

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

PRINTED: 02/24/2021
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 02/23/2021
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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure privacy for 1 of 4 audit clients (#1) residing in the home. The finding is:</p> <p>During observations in the home on 2/22/21 at 4:33pm, client #1 was observed in the bathroom, sitting on the toilet with the door wide open. At 4:35pm, Staff E walked down the hallway, noticed client #1 in the bathroom and sitting on the toilet. Staff E then closed the door.</p> <p>During an immediate interview, Staff E stated client #1 needs a verbal prompts to shut the bathroom door for privacy.</p> <p>Review on 2/23/21 of client #1's adaptive behavior inventory (ABI) dated 7/29/19 indicated she has a need to close the bathroom door for privacy. Further review revealed client #1 has partial independence to close the bathroom door for privacy.</p> <p>During an interview on 2/23/21, the Qualified Intellectual Disabilities Professional (QIDP) stated client #1 needs to be verbally prompted to close the bathroom door for privacy.</p>	W 130			
W 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with</p>	W 189			

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.

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W 189	<p>Continued From page 1</p> <p>initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff training was provided to avoid transmission of possible infections and prevent possible cross-contamination. This potentially affected all the clients residing in the home. The finding is:</p> <p>During morning observations on 2/22/21 at 9:39am, the surveyor entered the home and the side door and was greeted by Staff B. Staff B stated the surveyors' temperature needed to be taken prior to entering the home. Staff B then placed the digital thermometer directly on the forehead of the surveyor touching her skin. Observations revealed there where no cleaning supplies in the area where Staff B was located.</p> <p>During an interview on 2/22/21, Staff B stated the digital thermometer should not have been placed on the surveyors skin.</p> <p>During an interview on 2/22/21, Staff A revealed the digital thermometer should never be placed on the skin while the persons' temperature is being taken.</p> <p>During an interview on 2/22/21, the Qualified Intellectual Disabilities Professional (QIDP) confirmed the digital thermometer should not be placed when taking the temperature of anyone. The QIDP revealed all staff have been trained not to place the digital thermometer directly onto the skin.</p>	W 189			

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W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 4 audit clients (#3) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of adaptive equipment use and self help skills. The findings are:</p> <p>A. During lunch and dinner observations in the home on 2/22/21, client #3 did not have his dycem mat or his clothing protector. At no time was client #3 provided with these items.</p> <p>Review on 2/22/21 of client #3's IPP dated 4/1/20 revealed, "Dycem mat: Assists with keeping plate from slipping when eating/scooping food...Daily. Clothing Protector: Assist with keeping outer top clothes free of food/beverage spillage...Daily: during meals/snacks."</p> <p>Review on 2/23/21 of client #3's occupational therapy assessment dated 3/3/20 revealed, "Plan: 1. Encourage use of clothing protector."</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>During an interview on 2/23/21, Staff B revealed client #3 has a clothing protector during his meals. Further interview revealed Staff B was not aware client #3 uses a dycem mat during his meals.</p> <p>During an interview on 2/23/21, the Qualified Intellectual Disabilities Professional (QIDP) stated client #3 uses a clothing protector during meals; which helps to keep his clothes clean. Further interview the QIDP revealed client #3 uses a dycem mat; which keeps his plate in place while he is scooping.</p> <p>B. During lunch observations in the home on 2/22/21 at 12:34pm, Staff B picked up client #3's knife and began cutting his ham and cheese slider. At no time was client #3 prompted to cut his own food.</p> <p>During dinner observations in the home on 2/22/21 at 6:17pm, Staff D person picked up client #3's knife and began cutting his chicken nuggets. At no time was client B prompted to cut his own food.</p> <p>Review on 2/22/21 of client #3's IPP dated 4/1/20 indicated, "People supporting [Client #3] should remember to do necessary tasks WITH him, not FOR him."</p> <p>Review on 2/23/21 of client #3's occupational assessment dated 3/3/20 revealed, "Plan: 3. Staff to use hand over hand with fading assistance as tolerated to facilitate improved ADL independence."</p> <p>During an interview on 2/23/21, Staff B revealed client #3 should be prompted to cut his own food.</p>	W 249			

