	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		E SURVEY PLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		MHL001-156	B. WING			C 24/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
LILLIES F			RRIS DRIVE			
		BURLIN	GTON, NC 272	215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	S	V 000			
	2021. The complain	was completed on March 24, it was substantiated (intake ficiencies were cited.				
		ed for the following service C 27G .5600A Supervised h Mental Illness.				
V 110	27G .0204 Training/ Paraprofessionals	/Supervision	V 110			
	SUPERVISION OF (a) There shall be r paraprofessionals. (b) Paraprofession associate profession professional as spe Subchapter. (c) Paraprofessional knowledge, skills ar population served. (d) At such time as employment system then qualified profese professionals shall of	cified in Rule .0104 of this als shall demonstrate ad abilities required by the a competency-based is established by rulemaking ssionals and associate demonstrate competence. hall be demonstrated by s including: edge; ess; g; kills;				
	 (7) clinical skills. (f) The governing b develop and implem for the initiation of th 	ody for each facility shall nent policies and procedures ne individualized supervision ch paraprofessional.				

Division of Health Service R	egulation			FORM	APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
	MHL001-156	B. WING	3. WING		C 24/2021
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
LILLIES PLACE		RRIS DRIVE GTON, NC 272	215		
(X4) ID SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PRÉFIX (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLETE DATE
V 110 Continued From pa	age 1	V 110			
	let as evidenced by:				
two audited staff (#	vs and record reviews, one of #2) failed to demonstrate areas of knowledge, skills and gs are:				
-Admission date or -Diagnoses of Atte Disorder; Anxiety;	ntion Deficit Hyperactivity Bipolar Disorder; I Reflux Disease; Headaches;				
-Admission date o -Diagnoses of Maj Insomnia; Diabete	or Depression Disorder; s; Incontinence; Alcohol athy; History of Alcohol Abuse;				
-Admission date o -Diagnoses of Hyp	ertension; Asthma; Anemia; kle Edema; Diabetes; Sleep				
-Admission date or -Diagnoses of Uns Borderline Persona Temporal Dementi Parkisonism; Fibro	of Client #4's record revealed: f 5/28/19. pecified Bipolar Disorder; ality Disorder; Probable Front a; Cataract; Atypical omyalgia; Arthritis; Type II Dyslipidemia; Hypertension.				

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	of Health Service Re				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		MHL001-156	B. WING		C 03/24/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	
LILLIES		1804 HAF	RRIS DRIVE		
LILLIES	PLACE	BURLING	TON, NC 272	215	
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE DATE
V 110	Continued From pa	ge 2	V 110		
	revealed: -Hire date of 9/15/2	of Staff #2's Personnel Record 0. a Supervisor In Charge (SIC).			
	Review on 3/24/21 of an incident report investigation dated 3/9/21 revealed the following: -Report was completed by the Owner. -Client #3 came to the Owner and told her that Client #1 had slept with her friend during his visit. -She further stated that Client #1 had gone to take a shower and they had sneaked in the bathroom together. -Owner talked to Client #1 and her friend whom was visiting for the first time in about a year inside the house. -He denied anything happened but after Owner left, he became upset and began to curse about it being none of her business. -Owner then talked to Client #1 and questioned her. -Client #1 denied it and stated "No, we just watched a movie!"				
	to the Owner. -Staff #2 stated tha standing by the me to sit down. -Staff #2 had been residents but then s check on other othe -Staff #2 reported the then saw Client #1's	nt #1 left an apology message t Client #1's friend had been dicine cart and she invited him doing puzzles with other she went to the living room to er clients. hat everything was quiet. She s friend outside smoking. ed to Client #1's room and			
Nivision of H	observed her seatir -When the Owner a see them engage ir				

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If continuation sheet 3 of 17

