

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

PRINTED: 04/22/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G023		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/22/2025	
NAME OF PROVIDER OR SUPPLIER PITT CO GROUP HOME #1				STREET ADDRESS, CITY, STATE, ZIP CODE 6570 FAIRWAY DRIVE GRIFTON, NC 28530			
(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 189	<p>STAFF TRAINING PROGRAM 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, documentation and interviews, the facility failed to ensure staff were sufficiently trained in cell phone usage while on duty. The finding is:</p> <p>During observations in the home on 4/22/25 Staff A was observed on his personal cell phone at 7:50am and again on 8:13am. While Staff A was observed on his personal cell phone, he was sitting in the living room. Further observations revealed there were clients sitting in the living room with Staff A.</p> <p>Review on 4/22/25 of the facility's Human Resources Policy Manual (no date) stated, "Using Mobile Devices in the Workplace: While in the workplace during employee's working time, employees are expected to focus on work and should not excessively engage in personal use of any personal mobile device in the work place.... Personal mobile devices should be stored in the employee's desk drawer, briefcase, backpack, purse or vehicle during work time. Use of personal mobile devices should be limited to non-working time...."</p> <p>Review on 4/22/25 of a staff inservice documentation revealed an inservice concerning cell phone usage was conducted on 4/16/25. Further documentation revealed Staff A name was included.</p>			W 189			

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 189	Continued From page 1	W 189			
W 454	<p>During an interview on 4/22/25, the Qualified Intellectual Disabilities Professional (QIDP) Supervisor confirmed staff should not be on their personal cell phones while "working on the floor".</p> <p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>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:</p> <p>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.</p> <p>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.</p>	W 454			

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W 454	Continued From page 2 During an interview on 4/22/25, the Qualified Intellectual Disabilities Professional (QIDP) supervisor revealed the bowl of green beans should have been replaced.	W 454			