Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-156	A. BUILDING: _____ B. WING _____	04/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LILLIES PLACE	1804 HARRIS DRIVE BURLINGTON, NC 27215

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V 000	INITIAL COMMENTS An annual survey was completed on April 29, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. The facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans 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 the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.	V 114	RECEIVED BY MHL & C 5/22/25	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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V 114	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were completed quarterly on each shift. The findings are: Review on 4/29/25 of the facility's fire drills log revealed: -There were no records available for the year 2024. -There were no fire drills conducted for 3rd shift for the 1st quarter (January through March) of 2025. Review on 4/29/25 of the facility's disaster drills log revealed: -There were no records available for the year 2024. -For the 1st quarter of 2025, drills were recorded as being conducted together with the fire drills. No actual time of when the drills were performed was recorded. -There were no disaster drills conducted for 3rd shift for the 1st quarter of 2025. Interviews on 4/29/25 with Client #2 and Client #3 revealed: -Facility conducted fire and disaster drills. -Client #2 and Client #3 each indicated that for fire drills, they had to go out of the facility and walk towards the facility's mailbox. -Client #2 and Client #3 each indicated that for a tornado drill, they had to meet at the facility's hallway that lead to the client's bedrooms. Interview on 4/29/25 with Staff #6 revealed: -She had conducted fire and disaster drills with the clients. -A record of the fire and disaster drill conducted would be placed inside a log book.	V 114		

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V 114	Continued From page 2 Interview on 4/29/25 with the Administrator revealed: -Home operated under three shifts. -1st shift was from 7am-3pm. Second shift was from 3pm-11pm. Third shift was from 11pm-7am. -She was not aware that staff had not been completing the fire and disaster drills forms appropriately. -Staff were supposed to write in the date and time of the disaster drills. -She had trained the staff about when and how often the drills needed to be completed, but staff had been completing the forms incorrectly. -She would review with staff the correct way to perform the fire and disaster drills and how to appropriately record them. -She had taken the fire and disaster drills from 2024 out from the binder and had taken them to her office. -She was not able to locate the emergency and disaster drills from the year 2024. -She was not aware that staff had not conducted emergency drills for 3rd shift. -She confirmed the facility failed to conduct fire and disaster drills under conditions that simulate emergencies quarterly and for each shift.	V 114	Lillies Place will assure that correction For fire and disaster drills are conducted quarter on all three shifts To assure that this doesn't reoccur all 5/13/25 fire drills will be monitored by admin/QP quarterly. to prevent from reoccurring also Admin will keep all drills in the same location, due to getting A new file cabinet and seperation of the logs the old ones were put (w) old files in the storage unit) but in the Future I will 5/13/25 keep them in the facility For viewing. cc Lillies Place has corrected	
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the	V 118		

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V 118	Continued From page 3 client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to keep the MARs current affecting three of three audited clients (#1, #2 and #3). The findings are: Review on 4/29/25 of Client #1's record revealed: -Admission date of 4/21/25. -Diagnoses of Major Depressive Disorder; Autism Spectrum Disorder; Down Syndrome; Diabetes; End State Renal Disease. -Physician order dated 4/23/25 for the following:	V 118	these deficencys and will assure that this issue will not reoccure. The admin will renew fire drills quarterly-JD	cc

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V 118	Continued From page 4 -Sertraline 100 milligrams (mg) (depression), take one and a half tablets daily. -Norethisterone (birth control/control periods)1 mg , take one tablet daily. -Sevelamer (high blood pressure) 800 mg, take one tablet three times daily. -Januvia (diabetes) 25 mg, take one tablet daily. Observation on 4/29/25 at about 10:30 am of Client #1's medications revealed: -Sertraline 100 mg was not available. -Norethisterone 1 mg was available. -Sevelamer 800 mg was available. -Januvia 25 mg was available. Review on 4/29/25 of Client #1's MAR from April 21 through April 29, 2025 revealed: -Sertraline 100 mg was initialed as administered daily. -Norethisterone 1 mg was not listed on the MAR. -Sevelamer 800 mg was not listed on the MAR. -Januvia 25 mg was not listed on the MAR. Review on 4/29/25 of Client #2's record revealed: -Admission date of 7/12/2024. -Diagnoses of Generalized Anxiety Disorder Major Depressive Disorder, Recurrent, Severe without Psychotic Features; Post Traumatic Stress Disorder (PTSD); Cognitive Impairment due to medical conditions; Neurogenic Bladder; Chronic Constipation; Bilateral Shoulder Pain. -No physician's orders were located for the following: -Nitrofurantoin Monohydrate/Macrocrystals 100mg (bladder infections). -Ondansetron 4mg (nausea). Observation on 4/29/25 at approximately 10:29 AM of Client #2's medications revealed:	V 118		

