ALE MENT OF DEFINITION CARE & LIEUNCARD DERVICE			(A. M. S. 1993) E. C. 1997 (M. K. 1997) A. A		an mare condi-	
	34G134		0 W 125		02/02/2022	
MAND DE MECHIOLA DE L'ONDILA				LINEERACORETS OF STATE 2		
PITTCO	UNTY GROUP HOM	E #3		6952 CHURCH STREET GRIFTON, NC 28530		
2410 PREAX 743	CEACH DENCEN	ATEMENT OF DEFICIENCIES 2- MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	0 PREF 0 74 G		CTI SHOULD BE HE AFERORRIATE	
W 227	objectives necess as identified by the required by paragi This STANDARD Based on observa interviews, the fac	GRAM PLAN c)(4) gram plan states the specific ary to meet the client's needs e comprehensive assessment aph (c)(3) of this section is not met as evidenced by ations, record reviews and fity failed to ensure the n Plan (IPP) for 1 of 3 audit	₩ 2	27 Preperation and execution of Correction does not con admission of agreement b or truth of facts alleged or set forth in the statement of The Plan of Correction is p executed solely because if the provision of federal an	istitute y the provider conclusion of deficiencies oféparéd and/or t is required by	
	clients (#5) include	ed objectives to address ment techniques. The finding		W227 GHM will inservice staff or not leaving their personal places where residents wi	food/beverage in	
	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 dnnk 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.			GHM will inservice staff o of documenting any beha by client #5 and/or other i not identified as a target i Behavior Support Plan (B Plan to prevent re-occurr Monitoring will be conduct and Administrator during and interaction assessme	n the importance vior demonstrated residents that is behavior on the client's ISP). ance: ted by the GHM, QP monthly mealtime	
	and Behavior Sup 12/3/21 revealed in consisting of self-in property destruction	ew on 2/2/22 of client #5 IPP dated 12/3/21 Behavior Support Program (BSP) dated /21 revealed identified target behaviors isting of self-injury, physical aggression, erty destruction, throwing ps/kicking/beating objects, and loud aming/yelling.		QP will work with psychol client #5's BSP to include behavior. QP will inservic BSP. Plan to prevent re-occura Monitoring will be conduc	e stealing as a target e staff on updated ince:	
	Review on 2/2/22 of client #5's behavior data documentation revealed no data collected for the behavior of food/beverage stealing. Interview on 2/2/22 with Staff F revealed that client #5 grabbed her coffee cup on the previous		1	Administrator through QF quarterly chart reviews an	Quarterly Reviews,	

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 provide. 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.

FORM CMS-2567(02-99) Previous Versions Obsol-te

Event ID Z1CG11

Facility ID 000179

If continuation sheet Page 1 of 4

DEPART	THENT OF HEALT	HAND HUMAN SERVICES			1.00	
CLANC!	지하는 다양 지역 전에 걸려	E & MEDICAID SERVICES			OLIB NO L	
		A BURGEN	LE COLUMNET NOT			
	34G134				02/0	2/2022
NAME OF PROVIDER OR JUPPI ER				STREET ACCOUNTS CITY STATE 2	POCIE	WWW ***
PITT COUNTY GROUP HOME #3				GRIFTON, NC 28530		
IX4010 PREFIX TAG	EACH DEFICIE IN	ATEMENT OF DEFICIENCIES OY MUST BE PRECEDED BY FULL LOCIDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS REFERENCED TO T DEFICIENC	ION SHOULD BE THE AFPROFRIATE	
	intervene when the client #5 to have a Interview on 2/2/2 Manager (GHM) in documenting this on client #5's hou The GHM stated in incorporated into Interview on 2/2/2 Disabilities Profess no knowledge of the reveal that staff a keep candy, etc. is client #5 would st	Staff F stated they do not is happens as it would cause additional behaviors 2 with the Group Home evealed staff should be behavior in the "Other" category ity behavior interval data sheets his behavior should be client #5's BSP. 2 with the Qualified Intellectual isional (QIDP) revealed she had his behavior. The QIDP did it the day program no longer at the day program because eal it RITION SERVICES	W 22 W 46	7 30 W460 QP will request an updat for client #4 and #5	ed OT evaluation	4/3/20
	well-balanced die specially-prescrib This STANDARD Based on observ interviews, the fa clients (#4 and #/ prescribed diet ar A. During observ 2/1/22 at 12:03pr a philly steak sub french fries were	receive a nourishing. t including modified and ed diets is not met as evidenced by. vations, record reviews, and cility failed to ensure 2 of 3 audit 5) received their specially s indicated. The findings are: ations at the day program on m, client #4 was observed eating b and french fries. The sub and served whole. During the mt #4 did not have any difficulty		QP will consult with dietic orders and review recomme evaluation with dietician. Dietician will update diet of and #5 as appropriate bas recommendations. GHM will inservice staff of changes for client #4 and importance of following re as written. Plan to prevent re-occura Monitoring will be conduct QP and Administrator thre assessments and observer	mendations from O orders for client #4 sed on OT n any diet order #5 and stress the sidents' diet plans nce: ted by the GHM, ough monthly meal	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID Z1CG11

