PRINTED: 02/09/2021 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER PITT CO GROUP HOME # SUMMARY STAY EMENT OF DEFICIENCES (FACILITY, STATE, ZIP CODE 6570 FARWAY DRIVE GRIFTON, NC 28530 SUMMARY STAY EMENT OF DEFICIENCES (FACILITY, NC 1851) FREETY TAG SUMMARY STAY EMENT OF DEFICIENCES (FACILITY, NC 1851) FREETY TAG PROTECTION OF CLIENTS RIGHTS CFR(s): 483 420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure privacy was maintained during personal care. This affected 2 of 5 audit clients (#2 and #3). The findings are: A. During observations in the home on 2/2/21 from 6:37pm through 6:39pm, client #2 was observed sitting on the toilet with the door open. During the time of the observation, his peer was walking in and out of his bedroom that is located directly across the hall from the bathroom. At no time during the observation was client #2 prompted to close the door nor did staff close the door for him. Review on 2/2/21 of client #2's Individual Program Plan (IPP) dated 5/21/20 revealed client #3 "needs prompting with closing the bathroom door." Additional review of client #2's IPP revealed a service objective for [Client #2's will sit on the toilet while urinating." Further review of the service objective revealed that "whenever [client #2] gets up to go to the bathroom, staff will follow him." Review on 2/2/21 of client #2's record revealed an Adaptive Behavior inventory (ABI) dated 5/1/220. Client #2's ABI revealed he has "no independence" in the area of closing the	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
PITT CO GROUP HOME #1 (PA) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) W 130 PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure privacy was maintained during personal care. This affected 2 of 5 audit clients (#2 and #3). The findings are: A. During observations in the home on 2/2/21 from 6:37pm through 6:38pm, client #2 was observed sitting on the toliet with the door open. During the time of the observation, his peer was walking in and out of his bedroom that is located directly across the hall from the bathroom. At no time during the observation sing the bathroom door." Additional review of client #2's Individual Program Plan (IPP) dated 5/21/20 revealed client #3 "needs prompting with closing the bathroom door." Additional review of client #2's IPP revealed a service objective for "Client #2's will sit on the toilet while urinating." Further review of the service objective (or "Client #2's will sit on the toilet while urinating." Further review of the service objective for "Client #2's will sit on the toilet while urinating." Further review of the service objective for "Client #2's will sit on the bathroom; the service objective revealed an Adaptive Behavior Inventory (ABI) dated 5/12/20. Client #2's Fovealed he has "no independence" in the area of closing the	34G023		B. WING _		02/	02/02/2021	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		CFR(s): 483.420(a) The facility must en Therefore, the facilit treatment and care This STANDARD is Based on observati interview, the facility maintained during pof 5 audit clients (#2) A. During observati from 6:37pm throug observed sitting on During the time of twalking in and out of directly across the lime during the observed to close to door for him. Review on 2/2/21 operation on the toilet while upon the toilet while upon the service objective [client #2] gets up to follow him." Review on 2/2/21 open to follow him." Review on 2/2/21 open to follow him."	sure the rights of all clients. ty must ensure privacy during of personal needs. Is not met as evidenced by: tions, record review and y failed to ensure privacy was personal care. This affected 2 2 and #3). The findings are: Ons in the home on 2/2/21 the 6:39pm, client #2 was the toilet with the door open. The observation, his peer was of his bedroom that is located hall from the bathroom. At no ervation was client #2 the door nor did staff close the finding. If client #2's IPP objective for "[Client #2] will sit rinating." Further review of the properties of the bathroom, staff will foliant the properties of the bathroom, staff will foliant #2's record revealed or Inventory (ABI) dated as ABI revealed he has "no ne area of closing the privacy.				

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.

