

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

Pauline H. Bell

TITLE

QP

(X6) DATE

03/06/2021

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 February 15-16, 2021

W 130 PROTECTION OF CLIENTS RIGHTS

Each Client's record will be reviewed by the Clinical Core Team to ensure training objectives have been developed to support all Clients with exercising their personal rights with focus on the "right to privacy".

The QIDP (Qualified Intellectual Developmental) and or the HS (Habilitation Specialist) will retrain all Staff on the level of assistance required to ensure all Clients exercise their "right to privacy".

Specifically, Client #1's Personal Rights Guidelines will be assessed by the Team for need of revision or the need for implementation of a formal goal.

All Staff members will be retrained on Client #1's Personal Rights Guidelines and or a formal "right to privacy" goal.

Monitoring of adherence to assisting all Clients with exercising their right to privacy will occur through a minimum of (2) per month of Interaction, Formal Program and Mealtime Assessments as well as general observations of at least (2) per month for the next (3) consecutive months. The assessments and general observations will be completed by either of the following: Administrator, QIDP, Habilitation Specialist, Home Manager, Behavior Specialist, Vocational Coordinator, OT/PT Habilitation Specialist, or the Nurse

COMPLETION DATE: 04/24/2021

W 189 STAFF TRAINING PROGRAM

All Staff members will receive initial and ongoing training so as to remain effective, efficient and competent in performing his or her job duties.

The Nursing Staff will retrain the Staff on Infection Control. Key components of the training will include how to use various medical equipment void of contamination and the importance of sanitizing medical equipment of shared usage. Specifically, all Staff members will be retrained on how to properly use the "No-Touch Scanner Thermometer".

Monitoring of adherence to the proper usage and sanitization of medical equipment will occur through a minimum of (2) per month of Shift Exchanges for the next (3) consecutive months; Interaction and Mealtime Assessments as well as general observations of at least (2) per month for the next (3) consecutive months. The assessments and general observations will be completed by either of the following: Nurse, QIDP, Habilitation Specialist, Home Manager, Behavior Specialist, Vocational Coordinator, OT/PT Habilitation Specialist, or the Administrator.

COMPLETION DATE: 04/24/2021

W 249**PROGRAM IMPLEMENTATION**

All Clients will continuously receive active treatment which consists of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of adaptive equipment use and self-help skills.

- A. Each Client's record will be reviewed to ensure their Feeding Guidelines contain information/directions needed by the Staff to implement consistent usage of all required adaptive equipment and consistent promotion of independence in dining is documented in their Individual Program Plan (IPP).

All Staff members will be retrained on Client #3's Feeding Guidelines by the OT/PT Habilitation Assistant. Emphasis will be placed the purpose of Dycem mat and the Clothing Protector and the importance of their usage during meal/snack times.

- B. Each Client's record will be reviewed to ensure information/directions needed to support independence in dining is documented in their Individual Program Plan (IPP).

Specifically, Client #3's Feeding Guidelines will be reviewed/assessed by the QIDP and the OT. Any revisions will be implemented and trained to the Staff by the QIDP and or the OT/PT Habilitation Assistant. The Staff members will be retrained on giving Client #3 opportunities to cut his own food during all meals.

Monitoring of adherence to usage adaptive equipment and of promoting independence with dining will occur through a minimum of (2) Mealtime Assessments (breakfast, snack, and dinner) per month for (3) consecutive months. The Mealtime Assessments will be completed by either of the following: OT/PT Habilitation Assistant, Nurse, QIDP, Habilitation Specialist, Home Manager, Vocational Coordinator, or the Administrator.

COMPLETION DATE: 04/24/2021

W 252**PROGRAM DOCUMENTATION**

All Clients' behavioral data relative to completion of the criteria specified in their Individual Program Plan (IPP) will be documented in measurable terms.

Client #3's Behavior Support Plan will be reviewed by QIDP and the Behavior Specialist. The documentation method of targeted behaviors will be assessed and reviewed for need of clarity/revisions. All Staff will be trained on any data collection/data revisions. The Staff members will be retrained on the importance of documenting all target behaviors as well as all challenging behaviors displayed.

Monitoring of adherence to consistent documentation of targeted behaviors and all challenging behaviors will occur through the Behavioral Interaction, Mealtime, and Formal Program Assessments as well as general observations at a minimum of (2) each for the next (3) consecutive months. The assessments and general observations will be completed by either of the following: QIDP, Behavior Specialist, Habilitation Specialist, OT/PT Habilitation Assistant, Home Manager, Vocational Coordinator, Administrator, and the Nurse.

COMPLETION DATE: 04/24/2021

W 331 NURSING SERVICES

All Clients will be provided nursing services in accordance with their needs.

