STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G046	A. BUILDING _____ B. WING _____	08/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LILLINGTON GROUP HOME	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 A recertification and complaint survey was completed on 8/22/19. The complaint was unsubstantiated (Intake #NC00154493). Deficiencies were cited.	W 000		
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. 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: Precautions were not taken to promote client health and prevent possible cross-contamination. 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. 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	W 455		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Pauline Bell — TITLE: QP — (X6) DATE: 09/13/19

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.

LILLINGTON GROUP HOME
PLAN OF CORRECTIONS
For
Recertification Survey conducted August 21-22, 2019

W455 INFECTION CONTROL
The Facility will ensure a sanitary environment is provided for all the Clients to avoid transmission of possible infection and prevent possible cross contamination.

All Staff will be re-trained on infection control and cross contamination by the nursing staff. Emphasis will be placed on appropriate food handling, wearing of food gloves and on handwashing techniques.

Monitoring of Staff's adherence to providing of a sanitary environment will be accomplished through mealtime assessments, interaction assessments and medication administration observations. The completion of the assessments will increase from (2) monthly to (3) monthly for (2) months. There will be (2) medication administration observations completed monthly for (2) months.

The assessments will be completed by either of the following: Nurse, QIDP, Habilitation Specialist, Home Manager, Vocational Program Manager, Behavior Specialist, and the OT/PT Habilitation Assistant

Completion date: 10-21-19

W460 FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(a)(1)

The Facility will ensure each Client receive a continuous active treatment plan consisting of needed interventions and services identified in the Individual Program Plan (IPP) in the area of diet.

All Staff will be re-inserviced on each Client's Meal Guidelines by the QIDP and or the OT/PT Habilitation Assistant. Emphasis will be placed on Client #5's physician ordered diet consistency (1/4 inch for all foods).

Adherence to appropriate diet consistencies will be monitored through mealtime and snack assessments a by either of the following: QIDP, OT/PT Habilitation Assistant, Nurse, Habilitation Specialist, Home Manager, Vocational Program Manager, and the Behavior Specialist.

The mealtime assessments will increase from (2) monthly to (3) monthly for (2) months. The snack assessments will be completed (2) monthly for (2) months.

Completion date: 10-21-19

RHA
HEALTH SERVICES, INC.

September 13, 2019

Lesa Williams, MSW, QIDP
Facility Compliance Survey Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

RE: POC for Recertification and Complaint Survey Conducted August 21-22, 2019
Lillington Group Home, 1110 NC South 210, Lillington, NC 27546

Dear Ms. Williams:

Enclosed is the Plan of Correction for the tags cited during your recent recertification and complaint survey of the Lillington Group Home.

If there are any questions or concerns with this matter, contact me at 919-894-5124, ext. 116 or **pbell@rhanet.org**.

Sincerely,

Pauline Bell

Pauline Bell, QIDP

Enclosures

Cc: File