

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

PRINTED: 02/20/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G134		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/15/2023	
NAME OF PROVIDER OR SUPPLIER PITT COUNTY GROUP HOME #3				STREET ADDRESS, CITY, STATE, ZIP CODE 6962 CHURCH STREET 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 111	<p>CLIENT RECORDS CFR(s): 483.410(c)(1)</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure skills assessments for 1 of 4 audit clients (#5) was accurate. The finding is:</p> <p>Record review on 2/15/23 of client #5's Adaptive Behavior Inventory (ABI) for self-help skills dated 11/21/22 revealed client #5 had a strength in evacuating during fire drills and was partially independent.</p> <p>Record review on 2/15/23 of the facility's monthly fire drill reports from 2/22/22 to 1/24/23, there were 7 incidents when staff could not get client #5 to evacuate the home.</p> <p>Interview on 2/15/23 with Staff A revealed it was difficult to get client #5 to evacuate during fire drills; he preferred to remain in his room.</p> <p>Interview on 2/15/23 with the Home Manager (HM) acknowledged he completed the last ABI assessment. The HM revealed he had witnessed client #5 refuse to evacuate but had encouraged his staff to go back in the home and continue prompting client #5 to evacuate. The HM acknowledged that he had not viewed the fire drills as a problem for client #5 because he did not have problems getting him to leave the home, sometimes using a reward.</p> <p>Interview on 2/15/23 with Program Director (PD) revealed she had witnessed client #5 refusing to</p>			W 111			

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.

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W 111	Continued From page 1 evacuate for fire drills performed at the vocational center. The PD stated the ABI is completed by the most familiar person of the client and should be reviewed by the qualified intellectual disabilities professional (QIDP) who develops a plan from it.		W 111				
W 227	<p>INDIVIDUAL PROGRAM PLAN 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 record review and staff interviews, the facility failed to ensure 1 of 4 audit clients (#5) individual program plan (IPP) included effective training to meet the client's needs with complying with evacuations during fire drills. The finding is:</p> <p>Review on 2/15/23 of the IPP for client #5 dated 12/9/22 revealed he was very non-compliant and resistant to program.</p> <p>Review on 2/15/23 of the fire drill reports revealed the following refusals by client #5:</p> <p>On 2/22/22 at 7:10pm, staff had to motivate client #5 to leave the house.</p> <p>On 4/20/22 at 7:23am, staff could not get client #5 to exit the home. Staff had to re-enter the house after evacuating to encourage client #5 to leave, but he refused.</p> <p>On 5/27/22 at 4:10pm, staff could not get client #5 to exit. Staff had to re-enter the house after evacuating, to verbally prompt him to leave, but</p>		W 227				

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W 227	<p>Continued From page 2</p> <p>he refused.</p> <p>On 6/15/22 at 2:10am, staff could not get client #5 to exit, he began to scream and yell.</p> <p>On 7/2/22 at 7:18am, staff could not get client #5 to exit, despite prompting him to evacuate.</p> <p>On 8/22/22 at 5:50pm, staff had to verbally prompt client #5 to exit and succeeded by giving him a small reward.</p> <p>On 12/21/22 at 2:40am, staff could not get client #5 to exit the home.</p> <p>On 1/24/23 at 7:23am, staff could not get client #5 to exit the home, he remained in bedroom.</p> <p>Interview on 2/15/23 with Staff A revealed it was difficult to get client #5 to evacuate during fire drills; he preferred to remain in his room. Staff A was not aware of any training programs offered to help client #5 evacuate during fire drills. Staff A revealed the Home Manager could get client #5 to evacuate sometimes.</p> <p>Interview on 2/15/23 with the Home Manager (HM) revealed he normally participated in fire drills at least once a quarter on day shifts. The HM had witnessed client #5 refuse to evacuate but had encouraged his staff to go back in the home and continue prompting client #5 to evacuate. If staff cannot get him to leave the home in less than 3 minutes, then he was marked as a refusal. The HM revealed that he succeeded with evacuating client #5 by offering him a cup of beverage or nuts as a reward to come out.</p> <p>Interview on 2/15/23 with Program Director (PD)</p>	W 227			

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W 227	Continued From page 3 revealed she had witnessed client #5 refusing to evacuate for fire drills performed at the vocational center. The PD stated that someone must stay with him if he refuses to evacuate the home; he cannot remain in the home alone. The PD stated it if was a real fire, it would not be ideal to re-enter the home; someone would have to physically carry him out the home for his safety.	W 227			
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide nursing services in accordance with the needs for 2 of 4 audit clients (#3 and #4) relative to assessments and follow up testing for new medical conditions. The findings are: A. Review on 2/14/23 of client #4's physical exam on 12/8/22 revealed the physician assistant (PA) recorded the possibility of scheduling a colonoscopy. If a colonoscopy was not possible for client #4, a Cologuard test should be initiated as a stop gap measure until a colonoscopy can be performed. Review on 2/14/23 of client #4's emergency room discharge summary dated 1/20/23 revealed he was treated for bleeding hemorrhoids and rectal fissures. It was recommended that client #4 be referred to a gastroenterology. An additional review on 2/14/23 revealed a referral by the PA on 2/8/23 to schedule a colonoscopy for the initial screening and history of blood in stool.	W 331			