EFICIENCIES RECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		A. DOILDING.			с
	MHL001-156	B. WING			24/2021
ER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
1			215		
	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
		PREFIX TAG	CROSS-REFERENCED TO	THE APPROPRIATE	COMPLET DATE
nued From pa	age 3	V 110			
d that she had vent to smoke nued to ask hi ked back there Owner inform ed for the beh ew on 3/24/21 bleted by the C pleted by the C pleted on 3/9/ believed that iscuous past. had redirected e entire few ye understood the en privacy and did not realize would write up ecause with de al illness diagr and this was of been working of t #1 had beer Owner had give before COVI le to find place viors. er felt that she decision. ew on 3/24/21 ments comple ed 3/10/21. ed by the Own er reported th at she did act	a sked him to go to her room. a cigarette and Client #1 m to go to her bedroom, so he e with her. ed him that he would be avior shown. of Post Investigation Owner revealed: (21 Client #1 had a very d, encouraged, prompted her ears. hat there was a fine line hd her major concern was why d they had sneaked. b, suspend or terminate Staff ealing with clients that have a nosis often have a high sex one of Client #1's goals they on. h doing well until this occurred. ven Client #1 a discharge ID hit but her guardian was ement for her due to her e needed to reconsider her of Post Investigation ted by the Owner revealed: her, Client #3 and Staff #2. at Client #1 had not told her ually engaged, but she had				
	ER OR SUPPLIER SUMMARY ST/ ER OR SUPPLIER SUMMARY ST/ EACH DEFICIENC EGULATORY OR L ACH DEFICIENCE EGULATORY OR L ACH D ACH D ACH D ACH	IDENTIFICATION NUMBER: MHL001-156 ER OR SUPPLIER STREET A 1804 HA BURLING SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL GOULATORY OR LSC IDENTIFYING INFORMATION) Inued From page 3 Owner interviewed Client #1's friend and he d that she had asked him to go to her room. vent to smoke a cigarette and Client #1 nued to ask him to go to her bedroom, so he ked back there with her. Owner informed him that he would be ed for the behavior shown. ew on 3/24/21 of Post Investigation beleved that Client #1 had a very iscuous past. had redirected, encouraged, prompted her ee entire few years. understood that there was a fine line been privacy and her major concern was why did not realized they had sneaked. would write up, suspend or terminate Staff cause with dealing with clients that have a al illness diagnosis often have a high sex and this was one of Client #1 a discharge before COVID hit but her guardian was te to find placement for her due to her <td< td=""><td>EFICIENCIES (RECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE A. BUILDING: B. WING MHL001-156 B. WING ER OR SUPPLIER STREET ADDRESS, CITY, ST 1804 HARRIS DRIVE BURLINGTON, NC 272 SUMMARY STATEMENT OF DEFICIENCIES CACH DEFICIENCY MUST BE PRECEDED BY FULL GULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Inued From page 3 V 110 Owner interviewed Client #1's friend and he d that she had asked him to go to her room. vent to smoke a cigarette and Client #1 nued to ask him to go to her bedroom, so he ed back there with her. Owner informed him that he would be ed for the behavior shown. V 110 won 3/24/21 of Post Investigation leted by the Owner revealed: pleted on 3/9/21 believed that Client #1 had a very iscuous past. had redirected, encouraged, prompted her e entire few years. understood that there was a fine line been privacy and her major concern was why did not realized they had sneaked. would write up, suspend or terminate Staff ccause with dealing with clients that have a al illness diagnosis often have a high sex and this was one of Client #1's goals they ieen working on. t#1 had been doing well until this occurred. Owner had given Client #1 a discharge a before COVID hit but her guardian was le to find placement for her due to her viors. er felt that she needed to reconsider her decision. ew on 3/24/21 of Post Investigation ments completed by the Owner revealed: d 3/10/21. ed by the Owner, Client #3 and Staff #2. er reported that Client #1 had not told her at she did actually engaged, but she had n to cry when she carme to the facility saying</td><td>EFICIENCIES (X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: INTERCETION MHL001-156 B. WING ER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES EQUIDENCY MUST BE PRECEDED BY FULL EQUILINGTON, NC 27215 D PROVIDER'S PLAN OR (EACH CORRECTIVE AC CROSS-REFERENCED OF DEFICIENCY MUST BE PRECEDED BY FULL EQUIATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Owner interviewed Client #1's friend and he d that she had asked him to go to her room. rent to smoke a cigarette and Client #1 nued to ask him to go to her bedroom, so he ed back there with her. Owner informed him that he would be ed for the behavior shown. V 110 won 3/24/21 of Post Investigation leted by the Owner revealed: pleted on 3/9/21 believed that Client #1 had a very iscuous past. had redirected, encouraged, prompted her een privacy and her major concern was why did not realized they had sneaked. would write up, suspend or terminate Staff recause with dealing with clients that have a al illness diagnosis often have a high sex and this was one of Client #1's goals they ween working on. Nt #1 had been doing well until this occurred. Owner rhod given Client #1 a discharge a before COVID hit but her guardian was le to find placement for her due to her viors. er feit that she needed to reconsider her decision. won 3/24/21 of Post Investigation ments completed by the Owner