

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

FORM NO. 0972-0131

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	APPROVED BY PROVIDER OR REPRESENTATIVE MEMBER 34G134	APPROVED BY SURVEILLANT D. W. [Signature]	DATE OF SURVEY 02/02/2022
NAME OF PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PITT COUNTY GROUP HOME #3		STREET ADDRESS, CITY, STATE, ZIP CODE: 6962 CHURCH STREET GRIFTON, NC 28530	
ALC 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)
W 227	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s) 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by:</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure the Individual Program Plan (IPP) for 1 of 3 audit clients (#5) included objectives to address behavior management techniques. The finding is:</p> <p>During observations in the home on 2/2/22 at approximately 7:30am, Staff E was observed to place her cup from breakfast on the bar between the kitchen and dining area. Client #5 was observed to pick the cup up and start drinking from it. Client #5 was observed to drink from the cup until approximately 7:50am. Staff E and Staff F were observed to discuss not taking the cup from him and letting him drink from it to prevent client #5 having a behavior.</p> <p>Review on 2/2/22 of client #5 IPP dated 12/3/21 and Behavior Support Program (BSP) dated 12/3/21 revealed identified target behaviors consisting of self-injury, physical aggression, property destruction, throwing things/kicking/beating objects, and loud screaming/yelling.</p> <p>Review on 2/2/22 of client #5's behavior data documentation revealed no data collected for the behavior of food/beverage stealing.</p> <p>Interview on 2/2/22 with Staff F revealed that client #5 grabbed her coffee cup on the previous</p>	W 227	<p>Preparation and execution of this plan of Correction does not constitute admission of agreement by the provider or truth of facts alleged or conclusion set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of federal and state law.</p> <p>W227 4/3/2022 GHM will inservice staff on the importance of not leaving their personal food/beverage in places where residents would have access.</p> <p>GHM will inservice staff on the importance of documenting any behavior demonstrated by client #5 and/or other residents that is not identified as a target behavior on the client's Behavior Support Plan (BSP).</p> <p>Plan to prevent re-occurrence: Monitoring will be conducted by the GHM, QP and Administrator during monthly mealtime and interaction assessments and observations.</p> <p>QP will work with psychologist to update client #5's BSP to include stealing as a target behavior. QP will inservice staff on updated BSP.</p> <p>Plan to prevent re-occurrence: Monitoring will be conducted by QP, QA and Administrator through QP Quarterly Reviews, quarterly chart reviews and QA reviews.</p>

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

TITLE

DATE

*Cynthia B. Stevens*

*Facility Administrator*

*2/16/22*

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

FORM NO. 0038 (03/21)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IDENTIFIER: LAW ENFORCEMENT AGENCY IDENTIFICATION NUMBER 34G134	WISCONSIN STATE DEPARTMENT OF HEALTH SERVICES A. BUILDING: _____ B. WING: _____	DEFICIENCY DATE 02/02/2022
NAME OF PROVIDER OR SUPPLIER PITT COUNTY GROUP HOME #3		STREET ADDRESS, CITY, STATE, ZIP CODE 6962 CHURCH STREET GRIFTON, NC 28530	
1X4 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)

W 227 Continued From page 1  
week and drank it. Staff F stated they do not intervene when this happens as it would cause client #5 to have additional behaviors.

Interview on 2/2/22 with the Group Home Manager (GHM) revealed staff should be documenting this behavior in the "Other" category on client #5's hourly behavior interval data sheets. The GHM stated this behavior should be incorporated into client #5's BSP.

Interview on 2/2/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she had no knowledge of this behavior. The QIDP did reveal that staff at the day program no longer keep candy, etc. at the day program because client #5 would steal it.

W 227

W 460 FOOD AND NUTRITION SERVICES CFR(s). 483.480(a)(1)

Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.

This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 2 of 3 audit clients (#4 and #5) received their specially prescribed diet as indicated. The findings are:

A. During observations at the day program on 2/1/22 at 12:03pm, client #4 was observed eating a Philly steak sub and french fries. The sub and french fries were served whole. During the observation, client #4 did not have any difficulty eating.

W 460 W460 4/3/2022

QP will request an updated OT evaluation for client #4 and #5.

QP will consult with dietician on current diet orders and review recommendations from OT evaluation with dietician.

Dietician will update diet orders for client #4 and #5 as appropriate based on OT recommendations.

GHM will inservice staff on any diet order changes for client #4 and #5 and stress the importance of following residents' diet plans as written.

Plan to prevent re-occurrence: Monitoring will be conducted by the GHM, QP and Administrator through monthly mealtime assessments and observations.

