

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

PRINTED: 04/19/2024
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 04/16/2024
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 104	<p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to maintain litter free grounds to prevent potential opportunities for PICA behaviors for 2 of 5 audit clients. (#1 and #4). The findings are:</p> <p>A. Observations at the home on 4/15/24 at 6:15pm revealed the front entrance's flower bed was littered with cigarette butts. An additional observation on 4/16/24 at 9:15am confirmed the cigarette buttes remained in the flower bed.</p> <p>Record review on 4/16/24 of client #1's Behavior Support Plan (BSP) Addendum from 1/11/24 revealed PICA, an eating disorder of ingested inedible foods, was reinstated into her BSP after a new incidents emerged. Client #1 had 4 new PICA incidents since January, 2024.</p> <p>B. Observations at the home on 4/15/24 at 6:15pm revealed the front entrance's flower bed was littered with cigarette butts. An additional observation on 4/16/24 at 9:15am confirmed the cigarette buttes remained in the flower bed.</p> <p>Record review on 4/16/24 of client #4's BSP from 1/10/24 revealed he had a history of PICA behaviors.</p> <p>Record review on 4/16/24 of the facility's Smoking Policy from December 2022 revealed used nicotine products should be placed in acceptable receptacle and not discarded on the grounds.</p>	W 104			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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

PRINTED: 04/19/2024
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 04/16/2024
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 104	Continued From page 1 Interview on 4/16/24 with the qualified intellectual disabilities professional (QIDP) revealed the facility did not allow smoking on the premises. Interview on 4/16/24 with the Administrator revealed smoking was not allowed at the group home and the flower bed should not have cigarette butts in it.	W 104			
W 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to assure that privacy was maintained for 4 of 5 audit clients (#2 ,#3, #4 and #5). The findings are: A. During observations in the home on 4/16/24 between 6:35am- 6:45am, client #4 was standing in the bathroom naked with the bathroom door open. Client #4 then stepped into the shower, staff B walked passed the open bathroom door to a closet and grabbed a towel, went to the bathroom and then closed the door. Interview on 4/16/24 with the qualified intellectual disabilities professional (QIDP) confirmed the door should have been closed to maintain his privacy. Record review client #2 Individual Personal Plan (IPP) dated 5/26/23 revealed he requires assistance to ensure he is exercising his right to privacy and that he respects other people's rights. He may need prompts to close the bathroom door	W 130			

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 04/16/2024
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 130	Continued From page 2 during dressing or undressing. B. During medication pass observations in the home from 7:10am-7:30am, client #3, #4 and #5 were administered medications with the door to the medication room open not providing privacy to each client. Additional staff and clients were present in the kitchen where the door opened into. Interview on 4/16/24 with the nurse confirmed the door to the medication room should be closed when administering medications. Interview on 4/16/24 with the QIDP confirmed when administering medications the door to the medication room should be closed to offer privacy.	W 130			
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff performed his or her duties effectively, efficiently and competently in the area of meal preparation. This had the potential to affect 5 of 5# audit clients (#1, #2, #3, #4 and #5). The finding is: During morning observation in the home on 4/16/24 from 7:00am to 8:15am, Staff D was in the kitchen, preparing breakfast along with client #2. On the menu were cooked oatmeal, toast, turkey sausage and fruit in season or juice. Staff	W 189			

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

PRINTED: 04/19/2024
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 04/16/2024
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 189	<p>Continued From page 3</p> <p>D was present when client #2 made the toast at 7:15am, before the oatmeal and sausage was prepared. Staff D was observed to step outside of the kitchen door several times, to get instructions from the home manager (HM), who was monitoring client #4 in the backyard. From 7:30am to 7:35am, Staff D left the front burner to the stove on while she accompanied client #2 to the hallway bathroom to wash their hands.</p> <p>Furthermore, Staff E arrived to the home after 7:00am and was observed giving Staff D multiple verbal prompts on organizing the meal, empowering clients #1, #2, #3, #4 and #5 to participate in table set-up and to ensure the appropriate adaptive equipment was used for the meal. At 8:05am, Staff D had to make fresh toast and reheated the food more than once to maintain temperature. The consistency of the oatmeal was very gey and had to be repeatedly tapped by the Home Manager at 8:10am, to release it from the serving spoon. There was no evidence of seasoned fruit or juice on the table. The clients were given a pitcher of water and pink lemonade for beverages.</p> <p>Review on 4/15/24 of the facility's schedule revealed medications were supposed to be started at 6:30am and breakfast prepared at 7:00am.</p> <p>Interview on 4/16/24 with Staff D revealed she was hired three months ago and did not receive meal preparation training from management, instead received instructions from her co-workers.</p> <p>Interview on 4/16/24 with Staff E revealed she came to the home to assist staff with breakfast</p>	W 189			