revealed: d 3/10/21. ef before COVID hit but her guardian was le to find placement for her due to her viors. er reported that Client #3 and Staff #2. er reported that Client #1 had not told her at she did actually engaged, but she had n to cy when she came</td><td>EFICIENCIES (X1) DENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE IRECTION MHL001-156 B. WING 03/ ER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1804 HARRIS DRIVE SUMMARY STATEMENT OF DEFICIENCIES 1804 HARRIS DRIVE 03/ SUMMARY STATEMENT OF DEFICIENCIES p.D. PROVIDER'S FLAN OF CORRECTION SHOULD BE CACH DEFICIENCY MUST BE PROCEDED BY FULL p.D. PROVIDER'S FLAN OF CORRECTION SHOULD BE CACH DEFICIENCY MUST BE PROCEDED BY FULL p.D. CROSS-REFERENCED TO THE APPROPRIATE DULATORY OR LSC IDENTIFYING INFORMATION) Y 110 CROSS-REFERENCED TO THE APPROPRIATE DULATORY OR LSC IDENTIFYING INFORMATION) Y 110 CROSS-REFERENCED TO THE APPROPRIATE DULATORY OR LSC IDENTIFYING INFORMATION) Y 110 CROSS-REFERENCED TO THE APPROPRIATE DULATORY OR LSC IDENTIFYING INFORMATION) Y 110 CROSS-REFERENCED TO THE APPROPRIATE DUMOR INFORMENT INFORMATION Y 110 CROSS-REFERENCED TO THE APPROPRIATE DUMOR INFORMENT INFORMATION Y 110 CROSS-REFERENCED TO THE APPROPRIATE DUMOR INFORMENT INFORMATION Y 110 CROSS-REFERENCED TO THE APPROPRIATE DUMOR INTO TO POST INVESTIGATION Y 110</td></td<>	EFICIENCIES (RECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE A. BUILDING: B. WING MHL001-156 B. WING ER OR SUPPLIER STREET ADDRESS, CITY, ST 1804 HARRIS DRIVE BURLINGTON, NC 272 SUMMARY STATEMENT OF DEFICIENCIES CACH DEFICIENCY MUST BE PRECEDED BY FULL GULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Inued From page 3 V 110 Owner interviewed Client #1's friend and he d that she had asked him to go to her room. vent to smoke a cigarette and Client #1 nued to ask him to go to her bedroom, so he ed back there with her. Owner informed him that he would be ed for the behavior shown. V 110 won 3/24/21 of Post Investigation leted by the Owner revealed: pleted on 3/9/21 believed that Client #1 had a very iscuous past. had redirected, encouraged, prompted her e entire few years. understood that there was a fine line been privacy and her major concern was why did not realized they had sneaked. would write up, suspend or terminate Staff ccause with dealing with clients that have a al illness diagnosis often have a high sex and this was one of Client #1's goals they ieen working on. t#1 had been doing well until this occurred. Owner had given Client #1 a discharge a before COVID hit but her guardian was le to find placement for her due to her viors. er felt that she needed to reconsider her decision. ew on 3/24/21 of Post Investigation ments completed by the Owner revealed: d 3/10/21. ed by the Owner, Client #3 and Staff #2. er reported that Client #1 had not told her at she did actually engaged, but she had n to cry when she carme to the facility saying	EFICIENCIES (X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: INTERCETION MHL001-156 B. WING ER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES EQUIDENCY MUST BE PRECEDED BY FULL EQUILINGTON, NC 27215 D PROVIDER'S PLAN OR (EACH CORRECTIVE AC CROSS-REFERENCED OF DEFICIENCY MUST BE PRECEDED BY FULL EQUIATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Owner interviewed Client #1's friend and he d that she had asked him to go to her room. rent to smoke a cigarette and Client #1 nued to ask him to go to her bedroom, so he ed back there with her. Owner informed him that he would be ed for the behavior shown. V 110 won 3/24/21 of Post Investigation leted by the Owner revealed: pleted on 3/9/21 believed that Client #1 had a very iscuous past. had redirected, encouraged, prompted her een privacy and her major concern was why did not realized they had sneaked. would write up, suspend or terminate Staff recause with dealing with clients that have a al illness diagnosis often have a high sex and this was one of Client #1's goals they ween working on. Nt #1 had been doing well until this occurred. Owner rhod given Client #1 a discharge a before COVID hit but her guardian was le to find placement for her due to her viors. er feit that she needed to reconsider her decision. won 3/24/21 of Post Investigation ments completed by the Owner revealed: d 3/10/21. ef before COVID hit but her guardian was le to find placement for her due to her viors. er reported that Client #3 and Staff #2. er reported that Client #1 had not told her at she did actually engaged, but she had n to cy when she came	EFICIENCIES (X1) DENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE IRECTION MHL001-156 B. WING 03/ ER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1804 HARRIS DRIVE SUMMARY STATEMENT OF DEFICIENCIES 1804 HARRIS DRIVE 03/ SUMMARY STATEMENT OF DEFICIENCIES p.D. PROVIDER'S FLAN OF CORRECTION SHOULD BE CACH DEFICIENCY MUST BE PROCEDED BY FULL p.D. PROVIDER'S FLAN OF CORRECTION SHOULD BE CACH DEFICIENCY MUST BE PROCEDED BY FULL p.D. CROSS-REFERENCED TO THE APPROPRIATE DULATORY OR LSC IDENTIFYING INFORMATION) Y 110 CROSS-REFERENCED TO THE APPROPRIATE DULATORY OR LSC IDENTIFYING INFORMATION) Y 110 CROSS-REFERENCED TO THE APPROPRIATE DULATORY OR LSC IDENTIFYING INFORMATION) Y 110 CROSS-REFERENCED TO THE APPROPRIATE DULATORY OR LSC IDENTIFYING INFORMATION) Y 110 CROSS-REFERENCED TO THE APPROPRIATE DUMOR INFORMENT INFORMATION Y 110 CROSS-REFERENCED TO THE APPROPRIATE DUMOR INFORMENT INFORMATION Y 110 CROSS-REFERENCED TO THE APPROPRIATE DUMOR INFORMENT INFORMATION Y 110 CROSS-REFERENCED TO THE APPROPRIATE DUMOR INTO TO POST INVESTIGATION Y 110

