Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER COMPLETED A. BUILDING: MHL001-156 B. WING 03/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1804 HARRIS DRIVE ULLIES PLACE BURLINGTON, NC 27215** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (XS) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint survey was completed on March 24. 2021. The complaint was substantiated (intake #NC00175246). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. V 110 27G .0204 Training/Supervision V 110 **Paraprofessionals** 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: technical knowledge: (2) cuiturai awareness: (3) analytical skills; (4) decision-making; (5) interpersonal skills: (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE STATE FORM If continuation sheet 1 of 17

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	This Rule is not me	t as evidenced by:		of clients t	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	Based on interviews and record reviews, one of two audited staff (#2) failed to demonstrate			Staff will i	an bar		
Ì	competency in the a	reas of knowledge skills and	· ·	Will A	TOUTING !		
į	competency in the areas of knowledge, skills and abilities. The findings are:			better by o	SSURGO		
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De de la companya de	Review on 3/24/21 of Client #1's record revealed:			Even while	preforming		
	-Admission date of 3/21/19Diagnoses of Attention Deficit Hyperactivity Disorder; Anxiety; Bipolar Disorder; GastroEsophageal Reflux Disease; Headaches;			action to some	<i>b</i>		
				activitysall	Chents		
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	Migraine; Panic Attac	cks.	,	VIEW	O-		
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and the same	Review on 3/24/21 of Client #2's record revealed: -Admission date of 2/2/15Diagnoses of Major Depression Disorder:			- U WI	1 De011		
				meetings	M VIX		
3	Insomnia; Diabetes; I	Incontinence: Alcohol			11-1		
-	Peripheral Neuropathy: History of Alcohol Ahuse			2000 or N	ressinent		
	Domentia; Disorienta	tion.		While and			
Ì	Review on 3/24/24 of	Client #3's record revealed:		While pand Continues to	amic		
•	Admission date of 5/	27/20	ļ	(ontour to			
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		cified Bipolar Disorder,		" India	WILL OIL		
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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY DENTIFICATION NUMBER: A BUILDING: COMPLETED MHL001-156 B. WING 03/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1804 HARRIS DRIVE** LILLIES PLACE **BURLINGTON, NC 27215** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) V 110 Continued From page 2 V 110 Review on 3/24/21 of Staff #2's Personnel Record revealed: -Hire date of 9/15/20. -She was hired as 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!" -The next day, Client #1 left an apology message to the Owner. -Staff #2 stated that Client #1's friend had been standing by the medicine cart and she invited him to sit down. -Staff #2 had been doing puzzles with other residents but then she went to the living room to check on other other clients. -Staff #2 reported that everything was quiet. She then saw Client #1's friend outside smoking. -Staff #2 then walked to Client #1's room and observed her seating on the bed. -When the Owner asked Staff #2 why she did not see them engage in a sexual manor, she stated that she did not know why or how he sneaked by her.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED C MHL001-156 **B. WING** 03/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1804 HARRIS DRIVE** LILLIES PLACE BURLINGTON, NC 27215 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 110 Continued From page 3 V 110 -The Owner interviewed Client #1's friend and he stated that she had asked him to go to her room. -He went to smoke a cigarette and Client #1 continued to ask him to go to her bedroom, so he sneaked back there with her. -The Owner informed him that he would be banned for the behavior 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 dealing with clients that have a mental illness diagnosis often have a high sex drive and this was one of Client #1's goals they had been working on. -Client #1 had been doing well until this occurred. -The Owner had given Client #1 a discharge notice before COVID hit but her guardian was unable to find placement for her due to her behaviors. -Owner felt that she needed to reconsider her past decision. Review on 3/24/21 of Post Investigation statements completed by the Owner revealed: -Dated 3/10/21. -Signed by the Owner, Client #3 and Staff #2. -Owner reported that Client #1 had not told her yet that she did actually engaged, but she had begun to cry when she came to the facility saying "I know I broke your rules, and you are going to put me out!"

