they are individually labeled.</p> <p>Over the counter medications will be labeled.</p> <p>All staff, including the RN consultant, will be responsible for insuring all medications are labeled.</p>	12/30/18	

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W 374	<p>Continued From page 2</p> <p>findings are:</p> <p>1. Client #3 has 2 Epi-Pens which were not labeled.</p> <p>During afternoon observations in the home on 10/30/18, it was discovered client #3 has two Epi-Pens (for insect stings) which are kept in a fanny pack. Upon further observations it was discovered neither Epi-Pen was labeled.</p> <p>Review on 10/30/18 of client #3's physician's orders last dated 8/30/18 stated, "Epipen 0.3 MG AUTO INJECTOR STAT PRN insect sting."</p> <p>During an interview on 10/30/18, staff confirmed client #3's Epi-Pens were not labeled.</p> <p>During an interview on 10/30/18, management staff confirmed the Epi-Pens for client #3 should have been labeled.</p> <p>2. Client #4's Calcium 600mg were not labeled.</p> <p>During afternoon medication administration at the day program on 10/30/18, it was discovered client #4's bottle containing his Calcium 600mg was not labeled.</p> <p>During morning medication administration at the home on 10/31/18, it was discovered client #4's bottle containing his Calcium 600mg was not labeled.</p> <p>During an interview on 10/30/18, staff confirmed client #4's Calcium 600mg should be labeled.</p> <p>Review on 10/30/18 of client #4's physician's orders last dated 8/30/18 stated, "Calcium</p>	W 374			

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W 374	Continued From page 3 Carbonate 600 mg + Vitamin D, 1 TAB PO TID."	W 374			
W 382	<p>During an interview on 10/31/18, the facility's nurse stated, "I did not know over the counter medications had to have a label."</p> <p><b>DRUG STORAGE AND RECORDKEEPING</b> CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all medications remained locked. The finding is:</p> <p>The medications were left unsecured and unsupervised.</p> <p>During observations in the home on 10/30/18 from 3:30pm until 6:30pm, client #3's 2 Epi-Pens where in a fanny pack which was located on top of the piano in the home. The fanny pack was accessible to anyone in the home, including the surveyor. At no time did staff secure the fanny pack with client #3's two Epi-Pens. Further observations revealed the surveyor asking about the Epi-Pens at 4:15pm, with staff showing the surveyor and putting the fanny pack with the two Epi-Pens back on the piano.</p> <p>During an interview on 10/30/18, management staff confirmed client #3's two Epi-Pens should be locked up.</p>	W 382	<p>When the client is not wearing his fanny pack, it will be locked in the med cabinet. All staff will be responsible for insuring all medications are secured.</p>	11/1/18	