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 04/16/2024
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 189	Continued From page 4 and recognized Staff D did not have enough experience in cooking meal for the clients. Staff E stated the clients should not leave the breakfast table to take medications; and that it interfered with a family dining atmosphere.	W 189			
W 249	Interview on 4/16/24 with the qualified intellectual disabilities professional (QIDP) revealed applicants are asked about basic cooking skills during their job interview. After staff are assigned to a home, staff should receive meal preparation training from the Occupational Therapist Assistant (OTA) and the HM. PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 3 of 5 audit clients (#1, #3, and #5) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the use of adaptive dining equipment, feeding guidelines. The finding are: A. During evening observation in the home on	W 249			

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 04/16/2024
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 249	<p>Continued From page 5</p> <p>4/15/24 from 4:15pm-6:00pm, the home manager (HM) cut client #5's meat with a butter knife while client #5 held the meat with her fork. At no time was client #5 given the opportunity to participate in hand over hand assistance with a rocker knife while cutting up her meat. Further observation in the home on the morning of 4/16/24 from 7:30am-8:30am, the home manager cut client #5's sausage with a butter knife while client #5 held the sausage with the fork. Staff D offered a rocker knife to the home manager to assist and the home manager refused the rocker knife and continued to cut the sausage with the butter knife. At no time was client #5 given the opportunity to participate in hand over hand assistance with a rocker knife.</p> <p>Review on 4/15/24 of client #5's Individual Program Plan (IPP) dated 7/17/23, revealed adaptive equipment for client #5 consist of dycem mat, scoop bowl, lip plate, clothing protector, rocker knife, and seafood fork.</p> <p>Further review on 4/16/24 of client #5's physician orders signed 1/12/24, revealed client to use rocker knife for all meals to increase her fine motor skills.</p> <p>Interview on 4/16/24 with the qualified intellectual disabilities professional (QIDP) confirmed all adaptive equipment should be used at all meals.</p> <p>B. During dinner observations in the home on 4/15/24 from 5:55pm-6:05pm, client #3 was not offered a Rocker Knife, to cut up meatloaf to 1/4" consistency. Staff B used a standard knife to cut the meatloaf into 1/2" pieces and was verbally prompted by the HM to cut it smaller to the size of a pea, which was achieved. Staff B did not</p>	W 249			

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 04/16/2024
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 249	<p>Continued From page 6</p> <p>involve client #3 into cutting up his meatloaf or cooked carrots.</p> <p>During morning observations in the home on 4/16/24 from 8:10am-8:30am, client #3 was not prompted to assist Staff E in cutting up the turkey sausage patties or toast with the Rocker Knife.</p> <p>Record review on 4/15/24 of client #3's IPP from 5/26/23 revealed he received a regular diet of 1/4" consistency plus instructions for him to use adaptive equipment to assist him with eating appropriately.</p> <p>Interview on 4/16/24 with the HM revealed client #3 did not like to use the Rocker knife.</p> <p>C. During dinner observations in the home on 4/15/24 from 5:55pm-6:05pm, client #1 was not offered water to drink by Staff B until the end of her puree meal. An additional observation on 4/16/24 at 8:05am, client #1 was not brought to the kitchen from outside to assist Staff E with processing her breakfast into puree consistency. At 8:35am, client #1 came to the table to eat after getting her medications. Staff E was monitoring client #1 and encouraged her to take sips of water, but client #1 refused. After 10 minutes, Staff B made a cup of coffee for client #1 and told Staff E client #1 liked to drink her coffee at the end of the meal; even though Staff E encouraged Staff B and client #1 to drink fluids during the meal. Client #1 consumed all of her beverages at the end of the meal, without incident.</p> <p>Review on 4/16/24 of client #1's Feeding Guidelines from 2/20/24 revealed she should be encouraged to drink her fluids spaced out during her meal. In addition, the Habilitation Evaluation</p>	W 249			