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED MHL001-156 B. WING 03/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1804 HARRIS DRIVE** LILLIES PLACE **BURLINGTON, NC 27215** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 110 Continued From page 4 V 110 Owner spoke to Client #1 about respect she that she had to have for herself and for the other ladies at the house. As for her boyfriend, he would not be allowed to visit because she could not trust him to be a young man who respected the rules. -Client #1 walked away sadly saying "OK Mrs. Cherry, I understand". -Staff #2 was suspended from work for two -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. Review on 3/24/21 of Statement note made by the Owner revealed: -Dated 3/24/12. -As pertaining to the incident with Client #1 engaging in a sexual act a few weeks ago. She could say she felt personally responsible as she had also told her guardian. -Client #1 had finally achieved what she been working on doing for years. -Client #1 and the other clients had been confined to the facility for almost a year now with no visits. few outings, wearing their masks and practicing safety precautions. -She felt like a visit with her male friend was OK due to not having friends or family, but Client #1 sneaked this plan over her head. -The Owner's emotions got in the way feeling compassion due to COVID restrictions so long. -Staff #2 was new and let her guard down. -Staff #1 and the Owner knew how Client #1 was and she needed to be supervised at all times.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C MHL001-156 B. WING 03/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LILLIES PLACE **1804 HARRIS DRIVE BURLINGTON, NC 27215** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID Ю PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATIONS COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 110 Continued From page 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 available to interview. Interview on 3/24/21 with Clients #2 revealed: -Reported being at the house for about 5 years. -Liked the place and other residents. -Reported COVID situation at home as been OK. Staff had tried to keep them busy at the house. -Residents were allowed to bring family and friends to the home. She had had visitors, but visits had been outside the house. -Sometimes, a visitor may had gone inside to use the bathroom, but were wearing their masks while inside. -She had also seen other resident's visitors coming to the house, -Reported that there had been no incidents with the other residents' visitors. -There was always a staff at the house. Interview on 3/24/21 with Client #3 revealed: -She reported being at the house close to a year. No problems with anyone. -Reported having had visitors over, but that they had met outside of the house. -Family also wore a mask when they had come to visit her. -Reported other residents had also had visitors and they also met outside. -Reported that there had been no incidents with other residents visitors at the house. Interview on 3/24/21 with Client #4 revealed: -Reported being at the house close to two years. -She felt that they treated her and the others very well at the house.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A BUILDING: COMPLETED Ċ MHL001-156 B. WING 03/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1804 HARRIS DRIVE** LILLIES PLACE **BURLINGTON, NC 27215** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 110 Continued From page 6 V 110 -She had had visitors coming to see her. Family may had come inside the house, but they had their masks on. -She had also seen other residents' visitors come in the home, but nothing bad had ever happened. -There was always a staff at the house, Interview on 3/24/21 with Staff #1 revealed: -Reported no incident reports. -Most of the clients stayed at the house currently due to COVID situation. Some of the clients went out to community with their support team. -Two of the residents went to their workshop agency (Clients #1 and #5). -Visitors were allowed to come to the home, but needed to stay outside. They also needed to wear their facemasks, -Client #4's family had come to visit and stayed outside. -Client #3 had a friend and also stayed outside when he visited. -Resident's team supports also stayed outside whenever they came for them. -Staff later reported that there may had been an imalalant with the straint and a fibric or nois, use she was not working at the time as it happened on a weekend. -She did not know what may had happened. She was informed by the owner. Interview on 3/24/21 with Staff #2 revealed: -She reported working at the house the day of the incident with Client #1 and her boyfriend. -She did not know if anything happened between Client #1 and her friend. -Reported not able to know what may had happened. -Se only knew that Client #1 had brought a friend over and that they had been doing puzzles and

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY DENTIFICATION NUMBER: A. BUILDING: _ COMPLETED MHL001-156 B. WING 03/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1804 HARRIS DRIVE** LILLIES PLACE **BURLINGTON, NC 27215** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (XS) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) V 110 | Continued From page 7 V 110 watching TV. -She denied anything inappropriate may had happened between Client #1 and her boyfriend inside the house. Interview on 3/24/21 with the Owner revealed: -She reported that since COVID hit, nobody had been allowed inside the house. -In the past few weeks, they did allow some people come inside the house, but only wearing a mask. -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. -She asked the resident if anything happened with them and she denied. -She talked to the friend about what happened. He said that he came to visit but said nothing happened and he was respectful. -He denied anything inappropriate happened. -She then talked to Client #1 and she also denied doing anything inappropriate with her friend. -Client #1 admitted that he came inside the room with her, but denied wrongdoing. -She asked the staff on duty about the incident. -Staff told her that she saw the friend get up to go to the bathroom and that he came right back. -She did not think anything inappropriate may had happened. She reported watching them watch a movie. -If anything happened, it may had been very quick. Owner informed that Client #1 may be very sleek and sneaky. Client #1 also had a history of doing

