

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/16/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PITT CO GROUP HOME #1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6570 FAIRWAY DRIVE GRIFTON, NC 28530</b>
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(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
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W 189	<p><b>STAFF TRAINING PROGRAM</b> CFR(s): 483.430(e)(1)</p> <p>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, record reviews 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 3 of 3 audit clients (#2, #3 and #6). The findings are:</p> <p>A. Observations in the home on 4/15/24 revealed Staff B referred to client #2 as "grand-dad".</p> <p>Review on 4/15/24 of client #2's Individual Program Plan (IPP) dated 4/7/23 stated, "This is [Client #2's] preferred name: [Client #2's name]".</p> <p>B. Observations in the home on 4/15/24 revealed the Qualified Intellectual Disabilities Professional (QIDP) referred to client #3 as "Boo".</p> <p>Review on 4/15/24 of client #3's IPP dated 10/19/23 stated, "This is [Client #3's] preferred name: [Client #2's name]".</p> <p>C. Observations in the home throughout the survey on 4/15 - 16/24 revealed Staff B referred client #6 as "Baby".</p> <p>Review on 4/15/24 of client #6's IPP dated 4/14/23 stated, "This is [Client #3's] preferred name: [Client #2's name]".</p> <p>During an interview on 4/16/24, the QIDP revealed staff using pet names, such as "Boo",</p>	W 189		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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

PRINTED: 04/17/2024  
FORM APPROVED  
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  <b>PITT CO GROUP HOME #1</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6570 FAIRWAY DRIVE GRIFTON, NC 28530</b>		
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W 189	Continued From page 1 "grand-dad" or "Baby" was inappropriate. The QIDP stated staff need training in this area.	W 189			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#6) received a continuous active treatment program consisting of needed interventions and services identified in the Individual Program Plan (IPP) in the area of dressing. The finding is:  During observations in the home on 4/15/24 from 3:35pm until 6:15pm, client #6 was observed wearing a pair of elastic waist band grey sweat pants backwards. At no time was client #6 prompted to change his pants the correct way.  Review on 4/16/24 of client #6's IPP dated 4/14/23 revealed he is independent with dressing.  Review on 4/16/24 of client #6's Adaptive Behavior Inventory (ABI) dated 4/3/24 revealed he is totally independent with putting on elastic waist band pants.	W 249			

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W 249	Continued From page 2	W 249			
W 440	<p>During an interview on 4/16/24, the Qualified Intellectual Disabilities Professional (QIDP) revealed client #6's clothes are laid out for him by staff. Further interview revealed there are times client #6 will sometime put his shirts on backwards.</p> <p><b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(1)</p> <p>at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on review of fire drill reports and interviews, the facility failed to ensure fire evacuation drills were conducted at least quarterly for each shift. This potentially affected all clients (#1, #2, #3, #4, #5 and #6) residing in the home. The finding is:</p> <p>Review on 4/15/24 of the facility's fire drills revealed there was only one fire drill was conducted on 4/5/24. Further review revealed no other fire drills were conducted in the home.</p> <p>During an interview on 4/15/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed there was only one fire drill conducted in the home.</p>	W 440			
W 478	<p><b>MENUS</b> CFR(s): 483.480(c)(1)(ii)</p> <p>Menus must provide a variety of foods at each meal. This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to assure clients residing in the home were offered the variety of foods listed on the menu. This affected all six</p>	W 478			

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W 478	<p>Continued From page 3</p> <p>clients (#1, #2, #3, #4, #5 and #6) residing in the home. The finding is:</p> <p>During breakfast observations in the home on 4/16/24, the clients were offered either cereal, oatmeal or a fruit cup. Further observations revealed there were five eggs (one cracked) in the refrigerator and one box of frozen waffles in the freezer. Additional observations revealed there were no types of frozen breakfast meats. At no time was any other food offered.</p> <p>Review on 4/16/24 of the homes' menu revealed the breakfast foods should have been: juice of choice, scrambled eggs, sausage links and pancakes.</p> <p>During an interview on 4/16/24, Staff A stated a quick breakfast was given because there was a client who needed to get to school.</p> <p>During an interview on 4/16/24, the Qualified Intellectual Disabilities Professional (QIDP) stated staff do all the grocery shopping. Further interview revealed staff are to let the Home Manager (HM) know whenever there are food items not in the home, which are mentioned on the menu. The QIDP confirmed the clients were not offered a variety of food.</p>	W 478			