



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

1-919-715-8078

Att. Edgar Garrido

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

July 27, 2022

Cherry D. Crisp  
1804 Harris Drive  
Burlington, NC 27215

Re: Annual Survey completed July 26, 2022  
Lillies Place, 1804 Harris Drive, Burlington, NC 27215  
MHL # 001-156  
E-mail Address: Cherrycrisp1968@gmail.com

Dear Ms. Crisp:

Thank you for the cooperation and courtesy extended during the annual survey completed July 26, 2022.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- All tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Standard level deficiencies must be *corrected* within 60 days from the exit of the survey, which is 9/24/22

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to *correct* the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to *prevent* the problem from occurring again.
- Indicate *who will monitor* the situation to ensure it will not occur again.
- Indicate *how often* the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

**MENTAL HEALTH LICENSURE & CERTIFICATION SECTION**

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

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Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-156</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>07/26/2022</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LILLIES PLACE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1804 HARRIS DRIVE<br/>BURLINGTON, NC 27215</b> |
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| (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) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| V 000              | <p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on July 26, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>  | V 000         | <p>Lillies Place assures that the PCP/assessment has been signed 7/27/22 by the clients guardian ce</p>                                   |                    |
| V 112              | <p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> | V 112         | <p>In order to prevent this from reoccurring the QP and Admin will renew Bi-monthly to assure they have been signed by guardians etc.</p> |                    |

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Cheryl Camp* TITLE: *Admin* (X6) DATE: *7/27/22*

STATE FORM 8889 SVXV11 If continuation sheet 1 of 11

Division of Health Service Regulation

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| V 112              | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interview, the facility failed to have a Person Centered Plan with 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 affecting one of three clients (#2). The findings are:</p> <p>Review on 7/25/22 of client #2's record revealed:<br/>-Admission date of 2/2/15.<br/>-Diagnoses of History of Alcohol Abuse; Diabetes; Neuropathy; Organic Brain Syndrome; Major Depression; Insomnia NOS; Occasional Incontinence.<br/>-Client #2's Person Centered Plan had no current written consent or agreement by the client or responsible party.</p> <p>Interview on 7/25/22 with the Administrator revealed:<br/>-Qualified Professional was responsible for completing the Person Center Plans.<br/>-Client #2 had a legal guardian that needed to sign the plan.<br/>-The Administrator was responsible for obtaining client #2's legal guardian's signature.<br/>-She confirmed that the Person Centered Plan for client #2 had no written consent or agreement by the client or responsible party.</p> | V 112         |   |                    |

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V 114 Continued From page 2  
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 review and interview, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies quarterly and for each shift. The findings are:

Review on 7/25/22 of the facility's fire drill log revealed:  
-1/5/22- 1st shift.  
-2/14/22- 2nd shift.  
-4/1/22- 3rd shift.  
-5/18/22- 2nd shift.  
-6/30/22- 2nd shift.  
-7/9/22- 1st shift.  
-10/28/21- Blank.  
-There were no fire drills conducted for 1st, 2nd or 3rd shift for the fourth quarter of 2021.  
-There were no fire drills conducted for 3rd shift for the first quarter of 2022.

V 114  
V 114

Lillies place assures that all fire drills be performed quarterly as well as disaster drill will be performed quarterly - on 1st, 2nd, & 3rd. Admin had a meeting with all staff explaining their oversight they all understand as well as I in order to prevent this from reoccurring. The Admin will monitor quarterly to assure all fire drills are performed properly as well as disaster drills.

7/29/22

**RECEIVED**

By Mental Health Licensure & Cert. Section at 11:05 am, Aug 02, 2022

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| V 118              | Continued From page 4   | V 118         |   |                    |
| V 118              | <p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by:</p> | V 118         | <p>In order to correct this deficiency Lillies Place faxed the physician about the order and due to short staff they could not send today but they will fax on tomorrow because there is a current order.</p> | <p>7/28/22</p>     |

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V 536

27E .0107 Client Rights - Training on Alt to Rest. Int.

10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS

- (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.
- (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.
- (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.
- (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
- (e) Formal refresher training must be completed by each service provider periodically (minimum annually).
- (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.
- (g) Staff shall demonstrate competence in the following core areas:
  - (1) knowledge and understanding of the people being served;
  - (2) recognizing and interpreting human

V 536

*Lillies place  
Administrator has  
corrected this deficiency  
by getting in the  
Class to have her  
Training on Alternatives  
to Restrictive Interventions  
updated.  
In order to ~~prevent~~ this  
deficiency the Admin will  
review Employee Files  
quarterly to assure all  
trainings are current and  
in their files.  
The Administrator/ QIP  
will monitor closer to  
assure this will not  
reoccur again*

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| V 536              | <p>Continued From page 7</p> <p>behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an</p> | V 536         | <p>Lillies place Admin has enrolled in a EPPD CLASS at Making Visions in order to have her trainings current. All other trainings are in file and everything else is current.</p> <p>GP has agreed to monitor quarterly to assure this from reoccurring.</p> <p>Class was completed and the certification is in the file.</p> | <p>cc</p>          |

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| V 536              | <p>Continued From page 8</p> <p>instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may</p> | V 536         |   |                    |



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| V 536              | <p>Continued From page 9</p> <p>request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interviews, the facility failed to ensure one of three audited staff (the Administrator) had current training in the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 7/25/22 of the Administrator's personnel file revealed::</p> <ul style="list-style-type: none"> <li>-Hire date of 2011.</li> <li>-She was hired as the Administrator.</li> <li>-Last documented training on Alternatives to Restrictive Intervention expired on 2/16/22.</li> <li>-There was no updated documentation of training on alternatives to restrictive intervention.</li> </ul> <p>Interview on 7/26/22 with the Administrator revealed:</p> <ul style="list-style-type: none"> <li>-Facility only used alternatives to restrictive intervention.</li> <li>-The group home used Evidence Based Practice</li> </ul> | V 536         |   |                    |

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| V 536              | <p>Continued From page 8</p> <p>instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may</p> | V 536         |   |                    |

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| V 536              | Continued From page 10<br><br>Interventions (EBPI) as it's curriculum.<br>-She confirmed she did not have updated documentation of training on alternatives to restrictive intervention. | V 536         |   |                    |

*Cherry Cuzco 8/2/22  
Administrator*