

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

PRINTED: 04/23/2025
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 04/22/2025	
NAME OF PROVIDER OR SUPPLIER LILLINGTON GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1110 NC 210 SOUTH LILLINGTON, NC 27546			
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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 record review and interviews, the facility failed to provide oversight for staff while conducting fire drills efficiently. This potentially affected all clients in the home (#1, #2, #3, #4, #5, and #6). The finding is:</p> <p>Review of facility fire drill reports from March 2024 - March 2025 revealed four third shift fire drills had been conducted. Additional review of the reports noted two staff assisted with the fire drills.</p> <p>Interviews on 4/22/25 with two third shift staff (Staff A and Staff D) revealed only one person routinely works on third shift. Additional interview revealed on nights when a fire drill is scheduled, another staff will be added to the schedule to assist with the fire drill. When asked what would happen in the case of an actual emergency, Staff D indicated she would call Staff A to come in or someone from management.</p> <p>Interview on 4/22/25 with the Home Manager confirmed the third shift schedule only adds a second person for assistance with fire drills otherwise only one person works on third shift. Additional interview indicated this is how they have been told to do their staffing schedule for third shift.</p> <p>Interview on 4/22/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed one staff generally works on third shift; however, a second staff comes in on nights fire drills are</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.

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W 104	Continued From page 1 scheduled. The QIDP acknowledged a single staff on third shift is sufficient to conduct fire drills in the home as five of the clients are ambulatory with only one semi-ambulatory client. The QIDP also noted since a sprinkler system is in place at the home, a second staff was not needed to assist with evacuating clients for fire drills.	W 104			
W 137	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #6 had the right to access her personal grooming items. This affected 1 of 5 audit clients. The finding is: During observations in the home on 4/22/25, client #6's toiletry basket containing her grooming items was kept locked in the laundry room. Only staff were noted to have access to the laundry room using a key. Interview on 4/22/25 with Staff D revealed client #6's toiletry basket was locked in the laundry room because she is not able to keep up with her items. Review on 4/22/25 of client #6's Individual Program Plan (IPP) dated 2/6/25 revealed, "[Client #6] has full access to her toiletries." Additional review of the client's Rights Training Guidelines (OSG #5) noted she should receive training and be supported by staff with "obtaining	W 137			

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W 137	Continued From page 2 wanted or needed items" and owning and caring for personal property.	W 137			
W 249	<p>Interview on 4/22/25 with the Qualified Intellectual Disabilities Professional (QIDP) indicated client #6's toiletries should not be kept locked for any reason.</p> <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of behavior plan implementation and adaptive dining equipment use. The findings are:</p> <p>A. During evening observations in the home on 4/21/25 from 3:27pm - 5:28pm, client #3 became physically aggressive towards client #6 on four separate occasions, hitting her and grabbing/pulling her shirt. Two to three staff (Staff E, F, G) responded to client #3's behavior simultaneously screaming at him to "Stop", while calling his name repeatedly and physically</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>removing his grip on client #6's shirt. On one occasion, Staff E responded, "That's not nice, don't grab people's clothes!" On another occasion, when client #3 reached towards client #6 aggressively, Staff G yelled, "Run, [Client #6], Run!", in response to the client's behavior.</p> <p>Interview on 4/21/25 with Staff F revealed aggression is in client #3's behavior plan and he should be told to calm down, his hands removed from the person he is grabbing and he should be removed from the area or the person he is targeting should be removed.</p> <p>Interview on 4/21/25 with Staff G revealed she had only been working at the home for about two weeks and only had a brief review of client's behavior plans so she really was not sure what client #3's plan included.</p> <p>Review on 4/22/25 of client #3's Behavior Support Plan (BSP) dated 6/24/24 revealed an objective to address target behaviors of physical aggression, self-injurious behavior, property damage, elopement, inappropriate touch, refusals and taking food/beverages not intended for him. Additional review of the plan under responses to target behaviors, for aggression, the BSP noted, "Because this behavior may be driven by the reaction people have, staff must appear calm and even-tempered when he engages in this behavior."</p> <p>Interview on 4/22/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 has a history of his behaviors increasing in response to staff's reactions to them. The QIDP acknowledged staff should be following client #3's behavior plan and remain calm.</p>	W 249			