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Division	of Health Service Re	equiation			FURIV	IAPPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	TO CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:			
		MHL001-156	B. WING			C 24/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS. CITY. S	TATE, ZIP CODE	_	
			RRIS DRIVE	,		
LILLIES	PLACE	BURLING	TON, NC 272	215		
(X4) ID			ID	PROVIDER'S PLAN OF CO		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE
V 110	Continued From pa	ige 4	V 110			
	-Owner spoke to Cl	lient #1 about respect she that				
	she had to have for	herself and for the other				
		. As for her boyfriend, he				
		ed to visit because she could				
	the rules.	a young man who respected				
		way sadly saying "OK Mrs.				
	Cherry, I understan					
		ended from work for two				
	weeks.					
		showed she was guilty, but				
		seen again by the Owner and				
		had tried to have sex and that				
	he was sorry and the	sensual because they called				
		nd and girlfriend, but it was				
	against her rules.					
	-Owner investigated	d report.				
	Review on 3/24/21	of Statement note made by				
	the Owner revealed	1:				
	-Dated 3/24/12.					
		e incident with Client #1				
		al act a few weeks ago. She ersonally responsible as she				
	had also told her gu					
		y achieved what she been				
	working on doing fo					
		other clients had been confined				
	-	nost a year now with no visits,				
		g their masks and practicing				
	safety precautions.	with her male friend was OK				
		iends or family, but Client #1				
	sneaked this plan c					
		ions got in the way feeling				
		COVID restrictions so long.				
		and let her guard down.				
		wner knew how Client #1 was				
		be supervised at all times.				
VISION OF H	lealth Service Regulation		6899	20044		tion shoot 5 of