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

OMB NO. 0938-0047

STATEMENT OF DEFICIENCIES INDIVIDUAL OF CORRECTION	ALPHA NUMBER (UNIQUE IDENTIFICATION NUMBER)	NO. MULTIPLE DEFICIENCY TAGS A. DEFICIENCY TAGS _____ B. W/100 _____	DATE OF DEFICIENCY TAG 02/02/2022
NAME OF PROVIDER OR SUPPLIER <b>PITT COUNTY GROUP HOME #3</b>		STREET ADDRESS (CITY, STATE, ZIP CODE) <b>6952 CHURCH STREET GRIFTON NC 28530</b>	
IMD 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)

W 460 Continued From page 2

W 460

During observations in the home on 2/2/22 at 7:22am client #4 was observed eating oatmeal scrambled eggs, a slice of turkey bacon and toast. The bacon and toast were served whole. During the observations, client #4 did not have any difficulty eating.

Review on 2/1/22 of client #4's individual program plan (IPP) dated 3/12/21 revealed a diet that consists of his food being mechanically altered, due to his tendency to eat fast and loss of teeth.

Review on 2/2/22 of client #4's Nutritional Evaluation dated 3/12/21 revealed a diet that consists of foods being mechanically altered.

Interview on 2/2/22 with Staff E revealed client #4's diet is regular. Staff E stated she has no knowledge of his food being mechanically altered.

Interview on 2/2/22 with the Group Home Manager (GHM) revealed client #4's diet order consists of his food being mechanically altered due to loss of teeth. The GHM revealed that mechanically altered foods means the food should be cut into bite size pieces, or chopped. The GHM confirmed his sub, french fries and toast should have been chopped into bite size pieces.

Interview on 2/2/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed his food should be chopped into bite size pieces.

B. A. During observations at the day program on 2/1/22 at 12:13pm, client #5 was observed eating a Philly steak sub and french fries. The sub and french fries were served whole. During the observation, client #5 did not have any difficulty

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

PRINTED ON RECYCLED PAPER  
OMB NO. 09-38-0341

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	34G134	W 460	02/02/2022
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NAME OF PROVIDER OR SUPPLIER <b>PITT COUNTY GROUP HOME #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6962 CHURCH STREET GRIFTON, NC 28530</b>
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VALID 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)
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W 460 Continued From page 3 W 460  
eating but ate at a rapid pace.

During observations in the home on 2/2/22 at 7:22am, client #5 was observed eating oatmeal and a piece of toast. The toast was served whole. During the observations, client #5 did not have any difficulty eating.

Review on 2/1/22 of client #5's individual program plan (IPP) dated 12/3/21 revealed a diet that consists of his food being regular texture, bite size pieces.

Review on 2/2/22 of client #5's Nutritional Evaluation dated 12/4/20 revealed a diet that consists of regular texture, bite size pieces, all bones discarded.

Interview on 2/2/22 with Staff E revealed client #5's diet is regular and his foods do not have to be cut into bite size pieces but his meat has to be off the bone.

Interview on 2/2/22 GHM revealed client #5's diet order consists of all foods should be manually cut into bite size pieces.

Interview on 2/2/22 with the QIDP revealed client #5's diet is regular, with meats off the bone and the bones discarded. The QIDP confirmed the food should have been cut as his diet indicates.

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G134</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/02/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PITT COUNTY GROUP HOME #3</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6962 CHURCH STREET GRIFTON, NC 28530</b>		
(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 227	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the Individual Program Plan (IPP) for 1 of 3 audit clients (#5) included objectives to address behavior management techniques. The finding is:</p> <p>During observations in the home on 2/2/22 at approximately 7:30am, Staff E was observed to place her cup from breakfast on the bar between the kitchen and dining area. Client #5 was observed to pick the cup up and start drinking from it. Client #5 was observed to drink from the cup until approximately 7:50am. Staff E and Staff F were observed to discuss not taking the cup from him and letting him drink from it to prevent client #5 having a behavior.</p> <p>Review on 2/2/22 of client #5 IPP dated 12/3/21 and Behavior Support Program (BSP) dated 12/3/21 revealed identified target behaviors consisting of self-injury, physical aggression, property destruction, throwing things/kicking/beating objects, and loud screaming/yelling.</p> <p>Review on 2/2/22 of client #5's behavior data documentation revealed no data collected for the behavior of food/beverage stealing.</p> <p>Interview on 2/2/22 with Staff F revealed that client #5 grabbed her coffee cup on the previous</p>	W 227	<p>Preparation and execution of this plan of Correction does not constitute admission of agreement by the provider or truth of facts alleged or conclusion set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of federal and state law.</p> <p>W227 GHM will inservice staff on the importance of not leaving their personal food/beverage in places where residents would have access.</p> <p>GHM will inservice staff on the importance of documenting any behavior demonstrated by client #5 and/or other residents that is not identified as a target behavior on the client's Behavior Support Plan (BSP).</p> <p>Plan to prevent re-occurrence: Monitoring will be conducted by the GHM, QP and Administrator during monthly mealtime and interaction assessments and observations.</p> <p>QP will work with psychologist to update client #5's BSP to include stealing as a target behavior. QP will inservice staff on updated BSP.</p> <p>Plan to prevent re-occurrence: Monitoring will be conducted by QP, QA and Administrator through QP Quarterly Reviews, quarterly chart reviews and QA reviews.</p>	4/3/2022	

