STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-251	A. BUILDING: _____ B. WING _____	R 05/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LILLIES PLACE #2	121 HAZEL DRIVE BURLINGTON, NC 27217

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on May 7, 2021. The complaint was unsubstantiated (intake #NC00176841). Deficiencies were cited. This facility is licensed for the following service category: 10A 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record reviews and interview, the facility failed to have an updated Person Centered Plan with written consent or agreement by the client's responsible party, or a written statement by the provider stating why such consent could not be obtained affecting three of three clients reviewed (#1, #2 and #3). The findings are:

Review on 5/6/21 of Client #1's record revealed the following:
-Admission date of 8/1/17.
-Diagnoses of Major Depression Disorder; History of Substance Abuse; Daily Incontinence; Developmental Delay.
-Client #1 had a legal guardian assigned to him.
-Client #1 had a Person Centered Plan signed by his legal guardian that expired 2/12/21.
-Facility later provided another Person Centered Plan which was only signed by Client #1 on 2/12/21.
-Client #1's Person Centered Plan had no written consent or agreement by the responsible party or a written statement by the provider stating why such consent could not be obtained.

Review on 5/6/21 of Client #2's record revealed the following:
-Admission date of 3/27/18.
-Diagnoses of Schizoaffective Disorder, Bipolar Type; Unspecified Neurocognitive Disorder; Tobacco Abuse; Alcohol Abuse (History); Low Vitamin B12 and Foliate Vitamin.
-Client #2 had a legal guardian assigned to him.
-Client #2 had a Person Centered Plan signed by

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V 112	Continued From page 2	V 112		

her legal guardian that expired 2/12/21.
-Facility later provided another Person Centered Plan which was only signed by Client #2 on 2/12/21.
-Client #2's Person Centered Plan had no written consent or agreement by the responsible party or a written statement by the provider stating why such consent could not be obtained.

Review on 5/6/21 of Client #3's record revealed the following:
-Admission date of 8/13/17.
-Diagnoses of Paranoid Schizophrenia; Hypertension; Bipolar Disorder.
-Client #3 had a legal guardian assigned to him.
-Client #3 had a Person Centered Plan signed by her legal guardian that expired 2/20/21.
-Facility later provided another Person Centered Plan which was only signed by Client #2 on 2/12/21.
-Client #3's Person Centered Plan had no written consent or agreement by the responsible party or a written statement by the provider stating why such consent could not be obtained.

Interview on 5/7/21 with the Administrator revealed:
-The Qualified Professional was responsible for completing the Person Centered Plans.
-Because of COVID situation, they had some trouble getting the client's guardian's signatures on their Person Centered Plans.
-She confirmed that the Person Centered Plans for clients #1, #2 and #3 had no written consent or agreement by their responsible party or a written statement by the provider stating why such consent could not be obtained.

This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.

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V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are: Record review on 5/6/21 of the facility's fire drill log for the last 12 months revealed: -6/18/20- 1st shift. -6/29/20- 2nd shift. -7/2/20- 2nd shift. -9/26/20- 3rd shift. -10/5/20- 2nd shift. -10/28/20- 2nd shift. -11/7/20- 1st shift. -11/9/20- 1st shift. -2/3/21- 2nd shift. -3/1/21- 2nd shift.	V 114		

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V 114	Continued From page 4 -3/10/21- 2nd shift. -There were no fire drills conducted for the 3rd shift for the second quarter of 2020. -There were no fire drills conducted for the 1st shift for the third quarter of 2020. -There were no fire drill conducted for the 3rd shift for the fourth quarter of 2020. -There were no fire drills conducted for the 1st and 3rd shift for the first quarter of 2021. Record review on 5/6/21 of the facility's disaster drill log for the last 12 months revealed: -8/8/20- 1st shift. -8/27/20- 2nd shift. -8/31/20- 3rd shift. -9/5/20- 2nd shift. -9/30/20- 3rd shift. -1/23/21- 1st shift. -3/28/21- 2nd shift. -There were no disaster drills conducted for the 1st, 2nd and 3rd shift for the second quarter of 2020. -There were no disaster drill conducted for the 1st, 2nd and 3rd shift for the fourth quarter of 2020. -There were no disaster drills conducted for thr 3rd shift for the first quarter of 2021. Interviews on 5/6/21 with Clients #1, #2 and #3 revealed: -Facility conducted fire and disaster drills. -Most recently, they had completed a disaster drill. -Clients were able to verbalize what they needed to do for fire and tornado drills. Interview on 5/6/21 with Staff #1 revealed: -Although she was a live-in staff, facility operated under three shifts. -First shift was from 8:00 AM- 3:00 PM.	V 114		

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V 114	Continued From page 5 -Second shift was from 3:00 PM- 11:00 PM. -Third shift was from 11:00 PM- 8:00 AM. -Fire and disaster drills were usually conducted by the staff on duty. -All drills conducted were placed inside the Fire and Disaster Drills notebook. -She was unaware that fire and disaster drills were to be conducted at each shift during each quarter. -She confirmed staff failed to conduct drills under conditions that simulate fire and disaster emergencies under each shift on each quarter. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: Observation on 5/6/21 at 12:30 PM of the bathroom located at the end of the hallway revealed: -Linoleum flooring was bubbled up and unglued	V 736		

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V 736	Continued From page 6 to the floor at different spots. -Window was not able to stay up and was being held up by a small vase. Observation on 5/6/21 at 12:35 PM of the bedroom located to the right of the hallway bathroom revealed: -Closet doors were off from the track. Interview on 5/7/20 with the Administrator revealed: -Agency was responsible for doing maintenance for the home. -She was aware of the flooring condition in bathroom; but because of COVID situation, they were hesitant on bringing in people to the house that did not live there for repairs. -She was unaware that the bathroom window was not able to stay in the up position. -She was unaware that the closet doors at one of the client's bedrooms had come off from it's track. -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.	V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.	V 752		

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V 752	Continued From page 7 This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. The findings are: Observation of the facility on 5/6/21 between 12:20 PM and 12:45 PM revealed : -Bathroom located next to the kitchen had a water temperature of 118 degrees Fahrenheit. -The kitchen sink water temperature was 118 degrees Fahrenheit. Interview on 5/7/21 with the Administrator revealed: -Water temperature was being checked monthly by staff at the house. -She was unaware that the water temperature had measured over 116 degrees Fahrenheit. -She would have the water temperature adjusted by the maintenance staff so it would fall within 100-116 degrees Fahrenheit. -She confirmed the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit.	V 752		