

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G046</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/12/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LILLINGTON GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1110 NC 210 SOUTH LILLINGTON, NC 27546</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) COMPLETION DATE
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W 129	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure personal privacy for 1 of 5 audit clients (#1). The finding is:</p> <p>During observations in the home on 4/11/22 and 4/12/22, a large, lime-green sign was seen on the outside of the medicine cabinet door; the sign stated that client #1 must wear pull-ups at night, per nurse, and that staff must ensure she wore pull-ups. The cabinet was located in a public area, easily visible to anyone exiting or entering the home and also beside the public restroom area.</p> <p>Review of client #1's IPP, dated 7/29/21 revealed that she could independently walk to the bathroom, but may need assistance for wiping and washing hands. In addition, pull-ups may be necessary at night.</p> <p>Interview on 4/12/22 with Staff A revealed there was an interdisciplinary team meeting (IDT) for client #1 on 3/30/22 and it was determined that she needed to wear pull ups at night. Staff A stated the next day, the sign was placed on the medication room cabinet.</p> <p>Interview on 4/12/22 with qualified intellectual disabilities professional (QIDP) revealed staff were made aware that medical notes for clients should be placed in either in the medication administration record book (MAR) or inside of the cabinet. When asked where client toileting and</p>	W 129		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Pauline Bell TITLE: QP (X6) DATE: 04/29/2022

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 April 11-12, 2022**

**W 129            PROTECTION OF CLIENTS RIGHTS**

The Team will review all Clients' rights guidelines. The QIDP will ensure all Staff members are re-in-serviced on the RHA training of "Quality of Life" and all clients' rights guidelines.

Emphasis will be placed on ensuring Staff members are aware that all clients' Protected Health Information (PHI) should be kept private and only visible to the ones that "need to know". All Staff members will be re-inserviced on how to keep all Clients' personal information private as well as how to support them in exercising their "right to privacy".

All Staff members will consistently implement all aspects of client #1's rights guidelines with specific focus on her right to be treated with dignity and respect as well as the right to personal privacy. Staff members will be re-inserviced to cease public posting of any personal private information specific to any of the Clients.

Monitoring of adherence to the above will occur through various assessments (Interaction, Mealtime, and general observations of various "posting" at a minimum of (2) monthly. The assessments and general observations will be completed by either of the following: QIDP, Habilitation Specialist, Home Manager, Vocational Program Manager, OT/PT Habilitation Assistant, Behavior Specialist, and the Nursing Staff.

**COMPLETION DATE: 06/12/2022**

## **W 252 PROGRAM DOCUMENTATION**

Each Client's Behavior Support Plan (BSP) will be reviewed by the QIDP and the Behavior Specialist to ensure all identified behavior intervention strategies are part of the Clients' Plans. Specifically, the clinical core team will review the Behavior Support Plan of Client #3 to determine whether additional clarification, interventions, or revisions are needed. After the review of the Client #3's Behavior Support Plan and after any necessary revisions are made, the Staff will be re-inserviced on Client #3's Plan.

The re-inservicing will emphasize the importance of documenting the occurrences of **all** targeted and inappropriate behaviors as well as the interventions used to deter the challenging behaviors.

Monitoring of the implementation of the BSP and documentation of targeted behaviors will occur through behavioral interactions assessments, interaction/engagement assessments, mealtime assessments, and general observations completed at the Lillington Group Home as well as at the Lillington Group Home. The assessments will be completed by any of the following clinical or management staff: QIDP, Behavior Specialist, Administrator, Habilitation Specialist, Home Manager, OT/PT Habilitation Assistant, or Vocational Program Manager.

**COMPLETION DATE: 06/12/2022**

## **W 369 STAFF TRAINING PROGRAM**

All Staff members will be re-inserviced on all procedures of Medication Administration. The "Six Rights" of Medication will be taught and demonstrated by the nursing Staff.

The nursing Staff will ensure all Med Techs are well trained on the "Six Right as it relates to giving medications at the "Right Time".

Compliance to Medication Administration procedures will be monitored via medication administration observations and general observations. The medication administration and general observations will be completed a minimum of two per month by either of the following: Nursing Staff, QIDP, Habilitation Specialist, OT/PT Habilitation Assistant, Home Manager, Behavior Specialist, and the Vocational Program Manager.

**COMPLETION DATE: 06/12/2022**

## **W 473 MEAL SERVICES**

All Staff will be re-inserviced on mealtime procedures. Emphasis will be placed on serving the food at the proper temperature (140 degrees) after it has been removed from the stove top/oven.

The Home Manager will ensure a food thermometer is available at all times for temperature testing of all food that is not served immediately after removal from its heat source.

The adherence to food being served at the proper temperature will be monitored by the QIDP, Habilitation Specialist, Home Manager, OT/PT Hab. Asst., Behavior Specialist, Nursing, or the Vocational Coordinator through the completion of mealtime assessments. The mealtime assessments will be completed at least twice monthly.

**COMPLETION DATE: 06/12/2022**

## **W 485 DINING AREAS AND SERVICE**

All Staff will be re-inserviced on the Clients' needed supports as indicated in their IPPs. Specifically, the Staff will be re-inserviced on all interventions (i. e. Client #3's behavioral interventions) that have been implemented to ensure Client #3 does not have access to the pantry or the refrigerator without supervision.

The Home Manager and the QIDP will re-inservice all Staff members on how to provide appropriate monitoring/supervision to all Clients during high activities times (mealtime, personal care, and episodes of challenging behaviors). The Home Manager will ensure there is sufficiently trained Staff members in place to address any incidents that may interrupt the dining experience.

Monitoring of adherence to the above will occur through mealtime and behavioral interaction assessments at a minimum of (2) per month. The assessments will be completed by either of the following: QIDP, Habilitation Specialist, Home Manager, Vocational Program Manager, Behavior Specialist or the OT/PT Habilitation Assistant.

**COMPLETION DATE: 06/12/2022**