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
						С
		MHL001-156	B. WING		03/	24/2021
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST	TATE, ZIP CODE		
LILLIES	PLACE		RRIS DRIVE STON, NC 272	215		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From pa	ge 5	V 110			
	-The Owner agreed to make any provision she must to correct the incident and prevent it from reoccurring again.					
	Client #1 was not a	vailable to interview.				
	-Reported being at -Liked the place an -Reported COVID s Staff had tried to ke -Residents were all friends to the home -She had had visito the house. -Sometimes, a visit the bathroom, but v inside. -She had also seen coming to the hous -Reported that ther the other residents'	situation at home as been OK. beep them busy at the house. owed to bring family and b. or may had gone inside to use vere wearing their masks while n other resident's visitors e. e had been no incidents with				
	-She reported being -No problems with a -Reported having h had met outside of -Family also wore a visit her. -Reported other res and they also met o	ad visitors over, but that they the house. a mask when they had come to sidents had also had visitors				
ining of the	other residents visit Interview on 3/24/2 -Reported being at					

AND PLAN OF CORRECTION	DVIDER/SUPPLIER/CLIA NTIFICATION NUMBER: HL001-156 STREET AL		CONSTRUCTION	COMI	E SURVEY PLETED
	STREET AL	B. WING			
NAME OF PROVIDER OR SUPPLIER					C 24/2021
	4004 ЦА	DDRESS, CITY, ST	TATE, ZIP CODE		
LILLIES PLACE	1004 HAI	RRIS DRIVE			
	BURLING	GTON, NC 272	15		
(X4) ID SUMMARY STATEMENT (PREFIX (EACH DEFICIENCY MUST BE TAG REGULATORY OR LSC IDENT	PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 110 Continued From page 6		V 110			
 -She had had visitors comimay had come inside the hat their masks on. -She had also seen other min the home, but nothing bather of the home, but nother of the home, but not how home, but not h	ouse, but they had esidents' visitors come of had ever happened. at the house. taff #1 revealed: rts. at the house currently out to community with to their workshop or to the home, but ey also needed to wear e to visit and stayed also stayed outside also stayed outside em. ere may had been an a friend of hers, but time as it happened by had happened. She taff #2 revealed: her boyfriend. ng happened between	r			

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If continuation sheet 7 of 17

Division	of Health Service Re	equiation			FORM APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL001-156	B. WING		C 03/24/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE	
		1804 HAI	RRIS DRIVE		
LILLIES	PLACE	BURLING	GTON, NC 272	:15	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETE HE APPROPRIATE DATE
V 110	Continued From pa	ige 7	V 110		
	watching TV. -She denied anythir	ng inappropriate may had Client #1 and her boyfriend			
	-She reported that a been allowed inside -In the past few we people come inside mask. -The only person the Client #1's friend. -He came over for a her. -He had been the o come inside the ho -One day, one of th her in a gossiping v friend had been ins -She asked the res with them and she -She talked to the fi He said that he can happened and he w -He denied anything -She then talked to doing anything inap -Client #1 admitted with her, but denied -She asked the stat -She did not think a happened. She rep movie. -If anything happen quick.	eks, they did allow some a the house, but only wearing a hat came inside the house was a few hours to watch TV with only person allowed to actually use. he residents at the house told vay that Client #1 and her ide the bedroom together. ident if anything happened denied. riend about what happened. ne to visit but said nothing vas respectful. g inappropriate happened. Client #1 and she also denied opropriate with her friend. that he came inside the room d wrongdoing. ff on duty about the incident. she saw the friend get up to go d that he came right back. anything inappropriate may had orted watching them watch a hed, it may had been very			
)ivision of H		at Client #1 may be very sleek #1 also had a history of doing			

