	AND HUMAN SERVICES	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPRO							
CENTERS FOR MEDICARE & MEDICAID SERVICES				O		0938-0391			
DEFICIENCIES DRRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED					
	34G023	B. WING			04/22/2025				
IDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE							
OUP HOME #1			6	570 FAIRWAY DRIVE					
		GRIFTON, NC 28530							
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	x	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION DATE			
R(s): 483.430(e)	(1)	W 1	89						
ial and continuing ployee to perfor iciently, and com- is STANDARD is ased on observat erviews, the facili ficiently trained in ty. The finding is vas observed on ioam and again of served on his per- ing in the living ra- vealed there were om with Staff A. view on 4/22/25 of sources Policy M ing Mobile Device workplace durin ployee's desk dr rsonal mobile devi- ployee's desk dr rsonal mobile devi- n-working time view on 4/22/25 of cumentation rever-	g training that enables the m his or her duties effectively, petently. s not met as evidenced by: ions, documentation and ty failed to ensure staff were n cell phone usage while on : s in the home on 4/22/25 Staff his personal cell phone at on 8:13am. While Staff A was rsonal cell phone, he was com. Further observations e clients sitting in the living of the facility's Human lanual (no date) stated, " es in the Workplace: While in g employee's working time, ected to focus on work and rely engage in personal use of e device in the work place vices should be stored in the awer, briefcase, backpack, ring work time. Use of vices should be limited to "								
	DEFICIENCIES RRECTION IDER OR SUPPLIER DUP HOME #1 SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS AFF TRAINING I R(s): 483.430(e) e facility must pro- ial and continuing ployee to perfor ciently, and com s STANDARD is used on observations ased on his per- ing in the living ro- ealed there were m with Staff A. view on 4/22/25 of sources Policy W ing Mobile Devic workplace durin ployee's are expo- build not excessiv personal mobile de- ployee's desk dr se or vehicle dur sonal mobile de- ployee working time	VEFICIENCIES RRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G023 IDER OR SUPPLIER 34G023 DUP HOME #1 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) AFF TRAINING PROGRAM R(s): 483.430(e)(1) AFF TRAINING PROGRAM R(s): 483.430(e)(1) a facility must provide each employee with ial and continuing training that enables the ployee to perform his or her duties effectively, ciently, and competently. s STANDARD is not met as evidenced by: used on observations, documentation and erviews, the facility failed to ensure staff were ficiently trained in cell phone usage while on y. The finding is: ring observations in the home on 4/22/25 Staff /as observed on his personal cell phone at 0am and again on 8:13am. While Staff A was served on his personal cell phone, he was ing in the living room. Further observations ealed there were clients sitting in the living m with Staff A. view on 4/22/25 of the facility's Human sources Policy Manual (no date) stated, " ing Mobile Devices in the Workplace: While in workplace during employee's working time, ployees are expected to focus on work and ould not excessively engage in personal use of / personal mobile devices should be stored in the ployee's desk drawer, briefcase, backpack, se or vehicle during work time. Use of sonal mobile devices should be limited to n-working time" view on 4/22/25 of a staff inservice cumentation revealed an inservice concerning I phone usage was conducted on 4/16/25. ther documentation revealed Staff A name	PEFICIENCIES RRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MUL A. BUILD 34G023 B. WING IDER OR SUPPLIER B. WING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIC TAG AFF TRAINING PROGRAM R(s): 483.430(e)(1) W 1 e facility must provide each employee with ial and continuing training that enables the ployee to perform his or her duties effectively, ciently, and competently. W 1 s STANDARD is not met as evidenced by: used on observations, documentation and erviews, the facility failed to ensure staff were ficiently trained in cell phone usage while on y. The finding is: Tring observations in the home on 4/22/25 Staff vas observed on his personal cell phone at 0am and again on 8:13am. While Staff A was served on his personal cell phone, he was ing in the living room. Further observations ealed there were clients sitting in the living m with Staff A. view on 4/22/25 of the facility's Human sources Policy Manual (no date) stated, " ing Mobile Devices in the Workplace: While in workplace during employee's working time, ployees are expected to focus on work and ould not excessively engage in personal use of v personal mobile devices should be stored in the ployee's desk drawer, briefcase, backpack, se or vehicle during work time. Use of sonal mobile devices should be limited to -working time" view on 4/22/25 of a staff inservice cumentation revealed an inservice concerning phone usage was conducted on 4/16/25. ther documentation revealed Staff A name	verticities (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPL A. BUILDING adG023 B. WING IDER OR SUPPLIER 6 DUP HOME #1 6 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG AFF TRAINING PROGRAM R(s): 483.430(e)(1) W 189 e facility must provide each employee with ial and continuing training that enables the ployee to perform his or her duties effectively, ciently, and competently. s STANDARD is not met as evidenced by: used on observations, documentation and rviews, the facility failed to ensure staff were ficiently trained in cell phone usage while on y. The finding is: W 189 ring observations in the home on 4/22/25 Staff (as observed on his personal cell phone at 0am and again on 8:13am. While Staff A was served on his personal cell phone, he was ing in the living room. Further observations ealed there were clients sitting in the living m with Staff A. view on 4/22/25 of the facility's Human sources Policy Manual (no date) stated, " ing Mobile Devices in the Workplace: While in workplace during employee's working time, ployees are expected to focus on work and puld not excessively engage in personal use of (personal mobile devices should be stored in the ployee's desk drawer, briefcase, backpack, se or vehicle during work time. Use of sonal mobile devices should be limited to h-working time" view on 4/22/25 of a staff inservice cumentation revealed an inservice concerning phone usage was conducted on 4/16/25. ther documentation revealed Staff A name	Image: Construction and an experience of the second sec	OR MEDICARE & MEDICAID SERVICES OMB NO. IPRICENCIES (X1) PROVIDESUPPLIER DESUPPLIER (X2) MULTIPLE CONSTRUCTION (X3) DATI COM SUMMARY STATEMENT OF DEFICIENCIES 04/2 DUP HOME #1 STREET ADDRESS, CITY, STATE, ZIP CODE 670 FAIRWAY DRIVE 04/2 SUMMARY STATEMENT OF DEFICIENCIES 04/2 04/2 04/2 AFF TRAINING PROGRAM W 189 W 189 04/2 04/2 R(s): 483.430(e)(1) V 189 W 189 04/2 04/2 as doctinuing training that enables the ployee with all and continuing training that enables the ployee to perform his or her duties effectively, ciently, and competently. W 189 04/2 04/2 as observations in the home on 4/22/25 Staff ras observations in the home on 4/22/25 Staff ras observations in the Workplace While Staff A. Wile Staff A. 04/2			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 04/22/2025