	OVIDER OR SUPPLIER	34G023				(X3) DATE SURVEY COMPLETED	
	VIDER OR SUPPLIER		B. WING		02/0	02/2021	
NAME OF PROVIDER OR SUPPLIER PITT CO GROUP HOME #1				STREET ADDRESS, CITY, STATE, ZIP CODE 6570 FAIRWAY DRIVE GRIFTON, NC 28530	, 02.		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE	
Inficii be St clo	ient #2 does not cehind himself where taff B revealed that ose the bathroom terview on 2/2/21 ED) confirmed that ient #2 to close the property of the terview of the bathroom door oper oservation was clied on a close or nor did staff close the property of the terview on 2/2/21 ient #3 can close the terview on 2/2/21 ient #3 can cl	with Staff B revealed that lose the bathroom door in he goes into the bathroom. It staff are to prompt him to door or close it for him. with the Executive Director it staff should have prompted to bathroom door or closed it to be bathroom to letting with the lent #3 prompted to close the best he door. If client #3's IPP dated 1/10/20 is independent in to letting. If client #3's record revealed letter in the area of closing for privacy. With Staff B revealed that the bathroom door for privacy, staff should prompt him to door or close the bathroom with the ED confirmed that compted client #3 to close the losed it for him. PMENT	W 430				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
		34G023	B. WING _		02	2/02/2021
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W 436	and teach clients to choices about the u hearing and other of and other devices i	rnish, maintain in good repair, ouse and to make informed use of dentures, eyeglasses, communications aids, braces,	W 43	36		
	Based on observarinterview, the facilit furnished eyeglass informed choices a	s not met as evidenced by: tions, record review and y failed to ensure client #4 was es and taught to use and make bout the use of his ffected 1 of 5 audit clients.				
	3:45pm through 5: sitting at the dining together. During the observed to pick the them close to his faround. Client #4 voor was he prompte eyeglasses. During eyeglasses were si	s in the home on 2/1/21 from 8pm, client #4 was observed room table putting a puzzle e observations, client #4 was e puzzle pieces up and hold ace and moving the pieces was not wearing eyeglasses, ed or encouraged to wear g the observations, client #4's tting in a basket on the e dining room and kitchen.				
	Program Plan (IPP client #4 "wears ey must prompt him to not think about wea worn anytime he ha program, activity or Interview on 2/2/21	f client #4's Individual) dated 1/10/2020 revealed eglasses as needed. Staff o wear eyeglasses as he does aring them. Eyeglasses are as difficulty focusing on any materials that are close up." with Staff C revealed that always wear eyeglasses, but is				

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34G023		B. WING		02	02/02/2021		
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W 436	activities. Staff C resupposed to promp get his glasses and can tell you he show was putting that put Interview on 2/2/21 (ED) confirmed that to wear his eyeglas as stated in his IPP	hem when he is doing evealed that staff are thim throughout the activity to put them on. Staff C stated "I ald have had them on when he excle together." with the Executive Director to client #4 should be prompted ses when he is doing activities.	W 4				
W 454	INFECTION CONTROL CFR(s): 483.470(I)(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 and interviews, the facility failed to ensure the potential for cross-contamination was prevented. This potentially affected all clients residing in the home. The findings are: A. During observations in the home on 2/1/21 at 5:29pm, client #3 was observed to be assisting Staff C in the kitchen during meal preparation. Client #3 accidentally knocked a basket off the counter. The basket contained a sensor device that client #5 uses in his glasses to assist him with pouring his liquids. The sensor device landed on the floor. Staff A came along, picked the sensor up, and put it back into the basket and placed the basket on the counter. The sensor device was not cleaned or sanitized. Additional observations in the home on 2/1/21 at		VV 4	.54			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED	
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W 454	6:41pm revealed clinto three glasses. the first glass, and device was placed Interview on 2/2/21 sensor device shouhad fallen on the flominimum, the device with an alcohol wipto use it. Interview on 2/2/21 (ED) confirmed the been cleaned after B. During observations: 5:37pm, client #2 wkitchen, opening caprompted client #2 he refused. At 5:38 bare hand, and convegetables. Client his hands. Interview on 2/2/21 client #2 should have promphands after he coupling the caprompted client #2 should have promphands before allow with opening the caprompted client #2 wtoilet using the battexited the bathroom	lient #5 pouring his beverages The device was placed into once he filled this glass up, the into glass two and three. with Staff B revealed the uld have been cleaned after it foor. Staff B stated at the should have been cleaned e before client #5 was allowed with the Executive Director e sensor device should have it had fallen on the floor. ions in the home on 2/1/21 at was assisting Staff C in the eans of vegetables. Staff C to put on a pair of gloves, but 8pm, client #2 coughed into his ontinued opening cans of #2 was not prompted to wash with Staff C revealed that we been prompted to wash his ghed into it. with the ED confirmed Staff C ofted client #2 to wash his ing him to continue to assist	W 4!	54		

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W 454	he sat at the table v passing pitchers of platters/bowls of for was client #2 prom Interview on 2/2/21 client #2 should have he exited the bathrot table to participate revealed staff shouthis hands.	with his peers and began beverages to his peers, and od to his peers. At no time pted to wash his hands. with Staff B revealed that we washed his hands before com and before sitting at the in family style dining. Staff B ld have prompted him to wash with the ED confirmed that rompted client #2 to wash his	W 4	54		