The QIDP and or Nurse will request the Dietician to complete a Nutritional Evaluation on Client #2. Any new recommendations to address Client #2's increasingly weight gain will be reviewed by Client #2's primary physician. Any new diet changes ordered by the primary physician will be implemented and trained to the Staff by the Nurse

All Staff members will be trained on Client #2's diet order by the Nurse and or the OT/PT Habilitation Assistant. Emphasis will be placed on the importance of assisting and encouraging Client #2 with making healthy food choices

In addition, the QIDP and the Habilitation Specialist will devise a formal program with the task analysis centered on Client #2 being able to determine a healthy food choice as opposed to unhealthy one.

Monitoring of adherence to Client #2's physician diet order will occur through a minimum of (2) each of Mealtime Assessments (breakfast, snack, and dinner) per month for (3) consecutive months. The Mealtime Assessments will be completed by either of the following: QIDP, Nurse, OT/PT Habilitation Assistant, Habilitation Specialist, Home Manager, Vocational Coordinator, or the Administrator.

COMPLETION DATE: 04/24/2021

W 438 SPACE AND EQUIPMENT

All Clients will be furnished dentures, eyeglasses, hearing and other communication aids, braces, and other devices identified by their interdisciplinary team as needed by the Client. The aforementioned items will be maintained in good repair. The Clients will be taught how to use and make informed choices about the usage of the devices.

Client #1's will receive a vision exam to rule out any medical reason as to why she refuses to wear her eyeglasses. The QIDP and the Habilitation Specialist will review the results of the vision exam. It will be determined whether or not Client 1# would benefit from formal training on wearing her eyeglasses.

Client #1's former "Eyeglasses Wear" Guidelines will be re-implemented to give guidance to Staff members on how to encourage wearing of the eyeglasses.

Monitoring of adherence to Client #1's eyeglasses wearing will be through the following assessments: Mealtime, Interaction, Behavioral Interaction, Medication Pass Observations, and General Observations. The assessments/observations will be completed by either of the following: QIDP, Nurse, OT/PT Habilitation Assistant, Habilitation Specialist, Home Manager, Behavior Specialist, Vocational Coordinator, or the Administrator.

COMPLETION DATE: 04/24/2021

W 454 INFECTION CONTROL

All Clients will be provided a sanitary environment to avoid sources and transmission of infections.

All Staff members will be retrained on infection control procedures in all aspects of daily living. Primarily, the training will focus on how to prevent the potential for cross-contamination.

The RHA Medical Staff will ensure all Staff members receive continuous training on infection control. The training will emphasize proper wearing of the face mask and shield, frequent washing of hands and how/when to don surgical gowns, and gloves.

Compliance to infection control procedures will be monitored via the following assessments/observations: Mealtime, Interaction, Behavioral Interaction, Medication Pass Observations, and General Observations. The assessments/observations will be completed by either of the following: QIDP, Nurse, OT/PT Habilitation Assistant, Habilitation Specialist, Home Manager, Behavior Specialist, Vocational Coordinator, or the Administrator.

COMPLETION DATE: 04/24/2021

W 460 Food AND NUTRITION SERVICES

Each Client will receive a nourishing, well-balanced diet including modified and specially-prescribed diets.

All Staff will be retrained on the all the Clients diet orders as outlined in their physician orders, Individual Support Plan (IPP), as well as their Nutritional Evaluations by the Nurse and or the QIDP. Special emphasis will be placed on the modified and specially-prescribed diets.

The Home Manager will ensure foods items purchased are in compliance with the Client's medical diagnosis/treatments.

Monitoring of adherence to the above specifications will occur through a minimum of (2) Mealtime Assessments (breakfast, snack, and dinner) per month for (3) consecutive months. The Mealtime Assessments will be completed by either of the following: QIDP, Nurse, OT/PT Habilitation Assistant, Habilitation Specialist, Home Manager, Vocational Coordinator, or the Administrator.

COMPLETION DATE: 04/24/2021



March 6, 2021

Justin Foster, MPA, QDDP
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

RE: Plan of Correction for Recertification Survey: February 22-23, 2021
Lillington Group Home: 1110 NC 210 South Hwy.
Provider Number 34G046
MHL# 043-005

Dear Mr. Foster:

Please see the Plan of Correction for the deficiencies cited during your recent survey of the Lillington Group Home completed February 22-23, 2021.

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

Sincerely,

A handwritten signature in cursive script, reading "Pauline H. Bell". The signature is fluid and elegant, with a prominent initial "P" and a long, sweeping tail on the "l".

Pauline H. Bell
Qualified Professional
RHA Health Services, NC LLC
Office: 919-894-5124, Ext: 116 Fax: 919-894-1488

Enclosures

Cc: File