

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G023	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/02/2021
NAME OF PROVIDER OR SUPPLIER PITT CO GROUP HOME #1			STREET ADDRESS, CITY, STATE, ZIP CODE 6570 FAIRWAY DRIVE GRIFTON, NC 28530		
(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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>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:</p> <p>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.</p> <p>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] 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."</p> <p>Review on 2/2/21 of client #2's record revealed an Adaptive Behavior Inventory (ABI) dated 5/12/20. Client #2's ABI revealed he has "no independence" in the area of closing the bathroom door for privacy.</p>	W 130	<p>Staff will attend inservice regarding client #2's service objective. During inservice privacy standards fo all clients will be reviewed.</p> <p>The importance of monitoroing and emphasizing privacy will be reviewed with the Lead DSP in the home. The Lead DSP will be responsible for monitoring privacy in the group home and supervising staff to ensure compliance.</p> <p>DHSR - Mental Health FEB 10 2021 Lic. & Cert. Section</p>	4/3/2021	

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

TITLE

(X6) DATE

Maureen Bright

Executive Director

2-10-2021

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.

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G023	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/02/2021
NAME OF PROVIDER OR SUPPLIER PITT CO GROUP HOME #1			STREET ADDRESS, CITY, STATE, ZIP CODE 6570 FAIRWAY DRIVE GRIFTON, NC 28530		
(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 130	<p>Continued From page 1</p> <p>Interview on 2/2/21 with Staff B revealed that client #2 does not close the bathroom door behind himself when he goes into the bathroom. Staff B revealed that staff are to prompt him to close the bathroom door or close it for him.</p> <p>Interview on 2/2/21 with the Executive Director (ED) confirmed that staff should have prompted client #2 to close the bathroom door or closed it for him.</p> <p>B. During observations in the home on 2/1/21 from 6:20pm through 6:22pm, client #3 was observed in the bathroom toileting with the bathroom door open. At no time during the observation was client #3 prompted to close the door nor did staff close the door.</p> <p>Review on 2/2/21 of client #3's IPP dated 1/10/20 revealed client #3 is independent in toileting.</p> <p>Review on 2/2/21 of client #3's record revealed an ABI dated 12/24/19. Client #3's ABI revealed he is "totally independent" in the area of closing the bathroom door for privacy.</p> <p>Interview on 2/2/21 with Staff B revealed that client #3 can close the bathroom door for privacy, but if he does not, staff should prompt him to close the bathroom door or close the bathroom door for him.</p> <p>Interview on 2/2/21 with the ED confirmed that staff should have prompted client #3 to close the bathroom door or closed it for him.</p>	W 130			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)	W 436			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G023	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/02/2021
NAME OF PROVIDER OR SUPPLIER PITT CO GROUP HOME #1			STREET ADDRESS, CITY, STATE, ZIP CODE 6570 FAIRWAY DRIVE GRIFTON, NC 28530		
(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 436	<p>Continued From page 2</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure client #4 was furnished eyeglasses and taught to use and make informed choices about the use of his eyeglasses. This affected 1 of 5 audit clients. The finding is:</p> <p>During observations in the home on 2/1/21 from 3:45pm through 5:18pm, client #4 was observed sitting at the dining room table putting a puzzle together. During the observations, client #4 was observed to pick the puzzle pieces up and hold them close to his face and moving the pieces around. Client #4 was not wearing eyeglasses, nor was he prompted or encouraged to wear eyeglasses. During the observations, client #4's eyeglasses were sitting in a basket on the counter between the dining room and kitchen.</p> <p>Review on 2/1/21 of client #4's Individual Program Plan (IPP) dated 1/10/2020 revealed client #4 "wears eyeglasses as needed. Staff must prompt him to wear eyeglasses as he does not think about wearing them. Eyeglasses are worn anytime he has difficulty focusing on any program, activity or materials that are close up."</p> <p>Interview on 2/2/21 with Staff C revealed that client #4 does not always wear eyeglasses, but is</p>	W 436	All staff will attend inservice to review use of eyeglasses, hearing and other communication aids identified by the team as needed by the client. The Lead DSP will be responsible for monitoring in the group home and working with all staff to ensure compliance.	4/3/2021	

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G023	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/02/2021
NAME OF PROVIDER OR SUPPLIER PITT CO GROUP HOME #1			STREET ADDRESS, CITY, STATE, ZIP CODE 6570 FAIRWAY DRIVE GRIFTON, NC 28530		
(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 436	Continued From page 3 supposed to wear them when he is doing activities. Staff C revealed that staff are supposed to prompt him throughout the activity to get his glasses and put them on. Staff C stated "I can tell you he should have had them on when he was putting that puzzle together."	W 436			
W 454	Interview on 2/2/21 with the Executive Director (ED) confirmed that client #4 should be prompted to wear his eyeglasses when he is doing activities as stated in his IPP. 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 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	W 454	All staff will attend an Infection Control inservice. Sanitation will be emphasized but all areas of infection control will be reviewed. The Lead DSP will be responsible for monitoring all staff and clients for compliance.	4/3/2021	

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G023	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/02/2021
NAME OF PROVIDER OR SUPPLIER PITT CO GROUP HOME #1			STREET ADDRESS, CITY, STATE, ZIP CODE 6570 FAIRWAY DRIVE GRIFTON, NC 28530		
(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 454	<p>Continued From page 4</p> <p>6:41pm revealed client #5 pouring his beverages into three glasses. The device was placed into the first glass, and once he filled this glass up, the device was placed into glass two and three.</p> <p>Interview on 2/2/21 with Staff B revealed the sensor device should have been cleaned after it had fallen on the floor. Staff B stated at minimum, the device should have been cleaned with an alcohol wipe before client #5 was allowed to use it.</p> <p>Interview on 2/2/21 with the Executive Director (ED) confirmed the sensor device should have been cleaned after it had fallen on the floor.</p> <p>B. During observations in the home on 2/1/21 at 5:37pm, client #2 was assisting Staff C in the kitchen, opening cans of vegetables. Staff C prompted client #2 to put on a pair of gloves, but he refused. At 5:38pm, client #2 coughed into his bare hand, and continued opening cans of vegetables. Client #2 was not prompted to wash his hands.</p> <p>Interview on 2/2/21 with Staff C revealed that client #2 should have been prompted to wash his hands after he coughed into it.</p> <p>Interview on 2/2/21 with the ED confirmed Staff C should have prompted client #2 to wash his hands before allowing him to continue to assist with opening the cans of vegetables.</p> <p>C. During observations in the home on 2/1/21 at 6:37pm, client #2 was observed sitting on the toilet using the bathroom. At 6:39pm, client #2 exited the bathroom but did not wash his hands. He immediately went into the dining room, where</p>	W 454			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G023	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/02/2021
NAME OF PROVIDER OR SUPPLIER PITT CO GROUP HOME #1			STREET ADDRESS, CITY, STATE, ZIP CODE 6570 FAIRWAY DRIVE GRIFTON, NC 28530		
(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 454	<p>Continued From page 5</p> <p>he sat at the table with his peers and began passing pitchers of beverages to his peers, and platters/bowls of food to his peers. At no time was client #2 prompted to wash his hands.</p> <p>Interview on 2/2/21 with Staff B revealed that client #2 should have washed his hands before he exited the bathroom and before sitting at the table to participate in family style dining. Staff B revealed staff should have prompted him to wash his hands.</p> <p>Interview on 2/2/21 with the ED confirmed that staff should have prompted client #2 to wash his hands.</p>	W 454			