

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>34G023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>04/14/2026</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, North Carolina, 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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W0130	<p>PROTECTION OF CLIENTS RIGHTS</p> <p>CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure 1 of 5 audit clients (#3) was afforded privacy during care of his personal needs. The finding is:</p> <p>During observations in the home on 4/14/26 from 6:10am - 6:18am, client #3 was not provided privacy during bathing and dressing. For example, at 6:10am, client #3 was assisted to bathroom by Staff D for his shower. Once in the bathroom, the door was left open while client #3 was naked and as he was assisted to take his shower. Client #3 was naked and exposed to anyone entering the hallway. On two separate occasions, client #1 approached to bathroom door and began talking to the staff as the staff continued to assist client #3 with his shower. At 6:16am, client #3 was assisted to his bedroom and Staff D proceeded to assist the client with dressing while the bedroom door remained open until 6:18am.</p> <p>Interview on 4/14/26 with Staff D revealed client #3 can close his bedroom door on his own, however, he needs assistance to close the bathroom door for privacy.</p> <p>Review on 4/14/26 of client #3's Individual Program Plan (IPP) dated 4/3/26 revealed the client requires prompting to close the bathroom door. Additional review of client #3's Adaptive Behavior Inventory (ABI) dated 3/17/26 revealed he has partial independence with closing the bathroom door and no independence with signaling the need to close the door.</p> <p>Interview on 4/14/26 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 needs to be prompted to close the door, however, staff should ensure the door is closed for privacy.</p>	W0130		
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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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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, North Carolina, 28530</b>	
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W0130 W0249	<p><b>PROGRAM IMPLEMENTATION</b></p> <p>CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure 2 of 5 audit clients (#1 and #2) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) for food preparation. The finding is:</p> <p>During morning observations in the home on 4/14/26 from 6:39am - 7:42am, Staff A prepared various food items in the kitchen without client involvement. For example, the staff prepared cheese toast, washed and cut berries, cooked scrambled eggs and obtained containers of cereal for the breakfast meal. During this time, client #1 sat on the couch unengaged or walked to various areas of the home. With the exception of client #2 making a pot of coffee, no clients were prompted or assisted to participate with preparing breakfast items.</p> <p>Interview on 4/14/26 with Staff A revealed client #2 usually makes coffee in the morning while client #1 can help make toast.</p> <p>Review on 4/14/26 of client #1's IPP dated 1/13/26 revealed an objective to prepare toast for breakfast with 75% correct response for 2 out of 4 months. Additional review of the client's Adaptive Behavior Inventory (ABI) dated 1/6/26 indicated he can identify vegetables, dairy products, and meats independently while he requires partial assistance to identify breads/cereals, raw food and kitchen equipment. The ABI noted client #1 can use a knife for cutting and prepare a supper meal with partial assistance.</p> <p>Review on 4/14/26 of client #2's IPP dated 3/20/26 revealed an objective to make coffee with 100% correct response rate for 2 consecutive months. Additional review the IPP noted he can prepare sandwiches, simple snacks and beverages with supervision and "meal preparation is an area where [Client #2] has shown much improvement and interest."</p>	W0130 W0249		

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W0249	Continued from page 2  Interview on 4/14/26 with the Qualified Intellectual Disabilities Professional (QIDP) and Home Manager confirmed clients should be involved with food preparation tasks as indicated in their program plans.	W0249		