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COM	PLEIED
		MHL001-156	B. WING			C 24/2021
JAME OF F	PROVIDER OR SUPPLIER	STREET AF	DDRESS, CITY, S			
ILLIES	PLACE		GTON, NC 272	215		
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE
V 110	Continued From pa	ige 8	V 110			
	she started living th -Owner reported th Client #1 and her fit then each got upset questions. -She spoke with oth None said that any at the house. -Owner reported th apology from Client -She still did not kn between the two, b happened especial Client #1. -Client #1 reported the Owner what ma being transferred to -Owner reported sp her friend and infor be allowed inside th -She suspended St investigation. -Client #1 had been apologizing to the C -Client #1 still had n happened. -Owner reported do -She was having a what may had happ	ng very well at the house since here. at she continued to press iend, but got nothing. They it about her asking them her residents at the house. thing inappropriate happened at she later received an t #1. ow what may had happened ut suspects something did ly after receiving apology from that she was afraid of telling ay had happened for fear of o another house. beaking to both Client #1 and med them that he would not to be house anymore. taff #2 while she was doing n crying when she was Dwner. hot told her what may had bing an incident report. hard time finding out exactly				
	#1, but did not know -Owner acknowled decision allowing C house to watch tv v					
	follow Client #1's p	new at the job and did not an and goals regarding her nosis and behaviors to work				

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	or contraction	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL001-156	B. WING			C 24/2021
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ILLIES.	PLACE		RRIS DRIVE GTON, NC 272	215		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE
V 110	Continued From pa	ige 9	V 110			
	been fully vaccinate inside the home co	ged that although clients had ed, bringing Client #1's friend uld have brought positive to the residents and staff.				
V 115	27G .0208 Client S	ervices	V 115			
	assure that: (1) space and super the safety and welfa (2) activities are suit and treatment/habile served; and (3) clients participat activities. (h) Facilities or prog- in these Rules as "2 available 24 hours a unless otherwise sp (c) Facilities that sec clients shall ensure (d) When clients what are transported, the with secure adaptive (e) When two or mo- require special assi- in a vehicle are trans-	itable for the ages, interests, litation needs of the clients te in planning or determining grams designated or described 24-hour" shall make services a day, every day in the year. becified in the rule. erve or prepare meals for that the meals are nutritious. no have a physical handicap e vehicle shall be equipped re equipment. ore preschool children who istance with boarding or riding asported in the same vehicle, adult, other than the driver, to				

6899

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING.			0
		MHL001-156	B. WING			C 24/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S ⁻	TATE, ZIP CODE		
LILLIES	PLACE		RRIS DRIVE GTON, NC 272	215		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	(MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET
V 115	Continued From pa	ge 10	V 115			
	facility failed to prov	et as evidenced by: s and records review, the vide supervision to ensure the of one of five clients (#1). The	•			
	-Admission date of -Diagnoses of Atter Disorder; Anxiety; E	ntion Deficit Hyperactivity Bipolar Disorder; Reflux Disease; Headaches;				
	-Admission date of -Diagnoses of Majo Insomnia; Diabetes	or Depression Disorder; ; Incontinence; Alcohol athy; History of Alcohol Abuse;				
	-Admission date of -Diagnoses of Hype	ertension; Asthma; Anemia; le Edema; Diabetes; Sleep				
	-Admission date of -Diagnoses of Unsp Borderline Persona Temporal Dementia Parkisonism; Fibror	of Client #4's record revealed: 5/28/19. becified Bipolar Disorder; lity Disorder; Probable Front a; Cataract; Atypical myalgia; Arthritis; Type II Dyslipidemia; Hypertension.				
	revealed: -Hire date of 9/15/2	of Staff #2's Personnel Record 0. a Supervisor In Charge (SIC).	Ł			

