

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

PRINTED: 08/26/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/22/2019
NAME OF PROVIDER OR SUPPLIER LILLINGTON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1110 NC 210 SOUTH LILLINGTON, NC 27546		
(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 000	INITIAL COMMENTS	W 000			
W 455	<p>A recertification and complaint survey was completed on 8/22/19. The complaint was unsubstantiated (Intake #NC00154493). Deficiencies were cited.</p> <p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a sanitary environment was provided to avoid transmission of possible infection and prevent possible cross-contamination. This potentially affected 5 of 6 clients residing in the home (#1, #2, #3, #4, #5). The findings are:</p> <p>Precautions were not taken to promote client health and prevent possible cross-contamination.</p> <p>a. During observations on 8/21/19 at 6:21pm, client #2 was assisting staff B with preparing the dinner meal. Staff B was wearing gloves while handling the food, then was observed to open cabinets and drawers before picking up slices of bread. Staff B did not change her gloves after touching the cabinets and drawers and before picking up the bread.</p> <p>Interview on 8/22/19 with the qualified intellectual disabilities professional (QIDP) revealed that staff should only wear gloves when handling foods, and that gloves should not have been worn while</p>	W 455			

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.

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

PRINTED: 08/26/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/22/2019
NAME OF PROVIDER OR SUPPLIER LILLINGTON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1110 NC 210 SOUTH LILLINGTON, NC 27546		
(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 455	Continued From page 1 opening cabinets and drawers. b. During observations on 8/22/19 at 7:14am, client #2 was assisting staff C with preparing breakfast. Staff C picked up a plate of biscuits off the counter. One of the biscuits fell off of the plate and landed in water that was spilled on the counter. Staff C was observed to pick up the biscuit using her bare hand and placing it back on the plate. Interview on 8/22/19 with the QIDP revealed that staff C should have thrown the biscuit in the garbage. C. During breakfast observations on 8/22/19 at 8:10am, client #2 was asked to pass a jar of jelly to client #4. While client #2 was passing the jar, she sneezed into the opened jar. Staff assisted client #4 with putting jelly from the jar onto her biscuit. Interview on 8/22/19 with the QIDP revealed that staff should not have allowed the jelly to be used and should have thrown it in the garbage.	W 455			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment plan consisting of needed interventions and services	W 460			

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

PRINTED: 08/26/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/22/2019
NAME OF PROVIDER OR SUPPLIER LILLINGTON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1110 NC 210 SOUTH LILLINGTON, NC 27546		
(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 460	<p>Continued From page 2 identified in the individual program plan (IPP) in the area of diet. This affected 1 of 3 audit clients (#5). The findings are:</p> <p>Client #5's diet consistency was not followed.</p> <p>a. During snack time observations on 8/21/19 at 3:31pm, Client #5 was observed eating graham crackers and peanut butter cookies. Approximately 7 minutes later, staff A was observed telling client #5 that her cookies were too big and needed to be cut up more.</p> <p>Interview on 8/21/19 with staff A revealed that client #5's food is supposed to be cut into 1/4 inch (dime size) pieces. Staff A revealed that the cookies were not the appropriate size for her prescribed diet texture and that is why she prompted her to cut them into smaller pieces.</p> <p>b. During dinner observations on 8/21/19 at 6:35pm, client #5 was observed eating salmon patties and a piece of bread. The salmon patties and bread were observed to be larger than 1/4 inch or dime size pieces.</p> <p>c. During breakfast observations on 8/22/19, client #5 was observed eating sausage links and biscuits. The sausage links and biscuits were observed to be larger than 1/4 inch or dime size pieces. As Staff C she was walking away from the table and into the kitchen, she was observed telling client #5 that her food was too large and needed to be cut. Client #5 was observed to only cut one piece of her biscuit before eating again and did not cut any other pieces of food.</p> <p>Review of client #5's IPP on 8/21/19 revealed that she is at risk for choking because she overstuff</p>	W 460			

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

PRINTED: 08/26/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/22/2019
NAME OF PROVIDER OR SUPPLIER LILLINGTON GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1110 NC 210 SOUTH LILLINGTON, NC 27546		
(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 460	Continued From page 3 her mouth, eats rapidly and overloads her spoon. Therefore, her foods should be chopped into dime size pieces. Review of client #5's record on 8/22/19 revealed meal guidelines to minimize her risk of choking. Meal guidelines state that she is noted to eat rapidly, overload her spoon, stuff her mouth and she inadequately chews her food prior to swallowing. Her food is to be cut into 1/4 inch consistency.	W 460		