DEPARTMENT OF HEALTH AND HUMAN SERVICES						FORM APPROVED		
		MEDICAID SERVICES					<u>0. 0938-0391</u>	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ·	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G046	B. WING	3		08	/15/2018	
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
	ON GROUP HOME				1110 NC 210 SOUTH			
				LILLINGTON, NC 27546				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID		PROVIDER'S PLAN OF CORRECTI		(X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFI		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO			
1/10					DEFICIENCY)			
W 137	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.		w	137	7			
	Based on observation review, the facility fail the right to access he This affected 1 of 4 and	not met as evidenced by: ns, interviews and record ed to ensure client #4 had r personal possessions. udit clients. The finding is: e free access to her hair care						
	During morning observations in the home on 8/15/18 at 7:00am, staff retrieved hair care products marked with client #4's name from a locked closet in the home. The staff proceeded to use the products on client #4's hair in an office adjacent to the closet. Immediate interview with the staff involved revealed the products are normally kept in the locked closet.							
	client #4 will misuse h pour them all over he	ew on 8/15/18 revealed her hair care products and r body, so it is for this are products remained						
	"She loves getting he styles[Client #4] nee assistancewashing/ hair" Additional rev "[Client #4] has full ac	ated 10/12/17 revealed, r hair done in various eds conditioning and styling her	F		TITLE		(X6) DATE	

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

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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DEPARTMENT OF HEALTH AND					FORM	: 08/16/2018 I APPROVED
CENTERS FOR MEDICARE & ME STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
	34G046	B. WING		_	08/15/2018	
NAME OF PROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
LILLINGTON GROUP HOME			110 NC 210 SOUTH	;		
PREFIX (EACH DEFICIENCY N	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH CORREC CROSS-REFEREN	B PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
<ul> <li>Disabilities Professional not aware of any inappr products by client #4 an not be kept locked away</li> <li>W 288 MGMT OF INAPPROPE BEHAVIOR CFR(s): 483.450(b)(3)</li> <li>Techniques to manage i behavior must never be an active treatment prog</li> <li>This STANDARD is not Based on observations review, the facility failed manage client #4's inap included in an active tre affected 1 of 4 audit clies</li> <li>A technique to manage behavior was not addres treatment plan.</li> <li>During morning observations 8/15/18 at 7:00am, staff products marked with cl locked closet in the horr to use the products on comparison of the standard standard</li></ul>	<ul> <li>ient's IPP indicated she exercise her rights.</li> <li>th the Qualified Intellectual I (QIDP) revealed she was ropriate use of hair care nd these products should y.</li> <li>RIATE CLIENT</li> <li>inappropriate client e used as a substitute for gram.</li> <li>t met as evidenced by: a, interviews and record d to ensure a technique to opropriate behavior was eatment plan. This ents. The finding is:</li> <li>client #4's inappropriate sessed in an active</li> <li>ations in the home on f retrieved hair care lient #4's name from a ne. The staff proceeded client #4's hair in an office Immediate interview with led the products are ked closet.</li> </ul>	W 137				

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES							APPROVED	
							0. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G046	B. WING	B. WING		08/15/2018		
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	CODE		
				1	110 NC 210 SOUTH			
LILLING				L	ILLINGTON, NC 27546			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE		
W 288	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)           Continued From page 2 client #4 will misuse her hair care products and pour them all over her body, so it is for this reason that her hair care products remained locked away.           Review on 8/15/18 of client #4's Behavior Support Plan (BSP) dated 8/9/17 revealed an objective to exhibit 3 or fewer target behaviors per month for 6 consecutive months. The BSP identified target behaviors of severe disruption, physical aggression and wandering. Further review of the plan did not include a target behavior for inappropriate use of her hair care products or a technique of locking away the products to address this behavior.           Interview on 8/15/18 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she was not aware of any inappropriate use of hair care products by client #4 and these products should not be kept locked away.			288				

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