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W 249	<p>Continued From page 4</p> <p>B. During observations in the home throughout the survey on 4/21 - 4/22/25, client #2 repeatedly stated the phrase, "Night gown, package" over and over again to various staff in the home. In response, several staff stated, "Relax, [Client #2]" each time she repeated the phrase. The client was also frequently reminded that her package was coming soon. Throughout the observations, client #2 received verbal phrase from one staff on one occasion. The client was not observed to follow a daily schedule and choices of stimulating activities were not presented to the client.</p> <p>Interview on 4/22/25 with Staff B indicated client #2 will continue to repeat herself "all day" and they address this by "telling her to be patient", trying to "get her to relax" and redirecting her.</p> <p>Review on 4/21/25 of client #2's IPP dated 12/13/24 revealed, "[Client #2] loves to receive packages from her family and friends...She likes delivering mail and packages to others." Additional review of the client's BSP dated 9/11/24 identified preventative measures related to mail including having a mailbox inside the office of the home for client #2 to receive mailed items. The plan also noted strategies for the client to "get lot's of 'over the top' praise for even minor accomplishments...praise should consist of visual and gestural cues (high fives, fist bumps, thumb-ups, etc) as well as verbal praise." Further review of the BSP indicated, "[Client #2] should have a daily schedule without exact times for each activity to occur. Her schedule should be provided as a daily checklist, [Client #2] should be allowed to check off each activity upon completion....[Client #2] should be offered stimulation, choices, interaction and activity</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>throughout her day. She should be provided with lots of casual conversation, and task prompts should be a small fraction of our daily interactions with her."</p> <p>Interview on 4/22/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 will often receive packages from her family which she highly anticipates. The QIDP acknowledged staff should not focus on client #2 repeating herself but provide her with other things to do instead.</p> <p>C. During lunch observations at the day program on 4/21/25 at 11:40am, client #1 consumed her meal from a divided plate using a small coated spoon while client #6 ate from an inner lip plate, used a clothing protector, and a small spoon. No other adaptive dining equipment was observed.</p> <p>Review on 4/22/25 of client #1's IPP dated 2/6/25 revealed she uses an inner lip plate, clothing protector and dycem mat.</p> <p>Review on 4/22/25 of client #6's Feeding Guidelines dated 2/20/24 indicated she uses a divided plate, coated spoon, clothing protector, if desired and a dycem mat.</p> <p>Interview on 4/22/25 with Staff B noted client #1 and client #6 use adaptive dining equipment including a dycem mat.</p> <p>Interview on 4/22/25 with the QIDP confirmed client #1 and client #6 should use dycem mats during meals.</p>	W 249			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR	W 288			

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W 288	<p>Continued From page 6 CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure a technique to manage client #2's inappropriate behavior was included in a formal active treatment program. This affected 1 of 5 audit clients. The finding is:</p> <p>During observations in the home throughout the survey on 4/21 - 4/22/25, no paper products (i.e. toilet paper, paper towels) were noted in two bathrooms located in the back hallway of the home.</p> <p>Interview on 4/22/25 with Staff C revealed the paper products had been removed from the bathrooms due to client #2's tendency to take the items and tear them up.</p> <p>Review on 4/22/25 of client #2's Individual Program Plan (IPP) dated 12/13/24 revealed, "[Client #2] requires assistance with toileting activities (wiping appropriately, using appropriate amount of toilet tissue for wiping and the appropriate amount of paper towels to dry her hands)....[Client #2's] OCD tendencies is to pull out an excessive number of paper towels if not monitored." Additional review of client #2's Behavior Support Plan dated 9/11/24 revealed an objective to address making trash, self-injury and unsanitary behaviors. Further review of the plan did not include a technique of removing paper products from the bathroom to address her inappropriate behaviors.</p>	W 288			

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W 288	Continued From page 7			W 288			
W 368	<p>Interview on 4/22/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed paper products should not be removed from bathrooms due to client #2's behaviors. She noted staff should be going to the bathroom with her to ensure she uses these products appropriately.</p> <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 observations, record review and interviews, the facility failed to ensure client #2 received her medications in accordance with physician's orders. This affected 1 of 2 clients observed receiving medications. The finding is:</p> <p>During observations of medication administration in the home on 4/22/25 at 7:57am, client #2 was assisted by the Medication Technician (MT) to pour Miralax powder into the bottle cap. The amount of powder in the bottle cap was well below the 17gm mark located on the inner portion of the bottle cap. Client #2 consumed the Miralax mixed in a glass of water.</p> <p>Immediate interview with the MT revealed the Miralax powder was poured to the correct line in the bottle cap and 17 grams had been dispensed.</p> <p>Review on 4/22/25 of client #2's current physician's orders revealed an order for one capful (17 grams) of Miralax powder to be administered daily at 8:00am.</p> <p>Interview on 4/22/25 with the facility's nurse</p>			W 368			

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W 368	Continued From page 8 confirmed one capful of Miralax powder should be poured to the identified line marked on the bottle cap.	W 368			
W 488	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4) The facility must assure that each client eats in a manner consistent with his or her developmental level. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure clients ate in a manner which was not stigmatizing. This affected 1 of 5 audit clients (#1). The finding is: During dinner observations in the home on 4/21/25 at 6:09pm, client #1 consumed her food with the lower portion of her clothing protector spread across the table top in front of her and the upper portion secured around their neck. At the meal, the client's plate was positioned on top of the lower portion of the clothing protector and a dycem mat was noted under the plate. Client #1 fed herself with little spillage noted on the clothing protector. Review on 4/22/25 of client #1's Feeding Guidelines dated 2/20/24 revealed she uses a clothing protector, if desired and can independently feed herself. Additional review of client's guidelines did not indicate she required her clothing protector to be applied in the manner previously described. Interview on 4/22/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 should not consume her meals with her clothing protector applied in the manner	W 488			

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W 488	Continued From page 9 previously described.	W 488			