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W 249	Continued From page 4	W 249			
W 252	<p>During an interview on 2/23/21, the QIDP stated client #3 can cut his own food with assistance.</p> <p>PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure data was documented correctly. This affected 1 of 4 audit clients (#3). The finding is:</p> <p>During observations in the home on 2/22/21 at 11:34am, client #3 walked over to the surveyor and grabbed their left wrist. Further observations revealed client #3 began pushing down on the front side of the surveyors left hand. Client #3 then pushed his thumb nail into the skin of the surveyor. Further observations revealed client #3 began walking; stopped in front of Staff A; the surveyor then pointed with their right hand at client #3 and said, "Can you do something?" Staff A stated, "[Client #3] hands down." Client #3 immediately let go of the surveyors' wrist.</p> <p>During review of client #3's behavior support plan (BSP) dated 12/15/20 revealed, "Target Behavior: Physical Aggression: ...digging nails into others' skin....Documentation: Staff should record episodes of target behaviors...on a data collection form. Further review on 2/23/21 of client #3's</p>	W 252			

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W 252	Continued From page 5 behavior intervention data sheet revealed there was no data entered for the behavior of digging his nails into the skin of the surveyor." During an interview on 2/23/21, Staff B revealed all of client #3's target behaviors are supposed to be documented on the behavior intervention data sheet, by the end of the shift. During an interview on 2/23/21, the Qualified Intellectual Disabilities Professional (QIDP) stated client #3's target behaviors are to be documented and all staff have been trained in doing so.	W 252			
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #2 was provided nursing services in accordance with her weight loss needs. This affected 1 of 4 audit clients. The finding is: During observations in the home on 2/22/21 at 4:31pm, client #2 chose her afternoon snack from the pantry. She was observed to sit at the dining table and eat 10 Hershey Kisses candies. Additional observations in the home on 2/22/21 at 5:12pm revealed client #2 assisting Staff E with preparing the dinner meal. The meal consisted of chicken nuggets, northern beans, diced tomatoes, and garlic bread. At 5:48pm, client #2 was observed to point at a box of mashed	W 331			

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W 331	<p>Continued From page 6</p> <p>potatoes in the kitchen cabinet. Staff E asked client #2 if she wanted mashed potatoes and client #2 replied, "Yes." Staff E and client #2 prepared the mashed potatoes by putting several teaspoons of butter in water, boiling it in the microwave and adding mashed potato flakes.</p> <p>Further observations in the home on 2/22/21 at 6:15pm revealed client #2 to begin eating. Her meal consisted of chicken nuggets with BBQ sauce and Honey Mustard sauce added, diced tomatoes with Ranch dressing added, northern beans, mashed potatoes, garlic bread, sweet tea and water.</p> <p>Review on 2/22/21 of client #2's Individual Program Plan (IPP) dated 7/20/20 revealed client #2's diet as 1800 calorie weight loss diet. Further review of client #2's IPP revealed a program to increase her physical activity to address weight loss.</p> <p>Review on 2/23/21 of client #2's physician's orders dated 1/4/21 revealed "encourage daily exercise to support healthy weight goal."</p> <p>Review on 2/23/21 of client #2's record revealed the following weights:</p> <p>1/20 - 178.2lbs 2/20 - 179.0lbs 3/20 - no weight recorded 4/20 - no weight recorded 5/20 - no weight recorded 6/20 - 174.4lbs 7/20 - 181.2lbs 8/20 - 181.8lbs 9/20 - 182.8lbs 10/20 - 186.8lbs</p>	W 331			

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W 331	Continued From page 7 11/20 - 185.2lbs 12/20 - 185.0lbs 1/21 - 185.4lbs Review on 2/23/21 of client #2's record revealed nursing notes that indicate the medical doctor ordered a dietary and physical therapy consult due to an increase in weight. Additional nursing notes dated 3/25/19 revealed the medical doctor ordered a change in diet to 1800 calories, encourage exercise and begin a weight loss program. Interview on 2/23/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #2 does participate in a exercise program, but should be encouraged to chose more healthy options when eating. Interview on 2/23/21 with the facility nurse revealed the facility's psychiatrist also has concerns about client #2's weight. The facility nurse confirmed that client #2's primary medical provider has not been contacted to address client #2's weight.	W 331			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by:	W 436			

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W 436	<p>Continued From page 8</p> <p>Based on observations, record review and interviews, the facility failed to ensure recommended equipment, specifically eyeglasses, were furnished for 1 of 4 audit clients (#1). The finding is:</p> <p>During observations in the home on 2/22 - 23/21, client #1 was not observed wearing her eyeglasses. Further observations revealed at no time was client #1 prompted to wear her eyeglasses.</p> <p>During a review on 2/23/21 of client #1's individual program plan (IPP) dated 7/27/20 revealed, "Vision...is diagnosed with hyperopia and astigmatism and wears prescription glasses."</p> <p>During a review on 2/23/21 of client #1's nursing assessment (2020) indicated, "Sensory: She has glasses and diagnosis of Hyperopia and astigmatism."</p> <p>During a review on 2/23/21 of client #1's vision examination dated 5/14/19 revealed, "Prescription and Treatments: Glasses."</p> <p>During an interview on 2/23/21, the Home Manager (HM) revealed staff are suppose to prompt client #1 to put on her eyeglasses. The HM also stated client #1 will keep her eyeglasses in her pocketbook. Upon asking client #1 where her eyeglasses where, client #1 refused to allow the HM to look into her pocketbook and would not open it for visual observation.</p> <p>During an interview on 2/23/21, the Qualified Intellectual Disabilities Professional (QIDP) revealed staff should be prompting client #1 to wear her eyeglasses.</p>	W 436			