Division of Health STATE FORM

P20011

If continuation sheet 11 of 17

Division	of Health Service Re	equiation			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL001-156	B. WING			C 24/2021
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
LILLIES		1804 HA	RRIS DRIVE			
LILLIES	PLACE	BURLIN	GTON, NC 272	215		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 115	Continued From pa	ge 11	V 115		,	
ivision of H	investigation dated -Report was comple- Client #3 came to Client #1 had slept -She further stated take a shower and bathroom together. -Owner talked to Cl was visiting for the the house. -He denied anything left, he became ups being none of her b -Owner then talked her. -Client #1 denied it watched a movie!" -The next day, Client to the Owner. -Staff #2 stated that standing by the me to sit down. -Staff #2 had been residents but then s check on other othe -Staff #2 reported the then saw Client #1' -Staff #2 then walke observed her seatin -When the Owner a see them engage in that she did not known her. -The Owner intervie stated that she had -He went to smoke	the Owner and told her that with her friend during his visit. that Client #1 had gone to they had sneaked in the lient #1 and her friend whom first time in about a year inside g happened but after Owner set and began to curse about in business. to Client #1 and questioned and stated "No, we just nt #1 left an apology message t Client #1's friend had been dicine cart and she invited him doing puzzles with other she went to the living room to er clients. hat everything was quiet. She s friend outside smoking. ed to Client #1's room and ng on the bed. asked Staff #2 why she did not n a sexual manor, she stated ow why or how he sneaked by ewed Client #1's friend and he asked him to go to her room. a cigarette and Client #1 m to go to her bedroom, so he	t			

Division of Health Service Regulation STATE FORM

6899

P20011

If continuation sheet 12 of 17

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		MHL001-156	B. WING			C 24/2021
IAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		1804 HAI	RRIS DRIVE			
ILLIES	PLACE	BURLING	GTON, NC 272	215		
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 115	Continued From pa	ige 12	V 115			
	-The Owner inform banned for the beh	ed him that he would be avior shown.				
	Review on 3/24/21 of Post Investigation completed by the Owner revealed: -Completed on 3/9/21					
	-She believed that Client #1 had a very promiscuous past. -She had redirected, encouraged, prompted her for the entire few years.					
	-She understood that there was a fine line between privacy and her major concern was why staff did not realized they had sneaked. -She would write up, suspend or terminate Staff					
	#2 because with de mental illness diagr drive and this was o	ealing with clients that have a nosis often have a high sex one of Client #1's goals they				
	-The Owner had giv notice before COVI	n doing well until this occurred. ven Client #1 a discharge D hit but her guardian was ement for her due to her				
	behaviors.	e needed to reconsider her				
	statements comple -Dated 3/10/21.	of Post Investigation ted by the Owner revealed:				
	-Owner reported the yet that she did act	her, Client #3 and Staff #2. at Client #1 had not told her ually engaged, but she had she came to the facility saying				
	"I know I broke you put me out!" -Owner spoke to C	r rules, and you are going to lient #1 about respect she that				
	ladies at the house	herself and for the other . As for her boyfriend, he ed to visit because she could				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED C
		MHL001-156	B. WING			24/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
LILLIES	PLACE		RRIS DRIVE STON, NC 272	215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 115	Continued From pa	ge 13	V 115			
	the rules. -Client #1 walked away sadly saying "OK Mrs. Cherry, I understand". -Staff #2 was suspended from work for two weeks. -Client #1's actions showed she was guilty, but her boyfriend was seen again by the Owner and he stated that they had tried to have sex and that he was sorry and that he lied. -Situation was consensual because they called themselves boyfriend and girlfriend, but it was against her rules. -Owner investigated report.					
	the Owner revealed -Dated 3/24/12. -As pertaining to the engaging in a sexua could say she felt p had also told her gu -Client #1 had finall working on doing fo -Client #1 and the o to the facility for alm few outings, wearin safety precautions. -She felt like a visit due to not having fr sneaked this plan o -The Owner's emot compassion due to -Staff #2 was new a -Staff #1 and the O and she needed to -The Owner agreed	e incident with Client #1 al act a few weeks ago. She ersonally responsible as she uardian. ly achieved what she been or years. other clients had been confined nost a year now with no visits, g their masks and practicing with her male friend was OK iends or family, but Client #1				

				CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:		COM	FLETED	
		MHL001-156	B. WING			C 24/2021	
IAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE	•	-	
			RRIS DRIVE				
ILLIES	PLACE	BURLING	GTON, NC 272	215			
(X4) ID		TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLE	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE	
V 115	Continued From pa	age 14	V 115				
	Interview on 3/21/2	1 with Clients #2 revealed:					
		the house for about 5 years.					
		e had been no incidents with					
	the other residents'						
	-There was always	a staff at the house.					
	Interview on 3/24/2	1 with Client #4 revealed:					
		the house close to two years.					
		a staff at the house.					
		1 with Staff #1 revealed:					
	-Reported no incident reports.						
		d unsupervised time at home y always needed to be					
	supervised by staff						
		stayed at the house currently					
	due to COVID situa	ation.					
		s went out to community with					
	their support team.						
		a staff on duty at the house. I that there may had been an					
		#1 and a friend of hers, but					
		g at the time as it happened					
	on a weekend.						
	-She did not know was informed by th	what may had happened. She e owner.					
	Interview on 3/24/2	1 with Staff #2 revealed:					
		rts working at the house the					
		with Client #1 and her					
	boyfriend.	if anything happened between					
	Client #1 and her fr						
		to know what may had					
	happened.	-					
		t Client #1 had brought a					
		t they had been doing puzzles					
	and watching TV.						

	OF DEFICIENCIES	F DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			0	
		MHL001-156	B. WING			C 24/2021	
IAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE			
ILLIES	PLACE						
			GTON, NC 272				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 115	Continued From pa	ige 15	V 115				
		ng inappropriate may had Client #1 and her boyfriend					
	Interview on 3/24/21 with the Owner revealed: -The only person that came inside the house was Client #1's friend.						
	-He came over for a few hours to watch TV with her. -He had been the only person allowed to actually come inside the house.						
	-One day, one of the residents at the house told her in a gossiping way that Client #1 and her friend had been inside the bedroom together.						
	with them and she -She talked to the f	ident if anything happened denied. riend about what happened. ne to visit but said nothing					
	happened and he v -He denied anythin						
	-Client #1 admitted with her, but denied						
	-Staff told her that s to the bathroom an	ff on duty about the incident. she saw the friend get up to go d that he came right back.					
	happened. She rep movie.	anything inappropriate may hac orted watching them watch a					
	quick. -Owner informed th	ed, it may had been very nat Client #1 may be very sleek					
	inappropriate sexua	#1 also had a history of doing al things. ng very well at the house since					
	she started living th -Owner reported th						

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
	or contraction		A. BUILDING:			
		MHL001-156	B. WING			C 24/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ILLIES	PLACE		RRIS DRIVE GTON, NC 272	215		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 115	Continued From pa	age 16	V 115			
	None said that any at the house. -Owner reported th apology from Clien -She still did not km between the two, b happened especial Client #1. -Client #1 reported the Owner what ma being transferred to -Owner reported sp her friend and infor be allowed inside th -She suspended Si investigation. -Client #1 had been apologizing to the O -Client #1 still had to happened. -Owner reported do -She was having a what may had happ responsible for sup had spoken to her -Owner felt that son mainly because sh #1, but did not know	now what may had happened but suspects something did lly after receiving apology from that she was afraid of telling ay had happened for fear of o another house. Deaking to both Client #1 and rmed them that he would not to he house anymore. taff #2 while she was doing n crying when she was Owner. not told her what may had oing an incident report. hard time finding out exactly pened. Staff may be pervision of residents and she about it. mething may had happened, e got the apology from Client w exactly may had happened. ere had been a lack of				