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.

		AND HUMAN SERVICES			FORM	04/22/2025 APPROVED 0938-0391		
CENTERS FOR MEDICARE & MEDICAID SERVICESSTATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l` í	TIPLE CONSTRUCTION	MB NO. 0938-0391 (X3) DATE SURVEY COMPLETED				
34G023		B. WING _		04/22/2025				
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
PITT CO	GROUP HOME #1		6570 FAIRWAY DRIVE GRIFTON, NC 28530					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE		
W 189 W 454	During an interview Intellectual Disabilit Supervisor confirme personal cell phone INFECTION CONT CFR(s): 483.470(I)(on 4/22/25, the Qualified ies Professional (QIDP) ed staff should not be on their es while "working on the floor". ROL (1)	W 18 W 4					
	The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations and interviews the facility failed to ensure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This potentially affected 5 of 6 clients (#1, #2, #3, #5 and #6). The finding is: During dinner observations in the home on 4/21/25 at 5:46pm, client #4 put his hands in the serving bowl of green beans. Further observations revealed client #4 pulled out a green bean stem and placed it in his plate. Additional observations revealed client #4 passed the bowl of green beans to client #3. Client #3 put his hand into the serving bowl of green beans while he scooped some of the green beans into a serving spoon. The serving bowl was then passed to clients #5, #1, #6 and #2, who then began serving themselves and eating the green beans on their plates. During an interview on 4/21/25, the Home Manger (HM) stated the bowl of green beans should have been replaced with a fresh bowl of green beans.							

FORM CMS-2567(02-99) Previous Versions Obsolete

If continuation sheet Page 2 of 3

		AND HUMAN SERVICES			FORM	04/22/2025 APPROVED 0938-0391		
STATEMENT	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DPLAN OF CORRECTION IDENTIFICATION NUMBER:			LTIPLE CONSTRUCTION DING	(X3) DAT	(X3) DATE SURVEY COMPLETED		
		34G023	B. WING			04/22/2025		
NAME OF	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE					
РІТТ СО	GROUP HOME #1		6570 FAIRWAY DRIVE GRIFTON, NC 28530					
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	IX (EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETION DATE		
W 454	During an interview Intellectual Disabilit	on 4/22/25, the Qualified ties Professional (QIDP) d the bowl of green beans	W 4					

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 922403