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A BUILDING: COMPLETED MHL001-156 B. WING 03/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1804 HARRIS DRIVE** LILLIES PLACE **BURLINGTON, NC 27215** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (D PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 110 Continued From page 8 V 110 inappropriate sexual things. -She had been doing very well at the house since she started living there. Owner reported that she continued to press Client #1 and her friend, but got nothing. They then each got upset about her asking them questions. -She spoke with other residents at the house. None said that anything inappropriate happened at the house. Owner reported that she later received an apology from Client #1. -She still did not know what may had happened between the two, but suspects something did happened especially after receiving apology from Client #1. -Client #1 reported that she was afraid of telling the Owner what may had happened for fear of being transferred to another house. -Owner reported speaking to both Client #1 and her friend and informed them that he would not to be allowed inside the house anymore. -She suspended Staff #2 while she was doing investigation. -Client #1 had been crying when she was apologizing to the Owner. -Client #1 still had not told her what may had happened. Owner reported doing an incident report. -She was having a hard time finding out exactly what may had happened. Owner felt that something may had happened. mainly because she got the apology from Client #1, but did not know exactly may had happened. Owner acknowledged that staff made a poor decision allowing Client #1's friend inside the house to watch to with her. -Staff #2 was fairly new at the job and did not follow Client #1's plan and goals regarding her

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ C B. WING MHL001-156 03/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1804 HARRIS DRIVE** LILLIES PLACE **BURLINGTON, NC 27215** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 9 V 110 -Owner acknowledged that although clients had been fully vaccinated, bringing Client #1's friend inside the home could have brought positive COVID exposures to the residents and staff. V 115 27G .0208 Client Services V 115 10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests. and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule. (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious. (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment, (e) When two or more preschool children who require special assistance with boarding or riding In a vehicle are transported in the same vehicle. there shall be one adult, other than the driver, to assist in supervision of the children.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL001-156 B. WING 03/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1804 HARRIS DRIVE LILLIES PLACE BURLINGTON, NC 27215** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID 1D PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY V 115 Continued From page 10 V 115 assures that This Rule is not met as evidenced by: Based on interviews and records review, the facility failed to provide supervision to ensure the safety and welfare of one of five clients (#1). The findings are: n Correct Review on 3/24/21 of Client #1's record revealed: -Admission date of 3/21/19. aP anc -Diagnoses of Attention Deficit Hyperactivity Disorder; Anxiety; Bipolar Disorder; GastroEsophageal Reflux Disease; Headaches; Migraine: Panic Attacks. Review on 3/24/21 of Client #2's record revealed: -Admission date of 2/2/15. Diagnoses of Major Depression Disorder, Insomnia; Diabetes; Incontinence; Alcohol Peripheral Neuropathy; History of Alcohol Abuse: Dementia; Disorientation. Review on 3/24/21 of Client #3's record revealed: Admission date of 5/27/20. Diagnoses of Hypertension, Asthma, Anemia; Schizophrenia; Ankle Edema; Diabetes; Sleep Apnea; Hyperlipidemia. Review on 3/24/21 of Client #4's record revealed: -Admission date of 5/28/19. -Diagnoses of Unspecified Bipolar Disorder; Borderline Personality Disorder, Probable Front Temporal Dementia; Cataract; Atypical Parkisonism; Fibromyalgia; Arthritis; Type II Diabetes Mellitus; Dyslipidemia; Hypertension. Review on 3/24/21 of Staff #2's Personnel Record revealed: -Hire date of 9/15/20. -She was hired as a Supervisor In Charge (SIC),

