STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-021	A. BUILDING: _____ B. WING _____	R 04/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PITT COUNTY GROUP HOME 4	1203 RED BANKS ROAD GREENVILLE, NC 27834

(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 and follow up survey was completed on April 11, 2019. 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	DHSR - Mental Health APR 26 2019 Lic. & Cert. Section	
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and	V 108	All staff will receive training in the use and care of client #3's oxygen concentrator and it will be documented in the staff training notebook.	4/15/2019

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V 108	Continued From page 1 clients. This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to provide training to meet the needs of a client for 3 of 3 audited staff (#1, #2, #3). The findings are: Review on 4/9/19 of client #3's record revealed: - 59 year old female admitted to the facility 2/11/91. - Diagnoses included severe mental retardation, Down's Syndrome, sleep related hypoventilation/hypoxemia. - Client used oxygen 2 liters per minute at night due to sleep related hypoventilation/hypoxemia. Review on 4/11/19 of client #3's medication administration records for January through April 2019 revealed: - Transcribed entries for "Medical Equipment: Oxygen tubing and cup Directions: clean cup and oxygen tubing every Wednesday . . . Med [medication] Oxygen tasks Directions: New bottle once monthly clean bottles once weekly, clean tubing once weekly." - Staff initials signified the "Oxygen Tasks" were completed weekly and monthly. Observations of the facility on 3/9/19 at approximately 10:45 am revealed an oxygen concentrator at the end of client #3's bed. Review on 4/10/19 of staff #1's personnel record revealed: - Hire date 2/23/15, title of Teacher/Parent.	V 108		

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V 108	Continued From page 2 - No documented training in the use and care of the oxygen concentrator or oxygen safety. During interview on 4/10/19 staff #1 stated she had received training in the use and care of client #3's oxygen concentrator last year. Review on 4/10/19 of staff #2's personnel record revealed: - Hire date 8/31/06, title of Teacher/Parent. - No documented training in the use and care of the oxygen concentrator or oxygen safety. During interview on 4/10/19 staff #2 stated she received training in the use and care of client #3's oxygen concentrator last year. Review on 4/10/19 of staff #3's personnel record revealed: - Hire date 3/7/17, title of Teacher/Parent. - No documented training in the use and care of the oxygen concentrator or oxygen safety. During interview on 4/11/19 the Executive Director/Qualified Professional stated all staff received training in the use and care of client #3's oxygen concentrator last year. She did not have documentation of the training for staff, but she did have her notes from the training. She understood the need to have documentation of the training and would make sure staff received refresher training and that the training was documented for the personnel records. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 108		
V 114	27G .0207 Emergency Plans and Supplies	V 114		

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V 114	Continued From page 3 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure fire and disaster drills were conducted under conditions that simulated emergencies. The findings are: Review on 4/9/19 and 4/10/19 of facility fire and disaster drill records for May 2018 - March 2019 revealed: - 10 of 11 documented fire drills were held between 7:35 am and 8:35 pm; fire drill dated 2/23/19 was documented as being held at "6:11" with no notation of morning or evening. - 10 of 10 documented disaster drills were held between 7:35 am and 7:54 pm. - No fire or disaster drills were held during overnight hours. During interview on 4/9/19 client #5 stated she moved fast to go outside for fire drills; no drills were held at nighttime, "only in the daylight." She	V 114	A schedule for fire and tornado drills will be developed and implemented to include drills during dark/night hours when clients are asleep.	4/30/19

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V 114	Continued From page 4 went into the bathroom for tornado drills. During separate interviews on 4/9/19 clients #4 and #6 stated they went outside for fire drills and into the bathroom for tornado drills. During interview on 4/9/19 the Lead Teacher/Parent stated: - The facility operated on a 5 days on/5 days off schedule, staff were at the facility 3:00 pm - 8:30 am. - Staff usually went to their room between 10:30 pm and 11:00 pm, but were available to respond should there be a need. During interview on 4/10/19 staff #1 stated: - She usually worked 3:00 pm - 9:00 pm, but would fill in for coverage as needed. - Fire and tornado drills were done monthly. - Drills were held "around the same time", but staff tried to "pick a different day and time" to hold the drills. During interview on 4/10/19 staff #2 stated: - She worked overnight at the facility; she and the clients usually went to their rooms at 10:00 pm. - She did fire and tornado drills monthly. - She had not done a fire drill after the clients had gone to bed but she knew "most fires happen overnight." During interviews on 4/9/19 and 4/10/19 the Executive Director/Qualified Professional stated she understood the requirement for drills to be completed under conditions that simulate emergencies, including at different times of the day, including during sleep hours.	V 114		