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

TITLE

(X6) DATE

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G134</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/02/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PITT COUNTY GROUP HOME #3</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6962 CHURCH STREET GRIFTON, NC 28530</b>		
(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 227	Continued From page 1 week and drank it. Staff F stated they do not intervene when this happens as it would cause client #5 to have additional behaviors.  Interview on 2/2/22 with the Group Home Manager (GHM) revealed staff should be documenting this behavior in the "Other" category on client #5's hourly behavior interval data sheets. The GHM stated this behavior should be incorporated into client #5's BSP.  Interview on 2/2/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she had no knowledge of this behavior. The QIDP did reveal that staff at the day program no longer keep candy, etc. at the day program because client #5 would steal it.	W 227			
W 460	<b>FOOD AND NUTRITION SERVICES</b> CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 2 of 3 audit clients (#4 and #5) received their specially prescribed diet as indicated. The findings are:  A. During observations at the day program on 2/1/22 at 12:03pm, client #4 was observed eating a Philly steak sub and french fries. The sub and french fries were served whole. During the observation, client #4 did not have any difficulty eating.	W 460	W460 QP will request an updated OT evaluation for client #4 and #5.  QP will consult with dietician on current diet orders and review recommendations from OT evaluation with dietician.  Dietician will update diet orders for client #4 and #5 as appropriate based on OT recommendations.  GHM will inservice staff on any diet order changes for client #4 and #5 and stress the importance of following residents' diet plans as written.  Plan to prevent re-occurrence: Monitoring will be conducted by the GHM, QP and Administrator through monthly mealtime assessments and observations.	4/3/2022	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G134</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/02/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PITT COUNTY GROUP HOME #3</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6962 CHURCH STREET GRIFTON, NC 28530</b>		
(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 460	<p>Continued From page 2</p> <p>During observations in the home on 2/2/22 at 7:22am, client #4 was observed eating oatmeal, scrambled eggs, a slice of turkey bacon and toast. The bacon and toast were served whole. During the observations, client #4 did not have any difficulty eating.</p> <p>Review on 2/1/22 of client #4's individual program plan (IPP) dated 3/12/21 revealed a diet that consists of his food being mechanically altered, due to his tendency to eat fast and loss of teeth.</p> <p>Review on 2/2/22 of client #4's Nutritional Evaluation dated 3/12/21 revealed a diet that consists of foods being mechanically altered.</p> <p>Interview on 2/2/22 with Staff E revealed client #4's diet is regular. Staff E stated she has no knowledge of his food being mechanically altered.</p> <p>Interview on 2/2/22 with the Group Home Manager (GHM) revealed client #4's diet order consists of his food being mechanically altered due to loss of teeth. The GHM revealed that mechanically altered foods means the food should be cut into bite size pieces, or chopped. The GHM confirmed his sub, french fries and toast should have been chopped into bite size pieces.</p> <p>Interview on 2/2/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed his food should be chopped into bite size pieces.</p> <p>B. A. During observations at the day program on 2/1/22 at 12:13pm, client #5 was observed eating a philly steak sub and french fries. The sub and french fries were served whole. During the observation, client #5 did not have any difficulty</p>	W 460			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G134</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/02/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PITT COUNTY GROUP HOME #3</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6962 CHURCH STREET GRIFTON, NC 28530</b>		
(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 460	<p>Continued From page 3 eating, but ate at a rapid pace.</p> <p>During observations in the home on 2/2/22 at 7:22am, client #5 was observed eating oatmeal and a piece of toast. The toast was served whole. During the observations, client #5 did not have any difficulty eating.</p> <p>Review on 2/1/22 of client #5's individual program plan (IPP) dated 12/3/21 revealed a diet that consists of his food being regular texture, bite size pieces.</p> <p>Review on 2/2/22 of client #5's Nutritional Evaluation dated 12/4/20 revealed a diet that consists of regular texture, bite size pieces, all bones discarded.</p> <p>Interview on 2/2/22 with Staff E revealed client #5's diet is regular and his foods do not have to be cut into bite size pieces but his meat has to be off the bone.</p> <p>Interview on 2/2/22 GHM revealed client #5's diet order consists of all foods should be manually cut into bite size pieces.</p> <p>Interview on 2/2/22 with the QIDP revealed client #5's diet is regular, with meats off the bone and the bones discarded. The QIDP confirmed the food should have been cut as his diet indicates.</p>	W 460			