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XZ) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL001-156 B. WING 03/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1804 HARRIS DRIVE** L'ILLIES PLACE BURLINGTON, NC 27215 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 115 Continued From page 11 V 115 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 maintain 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 -Client #1 denied it and stated "No, we just watched a movie!" The next day, Client #1 left an apology message to the Owner. -Staff #2 stated that Client #1's friend had been standing by the medicine cart and she invited him to sit down. -Staff #2 had been doing puzzles with other residents but then she went to the living room to check on other other clients. -Staff #2 reported that everything was quiet. She then saw Client #1's friend outside smoking. -Staff #2 then walked to Client #1's room and observed her seating on the bed. -When the Owner asked Staff #2 why she did not see them engage in a sexual manor, she stated that she did not know why or how he sneaked by her. -The Owner interviewed Client #1's friend and he stated that she had asked him to go to her room. -He went to smoke a cigarette and Client #1 continued to ask him to go to her bedroom, so he sneaked back there with her.

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	-Completed on 3/9/2	21		lace alread			
	-She believed that C	lient #1 had a very		has alread	9		
1	promiscuous past.			been notif	red of		
and the second	-She had redirected, encouraged, prompted her for the entire few years.						
*	-She understood that there was a fine line			this as we	<u>-</u>] [,		
3.4	between privacy and	her major concern was why		* *			
Account of a fact	staff did not realized they had sneaked.			we will ass	sure 1		
# w	-She would write up, suspend or terminate Staff #2 because with dealing with clients that have a				1 9		
A Company	mental illness diagnosis often have a high sex			that Staf	rue		
e to a company	drive and this was one of Client #1's goals they			informed ar	\mathcal{A}		
€ 2000000	had been working on.			myornica ar			
in our	-Client #1 had been doing well until this occurredThe Owner had given Client #1 a discharge			educated	L GO L		
j	notice before COVID hit but her guardian was		i	11-0 10-0001			
3	unable to find placement for her due to her			the import	ance 1		
	behaviorsOwner felt that she needed to reconsider her			OF Saletui	vellbeint		
	past decision.	The second secon		σ			
4 NF 44 CO.	Ph. K	- Translation		behavior in	cuous		
1	Review on 3/24/21 of statements complete	Post Investigation d by the Owner revealed:		behavior in	MT		
}	-Dated 3/10/21.	d by the Owner revealed:			/ V(
	-Signed by the Owne	r, Client #3 and Staff #2.	7	Clients.) }		
1	 Owner reported that 	Client #1 had not told her	1		1 0000		
•	yet that she did actua begun to coviuben st	ally engaged, but she had ne came to the facility saying	Parameter	we will mee			
	"I know I broke your	ules, and you are going to	are see	once the limit			
	put me out!"		Andrews vivia				
	-Owner spoke to Clie	nt #1 about respect she that		has narrowed	d but I		
		erself and for the other		until then we			
		to visit because she could	y,	÷			
} 1	not trust him to be a	oung man who respected	To all the second	meet via Za	om or I		

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL001-156 8. WING 03/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1804 HARRIS DRIVE** LILLIES PLACE BURLINGTON, NC 27215 SUMMARY STATEMENT OF DEFICIENCIES (X4) IO PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 115 Continued From page 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. Review on 3/24/21 of Statement note made by the Owner revealed: -Dated 3/24/12. -As pertaining to the incident with Client #1 engaging in a sexual act a few weeks ago. She could say she felt personally responsible as she had also told her guardian. so meet with Client #1 had finally achieved what she been working on doing for years. to assure -Client #1 and the other clients had been confined to the facility for almost a year now with no visits. few outings, wearing their masks and practicing safety precautions. -She felt like a visit with her male friend was OK due to not having friends or family, but Client #1 sneaked this plan over her head. -The Owner's emotions got in the way feeling compassion due to COVID restrictions so long. -Staff #2 was new and let her guard down. -Staff #1 and the Owner knew how Client #1 was and she needed to be supervised at all times. this issue The Owner agreed to make any provision she must to correct the incident and prevent it from reoccurring again. Client #1 was not available to interview. Division of Health Service Regulation