Facility ID: 000179

If continuation sheet Page 2 of 4

and provide the conservation in the second carbon conservation as the conservation of the second conse	an dan sina sina si Universita si		
346134	2/02/2022		
PITT COUNTY GROUP HOME #3 COUPLE COUNTY GROUP HOME #3			
NALIO SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERIS FUAL OF OURSECTION PREFA IEACH OURSECTION SHOLLO BE IEACH OURSECTION SHOLLO BE PREFA IEACH OURSECTION SHOLLO BE PRECEDED BY FULL PREFA IEACH OURSECTION SHOLLO BE TAG REGULATORY OR LEGIDENT FYING INFORMATION TAG CROSS RELEPENDENT FYING INFORMATION	$\left\{ U_{i}^{\dagger} \right\}_{i=1}^{n}$		
 W 460 Continued From page 2 W 460 During observations in the home on 2/2/22 at 1 7 22am chent #4 vias observed enting obmeal scrambled eggs a slee of three bacton and toast. The bacton 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 this 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 this food being mechanically altered. Interview on 2/2/22 vith Staff E revealed client #4's diet order consists of his food being mechanically altered. Interview on 2/2/22 vith Staff E revealed client #4's diet order consists of his food being mechanically altered. Interview on 2/2/22 vith the Group Home Manager (GHM) revealed client #4's diet order consists of this 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 revealed line sub, friend: fries and toast should have been chopped into bite size pieces. Interview on 2/2/22 vith the Qualified Intellectual Disabilities Professional (QIDP) confirmed his food should be chopped into bite size pieces. B. A. Dumg observations at the day program on 2/1/22 at 12 13pm, client #5 viao sboseved eating a phily steak sub and french flues. The sub and french flues were served whole. During the flue and french flues were served whole. 			

FORM CMS-2567(02:99) Previous Versiens Obsoletin

	Colored La	ENT CH	145-14	THANDHU	1155	SERVICE	
ĉ	ENTERS	Eng H	10 (15 (27 (2	DE A MELON		ST DAME C	-

PITT COUNTY GROUP HOME #3 Set CHURCH STREET Amount Stream is a constrained of the con	AND PLAY	n for an end an Se a stategy for wear	34G134	17 11 11 1 5 - 15 1 4 145	neliti bosta anna 1	02/02/202
Prefix Intervention of Use derivatives information Page X Intervention of Use derivatives information W 460 Continued From page 3 W 460 cating but ate at a rapd 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. W 460 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 order consists of all foods should be manually cut into bite size pieces. 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 order consists of all foods should be manually cut into bite size pieces. 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 order consists of the QIDP revealed client #5's diet is regular, with meats off the bone and the bones discarded. The QIDP confirmed the					6962 CHURCH STREET	on obs
eating: but ate at a rapid pace. During observations in the home on 2/2/22 at 7 22am, client #5 vias 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 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 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	CREFIX	EACH DEFICIEND	Y MUST BE PRECEDED BY FULL	PPEC)	CROSS REFERENCED TO	CTION OF CULD BE 1 THE APPROPRIATE
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	W 460	eating, but ate at a During observation 7 22am, client #5 v and a piece of toas whole. During the	rapid pace. is in the home on 2/2/22 at vas observed eating oatmeal st. The toast was served observations, client #5 did not	W 4	60	
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		Review on 2/1/22 o plan (IPP) dated 12 consists of his food	of client #5's individual program 2/3/21 revealed a diet that			
 #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 		Evaluation dated 12 consists of regular	2/4/20 revealed a diet that			
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		#5's diet is regular a be cut into bite size	and his foods do not have to			
#5's diet is regular, with meats off the bone and the bones discarded. The QIDP confirmed the		order consists of all	foods should be manually cut			
		#5's diet is regular. the bones discarded	with meats off the bone and d. The QIDP confirmed the			

	SURVEY	
	(X3) DATE SURVEY COMPLETED	
	2/2022	
PITT COUNTY GROUP HOME #3 6962 CHURCH STREET GRIFTON, NC 28530		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) CON	(X5) COMPLETION DATE	
 W 227 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) W 227 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) induded objectives to address behavior management techniques. The finding is: 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 jick the cup up and start drinking from it. Client #5 was observed to discuss not taking the cup from him and letting him drink from it to prevent client #5 having a behavior. 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 screarning/yelling. Review on 2/2/22 of client #5's behavior data documentation revealed no data collected for the behavior of food/beverage stealing. Interview on 2/2/22 with Staff F revealed that client #5 abel be conducted by OP, QA and Administrator duriced by OP, QA and Administrator through QP Quaterly Reviews, quarterly chart reviews and QA reviews. 	nt's P ns. t	

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES.

