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

PRINTED: 03/28/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G023	B. WING			03/28/2023	
NAME OF PROVIDER OR SUPPLIER PITT CO GROUP HOME #1				6570	EET ADDRESS, CITY, STATE, ZIP CODE PAIRWAY DRIVE FTON, NC 28530		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained to perform their duties efficiently while demonstrating respect and dignity during staff/client interaction. This affected 5 of 5 clients residing in the home (#1, #2, #3, #4, and #5). The findings are: A. Observations in the home throughout 3/27-3/28/23 revealed Staff B referring to clients as "Honey" or "Baby" when prompting clients during training and medication administration. Interview on 3/28/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff using pet names, such as "Honey" or "Baby" was inappropriate. The QIDP stated staff need training in this area. Interview on 3/28/23 with the administrator revealed staff using pet names, such as "Honey" or "Baby" was inappropriate. B. During breakfast observations on 3/28/23 at 7:04am, Staff B was seated at the dining table with all clients. At 7:05am, Staff B stated clients could not eat any food on their plates until all food had been served completely. As client #5 attempted to begin eating, Staff B briefly placed her hand over client #5's right hand and stated, "Wait. No one can eat until all have been served." At 7:07am, Staff B again told all clients that they		W	89	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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NAME OF PROVIDER OR SUPPLIER PITT CO GROUP HOME #1				STREET ADDRESS, CITY, STATE, ZIP COD 6570 FAIRWAY DRIVE GRIFTON, NC 28530	•		
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	ON SHOULD BE COMPLETION DATE		
could serve eat." Interv while staff/c trainir clients QIDP more C. Ob 7:04a drinki B rep minut includ 7:11a 7:15a 7:16a 7:17a Further evea approwater of wo much touch leave his ha utilize approcalled	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 ould not eat and to wait until all had been erved. At 7:09am, Staff B stated, "Now you can		W 1	89			

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		B. WING		03.			
NAME OF PROVIDER OR SUPPLIER PITT CO GROUP HOME #1				STREET ADDRESS, CITY, STATE, 6570 FAIRWAY DRIVE GRIFTON, NC 28530			
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W 189	Review on 3/27/23 program plan (IPP) regular diet with proneeded. Further revolutes after prompts per meal. fork/spoon visual to utensils on the table linterview on 3/27/2 sometimes had to when eating. Staff s fork/spoon guide to utensils on the table linterview on 3/28/28	of client #4's individual, dated 1/6/23, revealed a compting to slow down as view revealed a training each bite with five or less In addition, client #4 had a cutilize for placing his his each with Staff B revealed clients be prompted to slow down stated client #4 had a show him where to place his	W 1	89			