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

PRINTED: 04/19/2024
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 04/16/2024
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 249	Continued From page 7 from 3/7/24 revealed client #1 would puree her meats with 50% partial assistance. Interview on 4/16/24 with the QIDP revealed staff should be encouraging clients to be as independent as possible at meals. The QIDP added that client #1 should get practice in pureeing her meals	W 249			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained to implement appropriate health and hygiene methods and were competent in medication administration procedures. This affected 4 of 5 audit clients (#2, #3, #4, and #5). The findings are: A. During observations in the home on 4/16/24 of the medication administration between 7:10am-7:30am. Client #2, client #4 and client #5 came into the medication room and were not prompted to sanitize their hands prior to punching medications out of the packages. Further observation in the home on 4/16/24 of the medication administration at 7:15am, while staff B was assisting client #3 punch pill from the pill pack, the pill fell onto the counter and staff B picked up the pill with her bare hand. Staff B	W 340			

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 04/16/2024
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 340	<p>Continued From page 8</p> <p>revealed she did not know what to do and would need to go ask the Home manager to advise.</p> <p>Interview with staff B revealed she has worked in the home for 2 years and have been a medication tech for over a year. Staff B also confirmed she has administered pill in the home prior to today.</p> <p>Interview with the nurse revealed when clients come in the medication room staff and the clients should sanitize there hands. Hands should be sanitized between each client and every mediation administration.</p> <p>B. During evening observations of medication administration on 4/15/24 at 5:10pm, Staff B was asked by the home manager (HM) to give cough syrup to client #2 who complained about her throat. The HM explained to Staff B that client #2 had allergies and after contacting the nurse, was told she should receive the standing order for Tussin. Staff B did not know how to find the bottle of Tussin in the cabinet and had to lock up medication room, to go outside and ask the HM to identify it for her. The HM removed the bottle of Tussin and left the room. Staff B did not know how to identify where to record the Tussin on the electronic medication administration record (MAR) and had to lock up the room to go outside and ask the HM where to record it. The HM came to the medication room and had to show Staff B where to record PRN (as needed medications) on the MAR. Client #2 received the medication at 5:27pm.</p> <p>Interview on 4/16/24 with the qualified intellectual disabilities professional (QIDP) revealed both the HM and Staff B have been trained to administer medications.</p>	W 340			

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 04/16/2024
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 340	<p>Continued From page 9</p> <p>Interview on 4/16/24 with the nurse revealed some staff are trained to complete medication administration training after hire and receive an annual refresher course with the nurse. The nurse confirmed Staff B had worked at the facility for more then a year and had passed medications before.</p> <p>C. During evening observations of medication administration on 4/15/24 at 5:15pm, a light blue pill was found by the surveyor on the floor, at the doorway in the med room area.</p> <p>Interview on 4/15/24 with the HM revealed the pill was identified as Propranolol 20mg for client #5. The HM indicated it was the morning dose and Staff A gave medications that morning.</p> <p>Interview on 4/16/24 with the nurse revealed whenever staff become aware that a pill was dropped, they should guarantee the pill is recovered and immediately notify the nurse. The nurse indicated she was unable to determine when the pill dropped because she did not get a phone call until yesterday evening, in between times when the medication is administered; 8:00am and 8:00pm.</p> <p>D. During the survey 4/15/24-4/16/24, client #3 was observed with long dirty fingernails. Client #3 was also observed to make random physical contact with staff and visitors in the home, with his hands.</p> <p>Record review on 4/15/24 of client #3's IPP revealed his fingernails should always be kept closely trimmed due to his tendency to dig nails into other's skin.</p>	W 340			

