Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X: A. BUILDING:			X3) DATE SURVEY COMPLETED	
		MHL074-021	B. WING		08/1	₹ 3/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PITT COUNTY GROUP HOME 4 1203 RED BANKS ROAD GREENVILLE, NC 27834							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	on August 13, 2021 This facility is licens category: 10A NCA	w up survey was completed . Deficiencies were cited. sed for the following service C 27G .5600C, Supervised h Developmental Disabilities.					
V 114	· ·	ncy Plans and Supplies	V 114				
	AND SUPPLIES  (a) A written fire pla area-wide disaster   shall be approved be authority.  (b) The plan shall be and evacuation pro- posted in the facility (c) Fire and disaste shall be held at leas repeated for each s under conditions the	n for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be of the developed and routes shall be of the developed at simulate fire emergencies. It have basic first aid supplies					
	failed to have fire a quarterly, repeated	et as evidenced by: view and interviews the facility nd disaster drills held at least on each shift and held under ulate emergencies. The					
	2020-July 2021 rev	of facility records from August ealed: documented between 7:30pm-					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND LEW OF COMMENTAL			A. BUILDING:		R	
		MHL074-021	B. WING			3/2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRES				STATE, ZIP CODE		
PITT COUNTY GROUP HOME 4 1203 RED BANKS ROAD						
	O. I. M. A. D. / O.T.		LLE, NC 278		211	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COR		(X5) COMPLETE DATE
V 114	Continued From page 1		V 114			
	drill 3rd quarter (2/1/2 - No fire drills docur 5:13pm 2nd quarter (11/1/drill 3rd quarter (2/1/2 - No fire or disaster the weekends.  Interview on 7/22/2 stated: - The facility shifts v -5:30am-8:30ar -3:00pm-10:00p -10:00pm- 5:30p -5:30pm-8:30pm - All fire and disaster review She understood firequired to were to	20- 1/31/21) had a missing drill. mented between 11:17pm- 20-1/31/21) had a missing 1- 4/30/21) had a missing drill. drills were completed during 1 the Qualified Professional were: m during weekday's only. m during weekday. m as staff sleep shift. m during weekday. m as weekend shift. m during had been provided for re and disaster drills were be held quarterly, repeated on ulate an emergency.				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a saf manner and shall b odor.	d its grounds shall be e, clean, attractive and orderly e kept free from offensive				
	This Rule is not me	et as evidenced by:				

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STATE FORM 6899 1W8R11 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
,	o. oo.u.zoo		A. BUILDING:	<del></del>			
		MHL074-021	B. WING		08/1	3/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
PITT COUNTY GROUP HOME 4 1203 RED BANKS GREENVILLE, NC							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLE DATE		
V 736	Continued From page 2		V 736				
	Based on observat	ions and interview the facility I in a safe, clean manner. The					
	Observations durin approximately 12:1 - Dark brown stains shelf of the wall in the Client #6 had a 3 and 3rd drawer miswith the 4th and 5th missing knobs and side.  The window sill in dusty and had dead - Three drawer night missing knob on 3r was dusty.  Client #2's bedroom had dead bugs.  Client #1's bedroom had dead bugs.  Client #1's bedroom had dead bugs.  Client #1's bedroom had dead bugs.  Uindow sill was dusted bulb light fixture had the bathtub and datte wall under the result of the point of the point of the wall under the result of the point of the wall under the result of the wal	s and streaks under a metal the bathroom #1. drawer night stand with the 1st ssing knobs, a 10 drawer chest of drawer on the left side 1 missing knob on the right  Client #5's bedroom was dibugs. In stand in Client #3's bedroom did drawer and the window sill om window sill was dusty and om had a hole in the wall is 2 inches in size and the					

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