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C MHL001-156 B. WING 03/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1804 HARRIS DRIVE** LILLIES PLACE BURLINGTON, NC 27215 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 115 | Continued From page 14 V 115 Interview on 3/24/21 with Clients #2 revealed: -Reported being at the house for about 5 years. -Reported that there had been no incidents with the other residents' visitors. -There was always a staff at the house. Interview on 3/24/21 with Client #4 revealed: -Reported being at the house close to two years. -There was always a staff at the house. Interview on 3/24/21 with Staff #1 revealed: Reported no incident reports. -No clients received unsupervised time at home or community. They always needed to be supervised by staff. -Most of the clients stayed at the house currently due to COVID situation. -Some of the clients went out to community with their support team. There was always a staff on duty at the house. -Staff later reported that there may had been an incident with Client #1 and a friend of hers, but she was not working at the time as it happened on a weekend. She did not know what may had happened. She was informed by the owner. Interview on 3/24/21 with Staff #2 revealed: -She reported reports working at the house the day of the incident with Client #1 and her boyfriend. -She did not know if anything happened between Client #1 and her friend. -Reported not able to know what may had happened. -She only knew that Client #1 had brought a friend over and that they had been doing puzzles and watching TV.

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	(XX) MULTIP	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION		DENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
			2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		С		
		MHL901-156	B. WING	-	03/2	4/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
LILLIES PLACE 1804 HARRIS DRIVE							
			TON, NC 27	7215	·····		
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ACTION SHOULD BE COMPLETE DATE		
V 115	Continued From page 15		V 115		,		
	-She denied anything inappropriate may had happened between Client #1 and her boyfriend inside the house.				,		
	Interview on 3/24/21 with the Owner revealed: -The only person that came inside the house was Client #1's friendHe came over for a few hours to watch TV with		**************************************		the state of the s		
	her.		of principal pri		100 mg		
	 -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 				1		
					\ , ;		
	friend had been inside the bedroom together.				\$		
	-She asked the resident if anything happened with them and she denied.				1		
	-She talked to the friend about what happened.				j i		
1	He said that he came to visit but said nothing				i		
3	happened and he was respectful.						
į	-He denied anything inappropriate happened.						
2	-She then talked to Client #1 and she also denied doing anything inappropriate with her friend.				, , ,		
1		that he came inside the room			*		
	with her, but denied wrongdoing.						
	-She asked the staff on duty about the incident.				\$ *		
ļ		the saw the friend get up to go			1		
50 00 00 00 00 00 00 00 00 00 00 00 00 0		d that he came right back.) i		
A company of action and action acti		nything inappropriate may had orted watching them watch a					
1 miles		ed, it may had been very			1		
And the second s	-Owner informed th	at Client #1 may be very sleek #1 also had a history of doing					
. As	and sneaky. Client #1 also had a history of doing inappropriate sexual things.				ì		
d o menuscida		g very well at the house since					
) () () () () () () () () () (she started living th	ere.			1		
-Owner reported that she continued to press				į			
2 2 3 4		iend, but got nothing. They Labout her asking them			į		

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C MHL001-156 B. WING 03/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1804 HARRIS DRIVE ULLIES PLACE BURLINGTON, NC 27215** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (XS) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 115 Continued From page 16 V 115 questions. -She spoke with other residents at the house. None said that anything inappropriate happened at the house. -Owner reported that she later received an apology from Client #1. -She still did not know what may had happened between the two, but suspects something did happened especially after receiving apology from -Client #1 reported that she was afraid of telling the Owner what may had happened for fear of being transferred to another house. -Owner reported speaking to both Client #1 and her friend and informed them that he would not to be allowed inside the house anymore. -She suspended Staff #2 while she was doing investigation. -Client #1 had been crying when she was apologizing to the Owner. -Client #1 still had not told her what may had happened. Owner reported doing an incident report. -She was having a hard time finding out exactly what may had happened. Staff may be responsible for supervision of residents and she had spoken to her about it. -Owner felt that something may had happened, mainly because she got the apology from Client #1, but did not know exactly may had happened. Owner felt that there had been a lack of supervision from Staff #2. -Staff #2 was also not able to say where she may had been while everything that may had occurred happened. Division of Health Service Regulation

Cherry Comp 4/6/21

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STATE FORM

(AH. Edgar.) Garrido. (MSW)

March 30, 2021

Lillies Place

Cherry Crisp, Administrator

Send the <u>original</u> completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown, Team Leader at (919) 855-3822.

Sincerely,

Edgar Gamido, MSW

Facility Compliance Consultant I

Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org

Pam Pridgen, Administrative Assistant