STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL055-014	A. BUILDING: _____ B. WING _____	R-C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LITHIA INN GROUP HOME	408 LITHIA INN ROAD LINCOLNTON, NC 28092

(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	INITIAL COMMENTS A follow up and complaint survey was completed on 7/25/23. The complaints were unsubstantiated (# NC204503, NC204507). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 2 current clients.	V 000		
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 hold fire and disaster drills on each shift at least quarterly. The findings are:	V 114		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL055-014	A. BUILDING: _____ B. WING _____	R-C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LITHIA INN GROUP HOME	408 LITHIA INN ROAD LINCOLNTON, NC 28092

(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 114	Continued From page 1 Review on 7/24/23 of fire and disaster drills revealed: -There was no documentation of disaster drills having been conducted on 1st shift (day shift) in the quarter from January-March 2023, April-June 2022 or October-December 2022. Interview on 7/24/23 with House Manager/Qualified Professional revealed: -Facility was changing staffing to 12-hour shifts. -Had only been on the job for 5 weeks and had not run any drills since arriving. -Will be responsible for completing all drills. This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 114		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information;	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL055-014	A. BUILDING: _____ B. WING _____	R-C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LITHIA INN GROUP HOME	408 LITHIA INN ROAD LINCOLNTON, NC 28092

(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 367	Continued From page 2 (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL055-014	A. BUILDING: _____ B. WING _____	R-C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LITHIA INN GROUP HOME	408 LITHIA INN ROAD LINCOLNTON, NC 28092

(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 367	Continued From page 3 report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level III incident report was completed within 72 hours and submitted to the Local Management Entity/Managed Care Organization. The findings are: Record review on 7/24/23 for Client #1 revealed: Date of Admission: 8/2/17. Diagnosis: moderate intellectual developmental disability, diabetes, hypertension, high cholesterol.	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL055-014	A. BUILDING: _____ B. WING _____	R-C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LITHIA INN GROUP HOME	408 LITHIA INN ROAD LINCOLNTON, NC 28092

(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 367	Continued From page 4 Record review on 7/24/23 for Client #2 revealed: Date of Admission: 3/11/13. Diagnoses: mild intellectual developmental disability, cerebral palsy, adjustment disorder, cortical visual loss, general anxiety disorder. Review on 7/24/23 of IRIS (Incident Response Improvement System) report dated 7/4/23 for incident involving Client #1 and Client #2 revealed: -"[Client #1] disclosed that during the time a former staff (FS #1) was employed at the group home, this staff had her do things she didn't like. [Client #1] explained this staff had her disrobe and stand naked in the home. [Client #1] and a male resident [Client #2] were asked to disrobe and physically touch one another's naked bodies while the staff watched." Record review on 7/24/23 for FS #1 revealed: Date of hire: 9/18/20 Date employment concluded: 7/13/22 -No disciplinary actions during his employment. Review on 7/24/23 of internal investigation dated 6/30/23 of allegation of abuse against staff reported on 6/29/23 revealed: -"About a week ago [Client #1] told [House Manager] (HM) that someone had her take her clothes off. -Last night [HM] was sitting at the table and [Client #1] kept bringing up that someone made her take her clothes off and stand in front of other residents while nude. She also said her and [Client #2] had to take off their clothes and touch each other in front of the old manager. -[Client #1] said this was [FS #1]. Residents have continued to have contact with [FS #1]. The last time they saw him was on Feb 24th (2023).	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL055-014	A. BUILDING: _____ B. WING _____	R-C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LITHIA INN GROUP HOME	408 LITHIA INN ROAD LINCOLNTON, NC 28092

(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 367	Continued From page 5 -[HM] asked [Client #2], "what happened here?" - he said we aren't supposed to talk about it. [Client #1] said, "no we can't or we will go to jail". Update: 7/3/23 -Statements obtained by QM (Quality Management) Residential Specialist on 7/1. Residents alleged, took place a year ago. -Three residents' statements - [Client #2], [Client #1], and [Client #3] - another resident who was at the home. -Both [Client #1] and [Client #2] said [FS #1] told [Client #2] to take his clothes off. -According to [Client #2] and [Client #1] both - [Client #2] told [Client #1] to take her clothes off. -QM Specialist specifically asked if [FS #1] was in the room when this happened - both said no. -[Client #3] had no recollection of anything occurring. -Staff did the required reporting Friday 6/30. -APS (Adult Protective Services) screened out the report. -[Client #1] guardian was [County Department of Social Services] (DSS) - They gave permission to block his number. They are notifying the police. [Client #2]'s guardian is the ARC (Associate of Retarded Citizens). A message was left. -[FS #1] worked third shift and worked the shift by himself. His last day was July 22 (2022). -This is a two-person third shift home. Currently operating at one shift while training new staff. Update: 7/11/23 (Local) County Police Department Officer contacted Program Director. PD three wayed the call and included the QM Director. QM Director was in a meeting and called the officer back. -Officer is requesting [FS #1]'s contact info. QM Director forwarded this request to HR (Human Resources). -Officer is also requesting copies of the resident's statements obtained from the QM Specialist.	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL055-014	A. BUILDING: _____ B. WING _____	R-C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LITHIA INN GROUP HOME	408 LITHIA INN ROAD LINCOLNTON, NC 28092

(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 367	Continued From page 6 -Officer is planning on going to the home to interview the residents on either Thursday (7/13) or Friday (7/14) of this week. He is reaching out to both guardians prior to interviewing the residents. -QM Specialist will be going to the home tomorrow (7/12) in the afternoon to inform them of the expected arrival and ensure they are comfortable with knowing he will be there." Conclusion: pending police final report. Interview on 7/25/23 with Local Police Detective assigned to this case revealed: -Had just closed the case this morning without any charges. -Had interviewed FS #1 who denied ever seeing Client #1 naked. He had seen Client #2 undressed because he had assisted Client #2 with bathing. -Couldn't charge FS #1 due to lack of evidence or witnesses. -The IRIS report of the Level III incident was not submitted within the required 72-hour rule.	V 367		