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, N© 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

NO 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 www.ncdhhs.gov/dhsr • TeL: 919-855-3795 • FAX: 919-715-8078

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(c) The plan shall bussessment, and in	e developed based on the partnership with the client or			Bi-Manthle
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Pr	rovider stating why so tained.	a written statement by the such consent could not be	**************************************		
	n Service Regulation				

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XX) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL001-156 07/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, DITY, STATE, ZIP CODE 1804 HARRIS DRIVE LILLIES PLACE BURLINGTON, NC 27215 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 112 Continued From page 1 V 112 This Rule is not met as evidenced by: Based on record reviews and interview, the facility falled 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: Review on 7/25/22 of client #2's record revealed: Admission date of 2/2/15. -Diagnoses of History of Alcohol Abuse; Diabetes: Neuropathy; Organic Brain Syndrome; Major Depression; Insomnia NOS: Occasional Incontinence. -Client #2's Person Centered Plan had no current written consent or agreement by the client or responsible party. Interview on 7/25/22 with the Administrator revealed: Qualified Professional was responsible for completing the Person Center Plans. -Client #2 had a legal guardian that needed to sign the plan. -The Administrator was responsible for obtaining client #2's legal quardian's signature. -She confirmed that the Person Centered Plan for client #2 had no written consent or agreement by the client or responsible party.

Division of Health Service Regulation

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	of Health Service Re	equiation (x1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY
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	10A NCAC 27G .03 AND SUPPLIES	207 EMERGENCY PLANS		Fredults be p quarterly as	renorma
	(a) A written fire pla	an for each facility and		augsterly as	well as
	area-wide disaster	plan shall be developed and		10, 7	willbe
	shall be approved authority.	by the appropriate local			
	(b) The plan shall b	be made available to all staff		preformed que	orterly.
[and evacuation pro	ocedures and routes shall be		in 1st and	and 1
	posted in the facilit	iy. er d r ills in a 24-hour facility		100	J',
	shall be held at lea	ist quarterly and shall be		Admin had	a meeto
	repeated for each	shift. Drills shall be conducted		Hamin True	- explained
	under conditions the	nat simulate fire emergencies. all have basic first aid supplies		WITH All STAFF	- Carrie
	accessible for use	official and an analysis and and but an		Hover aversiet	t they
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	This Rule is not m	net as evidenced by:		prevent this	5 Fran
	Based on record in	eview and interview, the facility re and disaster drills under		reoccuring.	
	conditions that sim	rulate emergencies quarterly			,
	and for each shift.	The findings are:		The Admin	Will .
	Review on 7/25/22	of the facility's fire drill log		monitor quar	
	revealed:	- 0, 4,0 idemy - in a aim 22			
	~1/5/22- 1st shift.			assure all fir	e dalls
	-2/14/22- 2nd shift -4/1/22- 3rd shift.			are preformed	1 promo de
	-5/18/22- 2nd shift				~ p. green
	-6/30/22- 2nd shift			as well as a	heaster.
	-7/9/22- 1st shift. -10/28/21- Blank.			dolls	· · · ·
		e drills conducted for 1st, 2nd		י סווישן	
ı	or 3rd shift for the	fourth quarter of 2021.			0/50/2
	L-There were no fir	e drills conducted for 3rd shift	1		・ロールゴルク

for the first quarter of 2022.
Division of Health Service Regulation

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If continuation sheet 3 of 11

RECEIVED

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

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: ____ B. WING __ 07/26/2022 MHL001-156 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1804 HARRIS DRIVE LILLIES PLACE **BURLINGTON, NC 27215** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) "AĞ TAG DEFICIENCY) V 118 V 118 | Continued From page 4 In order to correct V 118 V 118 27G ,0209 (C) Medication Requirements this defiency Lillies 10A NCAC 27G .0209 MEDICATION Place Faxed REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name: (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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.