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V 118	Continued From page 5	V 118		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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. This Rule is not met as evidenced by: Based on record reviews, observations and interviews the facility failed to 1) ensure	V 118	Finding 1 The team will review the medication administration goal for Client #4 at her annual PCP meeting on April 30, 2019 and determine if the goal needs to be rewritten or if a physicians order needs to be obtained for self administering medications. Finding 2 The Executive Director will meet with the RN and determine what is needed for staff to be in compliance with medication administration regulations. The RN will determine and implement course of action and provide documentation for staff personnel records.	4/30/2019 5/6/2019

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V 118	Continued From page 6 medications administered were recorded on the MAR immediately following administration and to obtain a physician's order to self-administer medications for 1 of 3 audited clients (#4), and 2) to ensure medications were administered by staff trained by a registered nurse, pharmacist, or other legally qualified person for 3 of 3 audited staff (#1, #2, #3). The findings are: Finding 1 Review on 4/9/19 of client #4's record revealed: - 68 year old female admitted to the facility 2/12/91. - Diagnoses included moderate mental retardation, carotid artery disease, hypertension, eczema, cerebral palsy, osteopenia, urinary incontinence, and cerebrovascular disease. - Person Centered Profile dated 5/15/18 included "Add What's Working/What's Not Working . . . She needs reminders to take her medication as prescribed . . . What (Short Range Goal) . . . 1c. [Client #4] will independently administer her own medication as prescribed throughout the plan year. This will be evidenced by observation and documentation review. . . . How (Support/Intervention) . . . The staff at the group home will observe [client #4] as: she gathers the key and unlocks medication, turn to her page in the MAR, get a medication cup, identify the correct medication, dispense the medication as written in the MAR, repeat these steps for all of the prescribed medications, take the medications, initial the MAR, lock the med cart and put the car in the correct place. The staff will calmly remind [client #4] to complete any steps she has missed. . . [Client #4] is performing this goal with 74% independence. She should continue this goal." - Physician's order signed 6/15/18 for Debrox (used for the removal of ear wax) 6.5%, 2 drops in each ear weekly.	V 118		

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V 118	Continued From page 7 - Physician's order signed 12/5/18 for T-Gel Shampoo (used to treat itchy, oily skin conditions of the head and scalp) use daily as directed. - No physician's order for client #4 to self-administer medications. Review on 4/9/19 of client #4's MARs for January 2019 - April 2019 revealed: - Transcribed entries for Debrox 6.5%, 2 drops in each ear weekly. - No staff initials to signify administration of the Debrox as ordered in March or April 2019. Observation on 10/9/19 at 12:05 pm of client #4's medications on hand revealed over the counter Debrox 6.5% ear drops, with an expiration date of June 2020. During interview on 4/9/19 client #4 stated that staff assisted her to take her medications. She got her medications out of the medicine cart and put them in "a little cup" herself when staff #2 was working. Finding 2 Review on 4/10/19 of Review on 4/10/19 of staff #1's personnel record revealed: - Hire date 2/23/15, title of Teacher/Parent. - No documented training in medication administration. During interview on 4/10/19 staff #1 stated: - Medications were always available for administration, the pharmacy delivered medications to the facility. - She had received medication administration training. Review on 4/10/19 of staff #2's personnel record revealed:	V 118		

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V 118	Continued From page 8 - Hire date 8/31/06, title of Teacher/Parent. - No documented training in medication administration. During interview on 4/10/19 staff #2 stated: - Medications were always available for administration; they could get emergency re-fills from a local pharmacy if needed. - She received medication administration training from a registered nurse. Review on 4/10/19 of staff #3's personnel record revealed: - Hire date 3/7/17, title of Teacher/Parent. - No documented training in medication administration. During interviews on 4/10/19 and 4/11/19 the Executive Director/Qualified Professional stated: - She didn't realize a physician's order was required for self-administration of medications. - Client #4 didn't routinely self-administer her medications. - Staff kept client #4's T-Gel shampoo in the staff quarters because she would use too much of it at one time. - She did not know why client #4's Debrox ear drops were not documented on the March and April 2019 MARs; she felt sure they had been administered as ordered. - All staff had medication administration training provided by a registered nurse several years ago; the nurse had since passed away. - The registered nurse provided documentation of the training to some staff, but not for others. - She could not locate a training roster for the medication administration training. - She would ensure all staff had refresher medication administration training by a registered nurse and that the training was documented as	V 118		

