

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

PRINTED: 04/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/18/2023
NAME OF PROVIDER OR SUPPLIER LILLINGTON GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1110 NC 210 SOUTH LILLINGTON, NC 27546		
(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	
W 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to ensure all medications were administered without error. This affected 1 of 4 audit clients (#4). The finding is:</p> <p>During observations of morning medications on 4/18/23 at 7:53 AM revealed Staff B popped out 6 pills from blister packs for client #4 to ingest. The medications were Oyster Shell capsule, Aripiprazole, Divalproex, Olanzapine, Cetirizine and Norgest/Ethi pill. Client #4 swallowed the medication in the cup, however was not observed taking Levocarnitin.</p> <p>Review on 4/18/23 of client #4's Physician's Orders signed on 1/5/23 revealed a prescription for Levocarnitin tab 330 MG for three times a day.</p> <p>Interview on 4/18/23 with the nurse revealed staff administering medications were taught to make 3 checks before giving medication:</p> <ol style="list-style-type: none"> 1. Pull all medications for the time of the dose 2. Review the Quick MAR (Medication Administration Record) 3. Review again the QUICK MAR and the medications placed in the medicine cup and verify correct before consumption. 	W 368			
W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing,</p>	W 460			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Nesher Blue TITLE Administrator (X6) DATE 5/1/23

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.

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W 460	Continued From page 1 well-balanced diet including modified and specially-prescribed diets.	W 460		
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This STANDARD is not met as evidenced by:
Based on observations, records review and staff interviews, the facility did not ensure 1 of 4 audit clients (#4) received the specific diet as ordered. The finding is:

During the dinner meal preparation on 4/17/23 at 4:50 PM, Staff D assisted client #4 prepare mashed potatoes for dinner. On the counter, an opened gallon of 2% regular milk was placed with the other ingredients for cooking. A container of lactose free milk was observed inside of the refrigerator but was not used for the meal. Client #4 was observed at 6:00 PM consuming her meal.

Review on 4/17/23 of client #4's Nutritional Evaluation on 3/14/22 revealed she was on a regular 1/4" consistency diet with no milk or dairy products. An additional review of client #4's Individual Program Plan (IPP), dated 9/22/22 revealed she had a diagnosis of lactose intolerance.

Interview on 4/17/23 with Staff C revealed her conclusion that no client had a food allergy to any of the ingredients that she used to prepare dinner.

Interview on 4/18/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she was unsure if the food allergy to milk applied to cooked products since the dairy was not consumed in the original state such as milk, ice cream or butter.

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W 460 Continued From page 2

W 460

Interview on 4/18/23 with the Registered Dietician (RD) revealed client #4 was intolerant of lactose and her dietary order specified that she should not consume milk or dairy products. The RD revealed that client #4 would have to be evaluated if she was still intolerant to dairy products before they could approach the guardian, to have her orders modified.

LILLINGTON GROUP HOME PLAN OF CORRECTIONS
For
Recertification Survey conducted April 17-18, 2023

W 368 DRUG ADMINISTRATION

The Facility's system for drug administration will ensure all drugs, including those that are self-administered, are administered without error.

All Clients (with emphasis on Client #4's medication administration process) will receive medications as ordered by the physician without errors. To eliminate the likelihood of future medication errors this Facility will ensure the following:

1} All Staff will be retrained in Medication Administration by the LPN. The LPN's Medication Administration training will emphasize all Med Techs are to read/check the Medication Administration Record (MAR) for each medication (3) times before administering the medication to the Clients.

2} Medication Administration Observations (AM and PM) will be completed monthly by either the Nurse, Home Manager or the QIDP for the next (2) months.

COMPLETION DATE: 06/17/2023

W 460 FOOD AND NUTRITION SERVICES

The Facility will ensure all Clients receive their physician ordered diets.

All Clients' diet orders as well as their feeding guidelines will be retrained by the QIDP and or the OT Habilitation Assistant. Emphasis will be placed on preparing food items without the usage of Lactaid for those Clients that have identified as having a Lactose intolerance. Specifically, Client #4 diet order will be retrained with specific attention to her intolerance to Lactaid.

Monitoring of adherence to preparing and serving food in the physician ordered diet will occur through a minimum of (3) Mealtime Assessments per month for (2) consecutive months. The Mealtime Assessments will be completed by either of the following: OT/PT Habilitation Assistant, QIDP, Habilitation Specialist, Home Manager, or the Nurse.

COMPLETION DATE: 06/17/2023