This Rule is not met as evidenced by:

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Division	of Health Service Re	egulation				
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	ALTERNATIVES TO INTERVENTICINS (a) Facilities shall in practices that emph to restrictive interve (b) Prior to providing disabilities, staff incompleting training other strategies for which the likelihood or injury to a person property damage is (c) Provider agencibased on state components and derigathered.	mplement policies and asize the use of alternatives intions. g services to people with luding service providers, sor volunteers, shall before by successfully in communication skills and creating an environment in of imminent danger of abuse with disabilities or others or		Lillies place Administrator Corrected this by getting in Class to have thaning on All to Restrictive I up dated. In order to pre	how the her her her her her her her her her h	ves extra
	include measurable measurable testing behavior) on those of methods to determine course. (e) Formal refreshed by each service provannually). (f) Content of the traprovider wishes to each the Division of MH/D Paragraph (g) of this (g) Staff shall demode following core areas (1) knowledge people being served	learning objectives, (written and by observation of objectives and measurable ne passing or failing the r training must be completed vider periodically (minimum aining that the service mploy must be approved by iD/SAS pursuant to Rule. nstrate competence in the		Jefiency the A review Employe quarterly to a trainings are cu in thier Files, The Administr Will monitor cha assure this wi reoccur again	e File ssure west west	all and GP

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V 536	behavior; (3) recognizing external stressors to disabilities; (4) strategies relationships with procession organizational factor disabilities; (6) recognizing assisting in the persodecisions about their (7) skills in assescalating behavior; (8) communication de-escalating peand (9) positive being and (9) positive being activities which directly behaviors which are (h) Service provider documentation of initiat least three years. (1) Documents (A) who particing outcomes (passifail) (B) when and (C) instructor's (2) The Division review/request this documents: (1) Trainers ship years ship years in (2) Trainers ship years in (2) Trainers ship years in (2) Trainers ship in (2) T	ng the effect of internal and hat may affect people with for building positive ersons with disabilities; and cultural, environmental and rest that may affect people with go the importance of and on's involvement in making a life; sessing individual risk for ation strategies for defusing otentially dangerous behavior; thavioral supports (providing the disabilities to choose atly oppose or replace unsafe), a shall maintain tial and refresher training for ation shall include: pated in the training and the iname; an of MH/DD/SAS may ocumentation at any time, ations and Training all demonstrate competence testing in a training program reducing and eliminating the		Lithes place to has enrolled in Eppi Class at a Visiono in order have her training the trainings are in everything class are in exerction quarter assure this From Current. BP has Eigreed mounter quarter assure this From Class was compand the certilis in the File	Making to the following

V 536 Continued From page 8 instructor training program. (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. (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 (1)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for evaluating trainee performance; and (D) documentation procedures. (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. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (f) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the	DIVISIO	n of Health Service Re	<u>agulation</u>			"UNI	NAPPROVEL
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Division of Health Service Regulation

PRINTED: 07/26/2022 FORM APPROVED Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: __ B. WING 07/26/2022 MHL001-156 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1804 HARRIS DRIVE** LILLIES PLACE BURLINGTON, NC 27215 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRIEFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 536 V 536 Continued From page 9 request and review this documentation any time. (k) Qualifications of Coaches: Coaches shall meet all preparation (1) requirements as a trainer. Coaches shall teach at least three times (2)the course which is being coached. Coaches shall demonstrate (3) competence by completion of coaching or train-the-trainer instruction. (I) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: 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: Review on 7/25/22 of the Administrator's personnel file revealed:: -Hire date of 2011. -She was hired as the Administrator. -Last documented training on Alternatives to Restrictive Intervention expired on 2/16/22. -There was no updated documentation of training

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revealed:

intervention.

on alternatives to restrictive intervention.

Interview on 7/26/22 with the Administrator

-Facility only used alternatives to restrictive

-The group home used Evidence Based Practice

SVXV11

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (202) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A BUILDING: COMPLETED MHL001-156 B. WING 07/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1804 HARRIS DRIVE** LILLIES PLACE BURLINGTON, NC 27215 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION m (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 536 Continued From page 8 V 536 instructor training program. 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. (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. Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and documentation procedures. Trainers shall have coached experience (6)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. Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); when and where attended; and (B) (Ç) instructor's name.

Division of Health Service Regulation

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Cherry Crusso 8/2/22 Administrator If continuation sheet 11 of 11