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V 118	Continued From page 9 required. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to report medication errors immediately to a physician or pharmacist for 2 of 3 audited clients (#5, and #6). The findings are: Review on 4/9/10 of client #5's record revealed: - 71 year old female admitted to the facility 7/19/02. - Diagnoses included mild mental retardation with conduct disturbance, and hypothyroidism. - Physician's order dated 11/28/18 for oxybutynin (generic for Ditropan, used to treat overactive bladder) 5 milligrams (mg) one tablet daily. Review on 4/9/10 of client #5's MARs for January	V 123	All staff participated in a meeting on 4/15/2019 where medication error reporting requirements were reviewed and discussed. All medication errors will be reported to the RN and the Pharmacist. Either of them may instruct staff to report to the physician.	4/15/2019

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V 123	Continued From page 10 - April 2019 revealed transcribed entry for oxybutynin 5 mg one tablet daily at 7:00 pm. Review on 4/10/19 of facility level 1 incident reports revealed: - Incident report dated 1/4/19 and signed by staff #3 included: ". . . Resident Name: [client #5] . . . Details pertinent to incident: On January 1st, 2nd, and 3rd [client #5] was given Oxybutynin 5 mg PO [by mouth] at 7 am and 7 pm as stated on MAR. [Client #5] is only suppose to receive 5 mg 7 pm [Client #5] received 5 mg January 4, 2019 at 7 am. Treatment given/action taken: RN [Registered Nurse] . . . notified immediately as well as team lead [Lead Teacher/Parent]. Specific injuries or dangers: Per RN resume Oxybutynin Chloride 5m g/one tablet po daily 7 AM. Was incident reported to a physician? Yes No . . . " - No documentation regarding notification of a physician or pharmacist was included in the incident report. Review on 4/10/19 of client #6's record revealed: - 47 year old female admitted to the facility 3/24/97. - Diagnoses included moderate mental retardation, depression, anemia, and constipation. - Physician's order dated 2/5/19 for Fiber-Lax (a laxative) 625 mg two tablets daily. Review on 4/10/19 of facility level 1 incident reports revealed: - Incident report dated 3/3/19 and signed by staff #3 included: ". . . Resident Name: [client #6] . . . Place where incident occurred: Home Visit/her dad's . . . Details pertinent to incident: While counting in [client #6's] medications return from home visit. Staff packed 56 Fiber-Lax Tab 625 mg. [client #6] returned with 56 Fiberlax tab 625	V 123		

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V 123	Continued From page 11 mg. Treatment given/action taken: Staff notified RN . . and Lead T/P [Teacher/Parent] . . . Was incident reported to a physician? No . . . " During interviews on 4/10/19 and 4/11/19 the Executive Director/Qualified Professional stated: - There was no documented evidence on the incident reports that either medication error was reported to a physician or pharmacist. - Client #6's medication error occurred while she was on a home visit and not at the facility. - The physician or pharmacist would not be available to receive reports of medication errors after normal work hours, on weekends or holidays. - She would speak with the Registered Nurse to reiterate the requirement to report medication errors to a physician or pharmacist and the importance of documenting the contact and the response.	V 123		

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

April 16, 2019

Mary Grace-Bright, Executive Director/QP
Pitt Co. GH Board for Mentally Retarded, Autistic Persons, Inc.
PO Box 9
Grifton, NC 28530

Re: Annual and Follow-Up Survey completed 4/11/19
Pitt County Group Home #4, 1203 Red Banks Road, Greenville, NC
MHL # 074-021
E-mail Address: mbright@pcghomes.org

Dear Ms. Bright:

Thank you for the cooperation and courtesy extended during the annual and follow-up survey completed April 11, 2019.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited standard level deficiency.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiency must be ***corrected*** within 30 days from the exit of the survey, which is May 11, 2019.
- Standard level deficiencies must be ***corrected*** within 60 days from the exit of the survey, which is June 10, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Wendy Boone, South Coastal Team Leader, at 252-568-2744.

Sincerely,

Connie Anderson

Connie Anderson
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO