

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

PRINTED: 08/16/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G046</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/15/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LILLINGTON GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1110 NC 210 SOUTH LILLINGTON, NC 27546</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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W 137	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(12)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #4 had the right to access her personal possessions. This affected 1 of 4 audit clients. The finding is:</p> <p>Client #4 did not have free access to her hair care products.</p> <p>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.</p> <p>Additional staff interview on 8/15/18 revealed 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.</p> <p>Review on 8/15/18 of client #4's Individual Program Plan (IPP) dated 10/12/17 revealed, "She loves getting her hair done in various styles...[Client #4] needs assistance...washing/conditioning and styling her hair..." Additional review of the plan noted, "[Client #4] has full access to her toiletries."</p>	W 137		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Theresa Hulson Jr., Administrator</i>	TITLE  <i>Administrator</i>	(X6) DATE  <i>08/24/18</i>
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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 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 137	Continued From page 1 Further review of the client's IPP indicated she requires assistance to exercise her rights.	W 137		
W 288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure a technique to manage client #4's inappropriate behavior was included in an active treatment plan. This affected 1 of 4 audit clients. The finding is:</p> <p>A technique to manage client #4's inappropriate behavior was not addressed in an active treatment plan.</p> <p>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.</p> <p>Additional staff interview on 8/15/18 revealed</p>	W 288		

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W 288	<p>Continued From page 2</p> <p>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.</p> <p>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.</p> <p>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.</p>	W 288			

**LILLINGTON GROUP HOME PLAN OF CORRECTIONS**  
**For**  
**Recertification Survey conducted August 14-15, 2018**

**W 137            PROTECTION OF CLIENTS RIGHTS**

The QIDP and/or the Habilitation Specialist will reinservice the Staff on the rights of all Clients. Specifically, Staff will be trained to ensure all Clients be afforded the right to have free access to their own personal care and hygiene items unless deemed otherwise by formal documentation.

The Habilitation Specialist will assess Client #4's usage of her hair care products. If there is consistent misuse of the hair products a formal goal will be implemented so as to train appropriate usage.

All Clients will continue to receive rights training. The next (3) months of rights training will place emphasis on how the Staff are to assist all Clients with exercising their right to access personal possessions in their living environment.

Monitoring of adherence to the above will occur through a minimum of two per month of assessments (Interaction and Mealtime) and general observations at least two per month. The assessments and general observations will be completed by either of the following: QIDP, Habilitation Specialist, Home Manager, Behavior Specialist, Vocational Program Manager, OT/PT Habilitation Assistant or the Administrator.

**Completion Date: 09/21/18**

**W 288            MGMT OF INAPPROPRIATE CLIENT BEHAVIOR**

Each Client's Behavior Support Plan will be reviewed by the QIDP and Behavior Specialist. Any restrictive intervention observed as being used to manage inappropriate behaviors without being agreed upon by the Team or without due process (consented to by the guardian and the Human Rights Committee) will be discontinued. Specifically, the right to access personal possession in her living environment has not been identified as being a needed rights restriction for Client #4. Client #4's hair care products were observed as being locked so as to not to be able to access them.

The Habilitation Specialist will assess Client #4's usage of her hair care products to ascertain the need for implementation of a formal goal to address inappropriate usage of the hair products.

All Clients will continue to receive rights training. The next (3) months of rights training will place emphasis on how the Staff are to assist all Clients with exercising their right to access personal possessions in their living environment.

Monitoring of adherence to the above will occur through a minimum of two per month of assessments (Interaction and Mealtime) and general observations at least two per month. The assessments and general observations will be completed by either of the following: QIDP, Habilitation Specialist, Home Manager, Behavior Specialist, Vocational Program Manager, OT/PT Habilitation Assistant or the Administrator.

**Completion Date: 09/21/18**