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

PRINTED: 04/19/2024
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 04/16/2024
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 340	Continued From page 10	W 340			
W 361	<p>Interview on 4/16/24 with the QIDP revealed she reminded staff yesterday to trim client 3's fingernails, "in case he grabbed someone."</p> <p>PHARMACY SERVICES CFR(s): 483.460(i)</p> <p>The facility must provide or make arrangements for the provision of routine and emergency drugs and biologicals to its clients. Drugs and biologicals may be obtained from community or contract pharmacists or the facility may maintain a licensed pharmacy.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to pursue pharmacy services to ensure 1 of 5 audit clients (#5) had medication refilled. The finding is:</p> <p>During morning medication administration on 4/16/24 at 7:25am, Staff B was unable to locate the pill Linzess that was prescribed to client #5. Staff B called the nurse to inform her there were no more pills of Linzess in the home. Nurse informed her that she would administer the pill when client #5 arrived to the day program.</p> <p>Review on 4/16/24 of client # 5's physician order's signed 1/12/24 revealed she was prescribed Linzess capsule 72 mcg. and should received daily in the morning.</p> <p>Interview with staff B confirmed there were no more pills of Linzess for client #5 in the home. The pills were not available in the back up medications. Staff B revealed she called the</p>	W 361			

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

PRINTED: 04/19/2024
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 04/16/2024
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 361	Continued From page 11 nurse and was informed that client # 5 will receive the medications when she arrived at the day program. Interview on 4/16/24 the nurse confirmed she had received a phone call the morning of 4/15/24 from staff B informing her that they were no Linzess pills available for client #5 in the home. The nurse also confirmed pills are delivered on a monthly cycle when pills are low they need to be reordered 3-5 days in advance , the nurse would not know to order the pills unless they are informed by the house staff. The nurse also confirmed client #5 recieved her medication when she arrived to the day program around 10:00am.	W 361			
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) 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 observations, record review and interview, the facility failed to follow physician orders for 1 of 5 audit clients (#1). The finding is: During observations in the home on 4/16/24 at 8:15am, client #1 sent to the medication room to receive her morning medications. Afterwards, client #1 came to the breakfast table to eat a full breakfast at 8:35am. Review on 4/16/24 of client #1's Nurse's Health Note on 3/13/24 recommended an order change for client #1 to take Levothyroxin around 6:30am, 30-60 minutes before breakfast and other medications to help with absorption.	W 368			

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

PRINTED: 04/19/2024
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 04/16/2024
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	Continued From page 12 Interview on 4/16/24 with the nurse revealed Levothyroxin should be taken on an empty stomach, at least an hour before eating.	W 368			
W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 2 of 5 audit clients (#1 and #3) received diet consistency as ordered. The findings are:</p> <p>A. During lunch observation at a community center on 4/15/24 at 11:40am, client #3 was observed eating chopped BBQ pork, cole slaw and chopped pimiento cheese sandwich. The consistency of the food exceeded 1/4". Another observation of client #3's dinner on 4/15/24 at 5:50pm revealed his cooked carrots were 1/2" in size.</p> <p>Record review on 4/15/24 of client #3's individual program plan (IPP) from 5/26/23 revealed he was on a regular diet of 1/4" consistency. The kitchen had a diagram illustrating different measurements of food consistencies.</p> <p>Interview on 4/16/24 with the qualified intellectual disabilities professional (QIDP) revealed all staff are trained on meal preparation and diets at the time of hire.</p> <p>B. During morning observations at the home on</p>	W 460			

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

PRINTED: 04/19/2024
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 04/16/2024
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 460	<p>Continued From page 13</p> <p>4/16/24 at 8:00am, Staff B was observed taking a container of peach yogurt to the medication room to give to client #1. The yogurt contain raw pieces of fruit. Client #1 ate without incident.</p> <p>Record review on 4/15/24 of client #1's Feeding Guidelines from 2/20/24 revealed she was on a regular 1800 calories pureed diet. The kitchen had a diagram illustrating different measurements of food consistencies.</p> <p>Interview on 4/16/24 with Staff B confirmed she used peach yogurt for client #1's medications.</p> <p>Interview on 4/16/24 with the nurse revealed Staff B should not have used fruit yogurt for client #1's medication. The nurse revealed a year ago, they instructed staff to only use applesauce or pudding with medications.</p>	W 460			