Division of Health Service Regulation

MHL0801297 STREET ADDRESS, CITY, STATE, ZIP CODE 12430 CLACKWYCK LANE CHARLOTTE, NC 28282	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
MHL0801297 Name of Provider or Supplier Street Address, CITY, STATE, ZIP CODE 12430 CLACKWYCK LANE CHARLOTTE, NC 28282	AND PLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING:		COMPLETED		
LILLEY HOME 12430 CLACKWYCK LANE CHARLOTTE, NC 28262 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES IN IDENTIFYING INFORMATION) PREFIX (EACH OPTICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint survey was completed on 10/1/18. The complaint (#NC00142710) was substantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living. V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the clients physician. (3) Medications, including injections, shall be administered only by licensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of	MHL0601297			B. WING		C 10/01/2018	
CHARLOTTE, NC 28262 (24) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PULL PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY PULL PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS A complaint survey was completed on 10/1/18. The complaint (#NC00142710) was substantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living. V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (C) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
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current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or		REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
MHI 0601297						B. WING
MHL0601297			B. WINO		10)/01/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		
LILLEY HO	OME	12430 C	LACKWYCK LANE			
LILLET IN	JIVIE	CHARL	OTTE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From pag	e 1	V 118			
	with a physician.					
	This Rule is not met	as evidenced by:				
		iew and interview, the facility				
	failed to ensure med					
		clients only when authorized				
	•	cian, affecting 1 of 1 former				
		#1). The findings are:				
	Clients (lornler client	#1). The indings are.				
		f Former Client #1's record				
	revealed:	5/5/45. Diaghanna data af				
		5/5/15; Discharge date of				
	8/25/18	D: 1 D: 1				
	- Diagnoses of Autisi					
	Schizoaffective Diso					
		er for Self Administration of				
	medications					
	Interview on 9/28/18	with Former Client #1				
	revealed:	Will Former Grieffe # 1				
		home for about 3 years				
		is daily. Sometimes the AFL				
		edications and sometimes he				
	took his own medica					
		d, the AFL provider would				
	_	itions, put in his room for				
		ake that night and then he				
	_	et the empty container in the				
	morning.	a in his had the dide!				
		s in his bed. He didnt know				
	_	m. The pills may have fell				
	out in his bed or he f	orgot to take them.				
		with Former Client #1's				
	mother revealed:					
	- The AFL provider w	orked a lot. He would leave				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		
DENTIFICATION		A. BUILDING: _	A. BUILDING:		
MHL0601297			B. WING		C 10/01/2018
NAME OF P	<u> </u>			TE, ZIP CODE	
			ACKWYCK LAN	•	
LILLEY HO	OME		TTE, NC 28262	_	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 118	Continued From page	2	V 118		
	Former Client #1's medications out for him to take when he had to leave out. - Former Client #1 would say "they're probably down there on the counter for me to take." - She found pills Former Client #1's bed when she was packing him up to move. He didnt know why they were in his bed. - Former Client #1 did not have a physician's order to self administer medications and shouldnt have been taking his own medications Interview on 9/20/18 with the AFL Provider revealed: - Former Client #1 has never been able to self administer his own medications Interview on 9/19/18 with the Qualified Professional (QP) revealed: - She wasnt sure if Former Client #1 was able to self-administer medications				
V 120	and 86 degrees Fahre (B) in a refrigerator, if degrees and 46 degree refrigerator is used for shall be kept in a sep or container; (C) separately for each (D) separately for ext	9 MEDICATION ge: all be stored: ed cabinet in a clean, d room between 59 degrees enheit; frequired, between 36 ees Fahrenheit. If the r food items, medications arate, locked compartment	V 120		

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for a client to self-medicate.

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:		С		
MHL0601297			B. WING		10/01/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
LILLEY HO	OME		CKWYCK LAN	E		
	OLUMBA DV OT		TE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 120	Continued From page	e 3	V 120			
		s shall be currently North Carolina Controlled 90, Article 5, including any				
	medications remained	he facility failed to ensure d in a securely locked f 1 former client (Former				
	revealed:					
	medications and put i that night. He kept th dresser in front of the	provider would bring his t in his room for him to take em in his room on top of the				
	mother revealed: - A lot of the time if he Provider would leave medications out on thake - When she would quabout his medications	with Former Client #1's e had to leave out, the AFL Former Client #1's e kitchen counter for him to estion Former Client #1 s, he would say "they're on the counter for me."				

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STATE FORM 6899 4F5K11 If continuation sheet 4 of 5

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER LILLEY HOME SUMMARY STATEMENT OF DEFICIENCES CHARLOTTE, NC 28282 (X4) ID PRETTY TAG V 120 Continued From page 4 Interview on 9/20/18 with the AFL Provider revealed: - "The only time we ever put the boxes out on the table is when the monitoring specialist comes." - The medication boxes were kept in a locked cabinet.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		SURVEY PLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12430 CLACKWYCK LANE CHARLOTTE, NC 28262 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 120 Continued From page 4 Interview on 9/20/18 with the AFL Provider revealed: - "The only time we ever put the boxes out on the table is when the monitoring specialist comes." - The medication boxes were kept in a locked SUMMARY STATEMENT OF DEFICIENCES, CHARLOTTE, NC 28262 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIV			MHL0601297	B. WING			•	
CHARLOTTE, NC 28262 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 120 Continued From page 4 Interview on 9/20/18 with the AFL Provider revealed: - "The only time we ever put the boxes out on the table is when the monitoring specialist comes." - The medication boxes were kept in a locked	NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE			
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Interview on 9/20/18 with the AFL Provider revealed: - "The only time we ever put the boxes out on the table is when the monitoring specialist comes." - The medication boxes were kept in a locked	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	COMPLETE	
revealed: - "The only time we ever put the boxes out on the table is when the monitoring specialist comes." - The medication boxes were kept in a locked	V 120	Continued From page	e 4	V 120				
		revealed: - "The only time we e table is when the monous or the medication box	ver put the boxes out on the nitoring specialist comes."					

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STATE FORM 6899 4F5K11 If continuation sheet 5 of 5