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W 331	<p>Continued From page 4</p> <p>Review on 2/15/23 at 9:11am of the facility's appointment calendar revealed no colonoscopy or gastrointestinal appointments had been scheduled for client #4 for future consideration.</p> <p>Interview on 2/15/23 with the nurse revealed the PA wanted a colonoscopy done on client #4 to get a baseline due to his age. The nurse stated she previously attempted to schedule one but the provider would not schedule with group home clients. On 2/14/23, the nurse stated she scheduled a gastrointestinal consult for client #5 for 3/9/23. The nurse did acknowledged the original referral was made 12/8/22 for her to schedule these services.</p> <p>B. Review on 2/14/23 of client #3's radiology report revealed on 11/12/22 a computerized tomography (CT scan) of the abdomen and pelvis with contrast were studied. It revealed a suspicion of a cyst in the inferior pole right kidney and medial right liver. Lesion in the inferior pole right kidney was suboptimally evaluated due to streak artifact. The exam was noted to be compromised since client #3 had his arms down when scanned.</p> <p>Review on 2/15/23 of an exam by the PA dated 2/8/23 revealed an exam on client #3's abdomen did not reveal an enlarged spleen or liver.</p> <p>Review on 2/15/23 of the facility's appointment calendar revealed no scheduled future nephrology appointment for client #3.</p> <p>Interview on 2/14/23 with the nurse revealed in 11/12/22 the medical reports confirmed elevated liver enzymes and a suspicion of a possible cyst on kidney. The nurse commented that she</p>	W 331			

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W 331	Continued From page 5 needed to get a referral from the PA to have client #3 seen by a Nephrologist to evaluate his kidneys. The nurse stated client #3 might need more labs to determine if the liver still has elevated enzymes. An additional interview with the nurse on 2/15/23 revealed client #3's cyst could have developed for many reasons. The nurse acknowledged the cysts have not been measured, biopsied or evaluated by a specialist. Interview on 2/25/23 with the Program Director (PD) revealed the nurse should schedule all follow up appointments within a week of the doctor's referral.	W 331			
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure variances of times and conditions in scheduled fire drill evacuations. This had the potential to affect all clients (#1, #2, #3, #4, #5 and #6). The finding is: Review on 2/25/23 of the fire drill reports revealed the following: First Shift Drills: On 4/20/22 at 7:23am On 7/2/22 at 7:18am On 1/24/23 at 7:23am Second Shift Drills: On 8/22/22 at 5:50pm On 11/29/22 at 5:42pm	W 441			

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W 441	Continued From page 6 Third Shift Drills: On 6/15/22 at 2:10am On 12/21/22 at 2:40am Interview on 2/15/23 with the Home Manager (HM) revealed he reviewed the fire drills every month. However provided no explanation as to why the times were not varied. Interview on 2/15/23 with the Program Director (PD) revealed the Corporate Safety Committee Unit (CSCU) committee and the home manager were responsible for reviewing monthly fire drills. The PD stated the fire drills should be done at various times.	W 441			
W 447	EVACUATION DRILLS CFR(s): 483.470(i)(2)(iii) The facility must file a report and evaluation on each evacuation drill. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to implement corrective measures after problems with fire drills evacuation for 1 of 4 audit clients (#5) was repeatedly identified. The findings is: Review on 2/25/23 of the fire drill reports revealed the following refusals by client #5: On 2/22/22 at 7:10pm, unidentified staff (US) had to motivate client #5 to leave the house. On 4/20/22 at 7:23am, US could not get client #5 to exit the home. US had to re-enter the house after evacuating to encourage client #5 to leave, but he refused.	W 447			

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W 447	<p>Continued From page 7</p> <p>On 5/27/22 at 4:10pm, US could not get client #5 to exit. US had to re-enter the house after evacuating, to verbally prompt him to leave, but he refused.</p> <p>On 6/15/22 at 2:10am, US could not get client #5 to exit, he began to scream and yell.</p> <p>On 7/2/22 at 7:18am, US could not get client #5 to exit, despite prompting him to evacuate.</p> <p>On 8/22/22 at 5:50pm, US had to verbally prompt client #5 to exit and succeeded by giving him a small reward.</p> <p>On 12/21/22 at 2:40am, US could not get client #5 to exit the home.</p> <p>On 1/24/23 at 7:23am, US could not get client #5 to exit the home, he remained in bedroom.</p> <p>Review on 2/15/23 of the facility's Corporate Safety Committee Unit (CSCU) Report dated 2/16/22. 8/23/22 and 11/15/22 had no concerns about client #5 refusing to evacuate from the home during fire drills.</p> <p>Interview on 2/15/23 with the Program Director (PD) revealed the facility had a CSCU committee that reviewed fire drills performance quarterly. The PD remarked if client #5 failed to evacuate 8 out of 12 times in a year, it should have been looked at further for trends and issues in the home.</p>	W 447			