

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/11/2019
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NAME OF PROVIDER OR SUPPLIER PITT COUNTY GROUP HOME #5	STREET ADDRESS, CITY, STATE, ZIP CODE 2240 EDGEWATER DRIVE WINTERVILLE, NC 28590
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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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on April 11, 2019. 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 Disabilities.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p> </p> <p>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:</p> <p>Review on 4/10/19 and 4/11/19 of facility fire and disaster drill records for May 2018 - March 2019 revealed: - 12 of 12 documented fire drills were held between 7:30 am and 6:45 pm.</p>	V 114	<p>A schedule for fire and tornado drills will be developed and implemented to include drills during dark/night hours when clients are asleep.</p> <p> </p> <p><i>DHSR - Mental Health</i> <i>APR 26 2019</i> <i>Lic. & Cert. Section</i></p>	4/30/19

Division of Health Service Regulation
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Manjiv Singh Bhatia

TITLE

Executive Director

(X6) DATE

4-23-19

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> - 10 of 12 documented tornado drills were held between 7:25 am and 8:15 pm; times on 2 of 12 tornado drills were documented with no notation of morning or evening (12/15/18 3:52, and 6/24/18 7:35). - No fire or tornado drills were documented as held during overnight or sleep hours. <p>During interview on 4/10/19 the Lead Teacher/Parent stated:</p> <ul style="list-style-type: none"> - 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. <p>During interview on 4/10/19 client #2 stated:</p> <ul style="list-style-type: none"> - Fire and tornado drills were held at the facility. - Clients went outside for fire drills and to the bathroom for tornado drills. - Drills were not held during overnight/sleeping hours. <p>During interview on 4/11/19 staff #1 stated:</p> <ul style="list-style-type: none"> - Fire and tornado drills were held monthly. - He tried to do drills on all shifts "because a fire can break out at any time." <p>During interview on 4/11/19 staff #3 stated:</p> <ul style="list-style-type: none"> - She usually worked 12:00 pm - 8:00 pm. - She had conducted one drill since she began working at the facility; the overnight staff usually held the drills. - Fire and tornado drills were done monthly. <p>During interviews on 4/10/19 and 4/11/19 the Executive Director/Qualified Professional stated she understood the requirement for drills to be completed under conditions that simulate</p>	V 114		

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V 114	Continued From page 2 emergencies, including at different times of the day, including during sleep hours.	V 114		



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 MR, Autistic Persons, Inc.
PO Box 9
Grifton, NC 28530

DHSR - Mental Health

APR 26 2019

Lic. & Cert. Section

Re: Annual and Follow-Up Survey completed 4/11/19
Pitt County Group Home #5, 2240 Edgewater Drive, Winterville, NC
MHL # 074-037
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 the deficiency is now in compliance, which is reflected on the enclosed Revisit Report. An additional deficiency was cited during the survey.

Enclosed you will find the deficiency 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 deficiency found, the time frame for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is June 10, 2019.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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
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