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

PRINTED: 09/26/2019
FORM APPROVED
OMB NO. 0938-0391

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 _____	09/25/2019

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
E 039	EP Testing Requirements CFR(s): 483.475(d)(2) (2) Testing. The [facility, except for LTC facilities, RNHCIs and OPOs] must conduct exercises to test the emergency plan at least annually. The [facility, except for RNHCIs and OPOs] must do all of the following: *[For LTC Facilities at §483.73(d):] (2) Testing. The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do all of the following:] (i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event. (ii) Conduct an additional exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based. (B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.	E 039	PCGH will conduct an emergency exercise and document appropriately. In addition, EOP manuals in the group home will be updated and kept up to date. The Executive Director will be responsible for coordinating and documenting the emergency exercise annually. The QP's and Lead DSP's will be responsible for maintaining documentation in the group home EOP Manual DHSR-Mental Health OCT 14 2019 Lic. & Cert. Section	11/25/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mary Grace Bright
TITLE: Executive Director
(X6) DATE: 10-10-19

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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E 039	Continued From page 1 *[For RNHCIs at §403.748 and OPOs at §486.360] (d)(2) Testing. The [RNHCI and OPO] must conduct exercises to test the emergency plan. The [RNHCI and OPO] must do the following: (i) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (ii) Analyze the [RNHCI's and OPO's] response to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a facility/community-based or tabletop exercise was conducted to test their emergency plan. The finding is: The facility's Emergency Preparedness (EP) plan did not include completion of facility/community-based exercise or tabletop exercise. Review on 9/24/19 of the facility's emergency plan dated July 2019 did not include a tabletop exercise or full scale emergency drill. Interview on 9/25/19 with the Executive Director confirmed the facility had not evacuated during the year due to any emergency circumstances and that a table top exercise had not been completed.	E 039		

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W 249	Continued From page 2	W 249		
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 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 observations, interviews and record review, the facility failed to ensure 2 of 3 audit clients (#3, #6) received a continuous active treatment plan consisting of needed interventions as identified in the individual program plan (IPP) in the areas of independent dining and self-help skills. The findings include: 1. Staff failed to assist client #6 with using his knife and cutting up his sausage. During observations on 9/25/19 at 7:05am client #6 was assisted to serve sausage, cereal and a muffin for his breakfast. During the meal client #6 picked up his sausage with his hands and bit pieces off of it during the meal. Staff did not assist him to cut it into pieces with his knife. Review on 9/24/19 of client #6's adaptive behavior inventory dated 10/3/18 revealed he has no independence using a knife to cut his food. He can use a fork and spoon independently. Interview on 9/25/19 with the Qualified Intellectual	W 249	Inservice education will be held with all staff regarding Active Treatment. Specific incidents and the need for Active Treatment in all areas will be reviewed and discussed. The QP and Lead DSP will be responsible for monitoring and providing feedback to staff as needed.	11/25/19

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W 249	Continued From page 3 Disabilities Professional (QIDP) confirmed client #6 needs assistance using his knife to cut up food and should be assisted during mealtime. 2. Staff did not assist client #6 with wiping his mouth during observations on 9/25/19. During observations at the facility on 9/25/19 from 6:00am-8:15am, client #6 was noted to salivate onto the table in the dining room and onto his shirt. Direct care staff did not prompt him to use a handkerchief or napkin to wipe his mouth. Review on 9/25/19 of client #6's ABI dated 10/31/18 revealed he requires assistance from staff to wipe drool from his mouth. Interview on 9/25/19 revealed direct care staff should consistently prompt client #6 to wipe his mouth using napkin or handkerchief. 3. Staff did not prompt client #3 to wash his hands after toileting. During morning observations in the home on 9/25/19 at 7:55am, client #3 was observed in the bathroom with the door cracked open, and bathroom light on. He was heard urinating, flushing the toilet and then exited the bathroom without washing his hands. Further observations at 7:57am revealed that client #3 went outside to retrieve a newspaper, came back inside and laid the newspaper on a table in the living room. Client #3 touched several items on the table that he laid the newspaper on, then walked by the dining room table where he rubbed his hands along the table and touched several of the placemats by straightening them.	W 249		

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W 249	Continued From page 4 Review on 9/25/19 of client #3's IPP dated 11/16/18 states that client #3 is capable of toileting independently but may need prompting to close the door and to wash his hands. Review on 9/25/19 of client #3's record revealed an adaptive behavior Inventory (ABI) dated 10/31/18. The ABI revealed client #3's skill to wash his hands after toileting indicates he is, "partially independent, able to perform some but not all task independently." Interview on 9/25/19 with the QIDP revealed that client #3 has not been on a formal training program in the past for hand washing. Further interview revealed the expectation is that staff are not to follow to client #3 to the bathroom, but when they see him exit the bathroom they are to ask him "[Client #3] did you wash your hands?" and he will reply yes or no. If he states no, he is prompted to return to the bathroom to wash his hands.	W 249		
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure a clean and sanitary environment was maintained and the potential for cross-contamination was prevented. This affected all clients residing in the facility. The findings are: Staff failed to assist clients with handwashing and	W 454	All staff will participate in Infection Control training. The QP and Lead DSP will monitor and provide necessary feedback.	11/25/19

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W 454	Continued From page 5 cleaning the dining area during mealtime. 1. During morning observations in the home on 9/25/19 at 6:59am, Staff B placed a platter of sausage patties on the table. Client #5 reached into the plate using his bare hand, grabbed a piece of sausage, and passed the plate to client #3, who also grabbed a piece of sausage with his bare hand before putting the platter down on the table. Staff B told client #3 and client #5 that she "did not tell them to get that yet." Both client #3 and client #5 picked the sausage up off their plates with their bare hands and put the sausage back on the platter. At 7:03am, the platter was passed around the table for all the residents to get a piece of sausage. Interview on 9/25/19 with Staff B revealed that client #3 and client #5 should have been prompted to use the fork that was on the platter to get their piece of sausage with. Staff B also revealed that once the sausage was put back on the platter, it should have been thrown out and not consumed by the residents. 2. Staff failed to assist client #6 with cleaning the table. During observations in the facility on 9/25/19 between 7:33am-7:40am client #6 was removing his breakfast items from the table. He was salivating onto the table. He took his hand and wiped it into the table. Staff did not prompt him to wash his hands or clean the table. Client #5 came back to the table later and used a wet rag to wipe down the table. Interview on 9/25/19 with the qualified intellectual disabilities professional (QIDP) confirmed direct	W 454		

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W 454	Continued From page 6 care staff should have directed client #6 to wash his hands and disinfect the dining room table.	W 454		