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W 454	<p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the potential for cross-contamination was prevented. This potentially affected all clients residing in the home. The findings are:</p> <p>A. During observations in the home on 2/22/21 from 3:00pm - 6:45pm, staff were observed to wear face masks and face shields. Throughout the observations, all staff were observed to wear their face masks below their noses.</p> <p>Interview on 2/23/21 with the home manager (HM) revealed that staff are trained to wear their mask above their nose and below their chin to ensure the nose and mouth are covered.</p> <p>Interview on 2/23/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed that staff are trained to wear face masks to ensure their nose and mouths are covered. The QIDP confirmed that staff should have been wearing their masks above their noses.</p> <p>B. During morning observations on 2/22/21 at 9:39am, the surveyor entered the home and the side door and was greeted by Staff B. Staff B stated the surveyors' temperature needed to be taken prior to entering the home. Staff B then placed the digital thermometer directly on the forehead of the surveyor, touching her skin. Observations revealed there where no cleaning</p>	W 454			

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W 454	<p>Continued From page 10 supplies in the area where Staff B was located.</p> <p>During an interview on 2/22/21, Staff B stated the digital thermometer should not have been placed on the surveyors skin.</p> <p>During an interview on 2/2/21, Staff A revealed the digital thermometer should never be placed on the skin while the persons' temperature is being taken.</p> <p>During an interview on 2/22/21, the QIDP confirmed the digital thermometer should not be placed on the skin when taking the temperature of anyone. The QIDP revealed all staff have been trained not to place the digital thermometer directly onto the skin.</p> <p>C. During observations in the home on 2/22/21 at 5:12pm, Staff E and client #2 were observed to prepare the dinner meal. Throughout the meal preparation, Staff E and client #2 were observed to wear clear, plastic gloves while touching various surfaces in the kitchen (counters, cabinets), appliances, dirty dishes and then use the same gloves to prepare and touch the food. At 5:33pm, Staff E, wearing gloves, retrieved a cutting board from the top of the refrigerator, washed and dried it at the kitchen sink, grab four tomatoes and then slice them. Staff E did not change her gloves during this time.</p> <p>Additional observations in the home on 2/23/21 at 6:17am revealed Staff F and client #6 preparing breakfast. Staff F was observed to use a dish cloth to clean the counter tops and clean the tray on client #6's wheelchair. Staff F then used the same dish cloth to wipe a bowl and pour raisins into the bowl, then pour the bowl of raisins into a</p>	W 454			

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W 454	<p>Continued From page 11 pot of oatmeal.</p> <p>During observations in the home on 2/23/21 at 6:45am, Staff F was observed to wear gloves while opening the refrigerator, cabinets, drawers, and go into the pantry to retrieve a box of cereal. At 6:58am, Staff F was observed to pick up pieces of bread, put them into the toaster, assist client #1 with processing her food, and then touch the bread to continue to toast it. Staff F did not change her gloves during this time.</p> <p>Interview on 2/23/21 with the HM revealed that staff should consistently wash their hands and change their gloves during meal preparation after touching various surfaces.</p> <p>Interview on 2/23/21 with the QIDP confirmed that staff should wash their hands and change their gloves during meal preparation if they touch surfaces such as cabinets, counters, appliances, etc. and before touching food items.</p> <p>D. During observations in the home on 2/22/21 at 3:58pm, Staff E and client #5 were observed to go to a closet and get a Connect 4 game out. The red and yellow game pieces fell on the floor. Staff E and client #5 were observed to pick the pieces up, and take the game to the dining table. Staff E and client #5 were observed to play the game. At 4:17pm, client #1 was observed to play with the pieces of the game. At 4:26pm, Staff E put the game onto a shelf in the kitchen until a later time when it was placed back into the closet. At no time during the observation was the game sanitized after falling on the floor, and the dining table was not sanitized after the game was removed and prior to dinner beginning.</p>	W 454			

