STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G127	A. BUILDING _____ B. WING _____	04/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PITT COUNTY GROUP HOME #2	4263 NORTH EDGE ROAD AYDEN, NC 28513

(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 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 interview, the facility failed to conduct fire drills under varying times and conditions. This had the potential to affect all clients in the home (#1, #2, #3, #4, #5 and #6). The finding is: Review on 4/25/23 of fire drills in the home conducted between 4/26/22 and 3/20/23 revealed the following: First Shift Drills: 10:40 AM on 6/6/22 7:00 AM on 8/19/22 7:45 AM on 11/15/22 10:15 AM on 1/21/23 Second Shift Drills: 7:45 PM on 6/30/22 7:10 PM on 12/19/22 Third Shift Drills: 5:00 AM on 4/26/22 5:45 AM on 10/31/22 Interview on 4/26/23 with the Group Home Manager (GHM) revealed she has instructed staff to follow the schedule she created for fire drills to ensure that the times varied. The GHM revealed that staff will still change the times of the pre-planned drill often citing weather conditions for the reason they altered the time. The GHM revealed that staff were already instructed to	W 441		

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G127	A. BUILDING _____ B. WING _____	04/26/2023

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W 441	Continued From page 1 select an alternate date in order to keep the drill at the pre-selected time.	W 441		