

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

PRINTED: 05/15/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G127	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER PITT COUNTY GROUP HOME #2			STREET ADDRESS, CITY, STATE, ZIP CODE 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 210	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure an Occupational Therapy assessment and a Speech Therapy assessment were completed within 30 days of admission for 1 of 1 newly admitted client (#5). The findings are:</p> <p>Observation throughout the home on 5/13/24 - 5/14/24 revealed client #5 communicating through facial expressions and gestures with limited vocal communication.</p> <p>Review on 5/13/24 of client #5's record revealed he was admitted to the facility on 3/21/24 and had received initial assessments since admission in the following areas: *Physical Therapy *Psychology *Nutrition *Comprehensive Functional Assessment</p> <p>Additional review of the record did not receive an Occupational Therapy assessment or a Speech Therapy Assessment.</p> <p>Interview on 5/14/24 with the facility nurse revealed a referral had been made to both the Occupational Therapist and Speech Therapist for initial assessments, but the assessments have not been completed for client #5 since his admission.</p>	W 210			

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 226	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure the interdisciplinary team developed an individualized program plan (IPP) for 1 of 1 newly admitted (#5) within 30 days of admission into the facility. The finding is:</p> <p>Review on 5/13/24 of client #5's record revealed he was admitted to the facility on 3/21/24. Further review of client #5's record revealed an IPP dated 2/16/23.</p> <p>Review on 5/13/24 of client #5's training data revealed the following new goals: *Brush his teeth with 100% independence for 2 consecutive months by 4/20/25 *Wash his face with 90% independence for 2 consecutive months by 4/21/25 *Prepare waffles with 90% independence for 2 consecutive months by 4/21/25 *Play indoor football desktop with 100% independence by 4/21/25</p> <p>Interview on 5/13/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed initial assessments were completed, with the exception of Speech and Occupational Therapy, and new goals had been implemented following the comprehensive functional assessment. Client #5's team meeting was held on 4/19/24. However, the QIDP confirmed the new IPP was not completed.</p>	W 226			
W 262	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i)</p>	W 262			

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W 262	Continued From page 2 The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the behavior support plans (BSP) for 1 of 4 audit clients (#5) was reviewed and monitored by the human rights committee (HRC). The finding is: Review on 5/13/24 of client #5's record revealed a BSP, 4/24/24, with listed medications to include Depakote for behavior. Client #5's target behaviors include tantrum behavior, non-compliance, property destruction, aggression, and elopement. In addition, Ativan may be used for urgent needs or dental visits. Further review of client #5's record revealed no written consent by the HRC. Interview on 5/14/24 with the qualified intellectual disabilities professional (QIDP) confirmed there was no current HRC consent for client #5's BSP.	W 262			
W 323	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(i) The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 1 newly admitted client (#5) obtained an ophthalmologist examination. The finding is:	W 323			

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W 323	Continued From page 3 Review on 5/13/24 of client #5's individual program plan (IPP), dated 2/16/23, revealed a diagnosis of astigmatism in both eyes with a prescription for wearing his glasses during all waking hours. His most recent eye examination was completed on 5/18/21. Review on 5/13/24 of client #5's initial assessments revealed client #5 had no recent ophthalmologist examination. Further review revealed client #5 was admitted to the facility on 3/21/24. Interview on 5/14/24 with the qualified intellectual disabilities professional (QIDP) revealed client #5 had never had glasses since he arrived at the facility.	W 323			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to furnish and teach 2 of 4 audit clients (#4 and #5) to use and make informed choices about the use of eyeglasses identified by the interdisciplinary team as needed. The findings are: A. During observations at the home and day program throughout 5/13/24 - 5/14/24, client #5 did not wear glasses.	W 436			

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W 436	<p>Continued From page 4</p> <p>Review on 5/13/24 of client #5's IPP, dated 2/16/23, revealed his most recent eye exam, dated 5/18/21, resulted in prescribed glasses during all waking hours due to astigmatism in both eyes. Further review revealed a service guideline for eyewear to ensure he wears his glasses in waking hours, as well as cleaning and storing his glasses.</p> <p>Interview on 5/14/24 with Staff A revealed client #5 is suppose to have glasses and they would probably help him.</p> <p>Interview on 5/14/24 with Staff B revealed client #5 wears glasses, but he can choose to wear them or not because they are not mandatory.</p> <p>Interview on 5/14/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #5 was admitted to the facility on 3/21/24 with a team meeting occuring on 4/19/24. Client #5 arrived at the facility without any glasses. The QIDP confirmed no glasses had been secured for him.</p> <p>B. During observations at the day program on 5/13/24, client #4 did not wear glasses and was not prompted to wear glasses by staff. During morning observations in the day program from 9:30am - 11:30pm, client #4 worked on near tasks such as table activities and puzzles. He did not wear glasses. Staff were not observed to prompt him to wear glasses.</p> <p>Review on 5/13/24 of client #4's IPP, dated 7/21/23, revealed he wears glasses for near tasks only. Staff should prompt him to wear his glasses as he does not think about wearing them when needed. Further review revealed he has a service goal to wear glasses for Presbyopia when</p>	W 436			

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W 436	Continued From page 5 reading or conducting near tasks. Interview on 5/14/24 with Staff A revealed client #4 only wears glasses when reading, and staff remind him to wear them. Interview on 5/14/24 with the (QIDP) revealed client #4 only wears prescribed readers for close up activities. However, staff should be prompting him to wear them when doing table activities.	W 436			
W 472	MEAL SERVICES CFR(s): 483.480(b)(2)(i) Food must be served in appropriate quantity. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure food was served in appropriate quantity for 1 of 4 audit clients (#3). The finding is: Observation on 5/14/24 in the home from 6:45am - 7:15am revealed clients eating a breakfast to include boiled eggs, choice of cereal, and cheese toast with beverages to include milk, orange juice, and coffee. Client #3 received and consumed one portion of each food item. He then asked for more food. Staff B served him a half piece of cheese toast. He did not eat the cheese toast. He then asked for a second egg. Staff B told him he could not have both and could have either the egg or cheese toast. Client #3 stated "egg" and Staff B took the half piece of cheese toast away to give him the egg. He was not offered double portions. Review on 5/14/24 of client #3's individual program plan (IPP), dated 8/11/23, revealed he should receive double portions for breakfast.	W 472			

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W 472	Continued From page 6 Review on 5/14/24 of client #3's nutritional evaluation, dated 8/11/23, revealed he should receive double portions for breakfast. Interview on 5/14/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #3 should receive double portions of food, per his nutritional evaluation, at breakfast and not given a choice of seconds.	W 472			