TITLE

(X6) DATE

PRINTED: 02/02/2022

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.

FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 34G134 B. WING 02/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6962 CHURCH STREET **PITT COUNTY GROUP HOME #3** GRIFTON, NC 28530 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PRÉFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 227 Continued From page 1 W 227 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 460 FOOD AND NUTRITION SERVICES W 460 W460 4/3/2022 QP will request an updated OT evaluation CFR(s): 483.480(a)(1) for client #4 and #5. Each client must receive a nourishing, well-balanced diet including modified and QP will consult with dietician on current diet orders and review recommendations from OT specially-prescribed diets. evaluation with dietician. Dietician will update diet orders for client #4 This STANDARD is not met as evidenced by: and #5 as appropriate based on OT Based on observations, record reviews, and recommendations. interviews, the facility failed to ensure 2 of 3 audit clients (#4 and #5) received their specially prescribed diet as indicated. The findings are: GHM will inservice staff on any diet order changes for client #4 and #5 and stress the importance of following residents' diet plans A. During observations at the day program on as written. 2/1/22 at 12:03pm, client #4 was observed eating a philly steak sub and french fries. The sub and Plan to prevent re-occurance: french fries were served whole. During the Monitoring will be conducted by the GHM, observation, client #4 did not have any difficulty QP and Administrator through monthly mealtime eating. assessments and observations.

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Event ID: Z1CG11

Facility ID: 000179

If continuation sheet Page 2 of 4

PRINTED: 02/02/2022

	-	I AND HUMAN SERVICES E & MEDICAID SERVICES			FORM	02/02/2022 APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G134	B. WING		02/	02/2022
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
PITT COUNTY GROUP HOME #3				6962 CHURCH STREET GRIFTON, NC 28530		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 460	During observations 7:22am, client #4 w scrambled eggs, a toast. The bacon a During the observa any difficulty eating Review on 2/1/22 o plan (IPP) dated 3/ consists of his food due to his tendency Review on 2/2/22 o Evaluation dated 3/ consists of foods ba Interview on 2/2/22 #4's diet is regular. knowledge of his foo Interview on 2/2/22 Manager (GHM) re consists of his food due to loss of teeth mechanically altere should be cut into b The GHM confirme toast should have b pieces. Interview on 2/2/22 Disabilities Profess food should be cho B. A. During observ 2/1/22 at 12:13pm, a philly steak sub a french fries were se	s in the home on 2/2/22 at vas observed eating oatmeal, slice of turkey bacon and and toast were served whole. tions, client #4 did not have	W 460			

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 000179

If continuation sheet Page 3 of 4

		AND HUMAN SERVICES				FORM	02/02/2022 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
34G134		B. WING			02/	02/2022	
NAME OF F	PROVIDER OR SUPPLIER	•			TREET ADDRESS, CITY, STATE, ZIP CODE		
PITT CO	UNTY GROUP HOME	#3			962 CHURCH STREET RIFTON, NC 28530		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
	REGULATORY OR LE Continued From pa eating, but ate at a During observations 7:22am, client #5 w and a piece of toast whole. During the of have any difficulty e Review on 2/1/22 of plan (IPP) dated 12 consists of his food size pieces. Review on 2/2/22 of Evaluation dated 12 consists of regular to bones discarded. Interview on 2/2/22 #5's diet is regular a be cut into bite size off the bone. Interview on 2/2/22 order consists of all into bite size pieces Interview on 2/2/22 #5's diet is regular, the bones discarded	Age 3 rapid pace. s in the home on 2/2/22 at vas observed eating oatmeal t. The toast was served observations, client #5 did not eating. of client #5's individual program 2/3/21 revealed a diet that I being regular texture, bite of client #5's Nutritional 2/4/20 revealed a diet that texture, bite size pieces, all with Staff E revealed client and his foods do not have to e pieces but his meat has to be GHM revealed client #5's diet I foods should be manually cut			CROSS-REFERENCED TO THE APPROPI		DATE

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 000179

If continuation sheet Page 4 of 4