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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 454	Continued From page 12 Interview on 2/23/21 with the HM revealed the game should have been sanitized after falling on the floor and being used and before being put away.	W 454			
W 460	Interview on 2/23/21 with the QIDP confirmed that if the game fell on the floor, and a client assists with picking the pieces up, the game should be sanitized and the client's hands should be washed. 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, interviews and record reviews, the facility failed to ensure 2 of 4 audit clients (#2 and #4) received their specially-prescribed diets as indicated. The findings are: A. During observations in the home on 2/22/21 at 4:31pm, client #2 chose her afternoon snack from the pantry. She was observed to sit at the dining table and eat 10 Hershey Kisses candies. Additional observations in the home on 2/22/21 at 5:12pm revealed client #2 assisting Staff E with preparing the dinner meal. The meal consisted of chicken nuggets, northern beans, diced tomatoes, and garlic bread. At 5:48pm, client #2 was observed to point at a box of mashed potatoes in the kitchen cabinet. Staff E asked client #2 if she wanted mashed potatoes and	W 460			

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W 460	<p>Continued From page 13</p> <p>client #2 replied, "Yes." Staff E and client #2 prepared the mashed potatoes by putting several teaspoons of butter in water, boiling it in the microwave and adding mashed potato flakes.</p> <p>Further observations in the home on 2/22/21 at 6:515pm revealed client #2 to begin eating. Her meal consisted of chicken nuggets with BBQ sauce and Honey Mustard sauce added, diced tomatoes with Ranch dressing added, northern beans, mashed potatoes, garlic bread, sweet tea and water.</p> <p>Review on 2/22/21 of client #2's Individual Program Plan (IPP) dated 7/20/20 revealed client #2's diet as 1800 calorie weight loss diet.</p> <p>Interview on 2/22/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed that client #2 is on a weight loss diet and exercise program to lose weight. The QIDP revealed that client #2's family sends her food and snack items, and these items are not always the best options. The QIDP confirmed that client #2 should not have had all the Hershey Kisses for her snack, and should not have had an extra starchy food at dinner.</p> <p>B. During observations in the home on 2/21/21 at 12:28pm, client #2 was observed to eat one turkey and cheese slider, made with Velveeta original sliced cheese, as part of her lunch.</p> <p>Additional observations in the home on 2/22/21 at 7:12am revealed client #2 eating breakfast. One of client #2's breakfast items was a container of Yoplait yogurt with fruit.</p> <p>Review on 2/21/21 of client #2's IPP dated</p>	W 460			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 460	<p>Continued From page 14</p> <p>7/20/20 revealed client #2's diet as "lactose intolerance."</p> <p>Review on 2/22/21 of client #2's meal guidelines dated 2/8/21 revealed a diet that is "lactose free."</p> <p>Review on 2/22/21 of client #2's nutritional evaluation dated 7/20/18 revealed "lactose intolerant, no milk/dairy containing lactose."</p> <p>Interview on 2/22/21 with the Home Manager (HM) revealed that client #2 has always eaten cheese and yogurt and never had any issues. The HM revealed that based on the IPP and supporting documents, client #2 should not have received the cheese or yogurt.</p> <p>Interview on 2/22/21 with the QIDP confirmed that client #2 is lactose intolerant and these items can cause stomach issues for client #2 if she eats them. The QIDP confirmed that client #2's diet should have been followed and she should not have received cheese on her slider and should have had lactaid free yogurt.</p> <p>C. During observations in the home on 2/21/21 at 12:28pm, client #4 was observed to eat one turkey and cheese slider, made with Velveeta original sliced cheese, as part of her lunch.</p> <p>Additional observations in the home on 2/22/21 at 7:12am revealed client #4 eating breakfast. One of client #4's breakfast items was a container of Yoplait yogurt with fruit.</p> <p>Review on 2/21/21 of client #4's IPP dated 9/25/20 revealed client #4's diet as "lactose intolerance, lactose free dairy products."</p>	W 460			

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W 460	<p>Continued From page 15</p> <p>Review on 2/22/21 of client #4's meal guidelines dated 6/12/19 revealed a diet that is "lactose free."</p> <p>Review on 2/22/21 of client #4's nutritional evaluation dated 6/3/20 revealed "no milk products, lactose intolerant."</p> <p>Interview on 2/22/21 with the Home Manager (HM) revealed that client #4 has always eaten cheese and yogurt and never had any issues. The HM revealed that based on the IPP and supporting documents, client #4 should not have received the cheese or yogurt.</p> <p>Interview on 2/22/21 with the QIDP confirmed that client #4 is lactose intolerant and these items can cause stomach issues for client #4 if she eats them. The QIDP confirmed that client #4's diet should have been followed and she should not have received cheese on her slider and should have had lactaid free yogurt.</p>	W 460			