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V 118	Continued From page 5 -Nitrofurantoin Monohydrate/Macrocrystals 100mg was in the bubble pack for April, 2025. -Ondansetron 4mg was available. Review on 4/29/25 of Client #2's MARs from February 1, 2025 through April 29, 2025 revealed: -Nitrofurantoin Monohydrate/Macrocrystals 100mg not listed on the MAR. -Ondansetron 4mg not listed on the MAR. Review on 4/29/25 of Client #3's record revealed: -Admission date of 2/7/2025. -Diagnoses of Depression, Major Depressive Disorder, Anxiety, Hypertension, Incontinence (occasional), Atrial Fibrillation. -Physician's order dated 2/13/25: -Amitiza 24 micrograms (mcg)(constipation), take 1 oral capsule 2 times a day. -Physician's order dated 3/3/25: -Discontinue (D/C) Amitiza 24 mcg. -Physician's order dated 4/3/25: -Duloxetine DR 60mg (depression/anxiety), Take 1 capsule by mouth twice daily. -Mirtazapine 30mg (depression), take 1 tablet by mouth at bedtime. -Temazepam 15mg (insomnia), take 1 capsule by mouth at bedtime. -Xarelto 15mg (treat and prevent blood clots), Take 1 tablet by mouth once daily at 5pm (must be taken with a meal). -There was not a new physician's order for Amitiza 24 mcg after it was D/C on 3/3/25. Observation on 4/29/25 at approximately 10:59 AM of Client #3's medications revealed: -All medications listed were available. Review on 4/29/25 of Client #3's MAR from April,	V 118		

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V 118	Continued From page 6 2025 revealed: -Amitiza 24 mcg was marked as administered from 4/1-4/29. -Duloxetine DR 60mg was initialed as administered for the 8:00 PM dose 4/29. -Mirtazapine 30mg was initialed as administered administered for the 8:00 PM dose 4/29. -Temazepam 15mg was initialed as administered administered for the 8:00 PM dose 4/29. -Xarelto 15mg was initialed as administered administered for the 5:00 PM dose 4/29. Interview on 4/29/25 with clients #1, #2, and #3 revealed: -Client #1 reported no problems with facilty staff giving her medications. -Client #2 reported no problems in getting her medications. -Client #3 reported that she received her medications daily and at the right times. Interview on 4/29/25 with the Administrator revealed: -She took the blame for the errors. -Client #1 had just started living at the facility and they were still in the process of getting her medications and the pharmacy in synch. -Staff at the facility were supposed to check when the medications arrived from the pharmacy to make sure it matched with the MAR and physician's orders. -Clients' medications were bubble packed and staff assumed all the medications were correct. -Staff had relied on the pharmacy for not making errors. -She was not aware that today's evening medications for Client #3 had already been marked by facility staff. -She acknowledged the facility failed to keep the	V 118	Lillies Place has corrected this defiency the medications were sent to the Facility before the inspectors left. the pharmacist and Admin got the 5/15/25 medications, in the Facility After dealing with the insurance company In order For this not to reoccur all medication that the physician has on the FL2 is what needs to be sent in when the client arrives! I will be more cautious and not let emphathy cause me to admit And not have whats needed. this has been corrected	

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V 118	Continued From page 7 MARs current for Clients #1, #2 and #3. Due to the failure to accurately document medication administration, it could not be determined if the clients received their medication as ordered by the physician.	V 118	And the QP will reriew meds quarterly to assure everybody's meds are in Facility. QP states she will also have Futher meeting on Documentate on medication. In order to prerent this problem 5/15/25. From reoccurring.	
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service	V 536		

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V 536	Continued From page 8 provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time.	V 536	Lillies Place assures that the Employees to Alernitive Restrictive prevention training has been reciered. All Employees have had an refresher course and to prevent this expiration from reoccuring the Admin has reminded the QP & trainer of the dates so a class can be scheduled prior to the date of expiration. Lillies Place QP will review in 6 months to assure that this problem will not reoccur. 5/15/25 CC	

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V 536	Continued From page 9 (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain	V 536	Also the Admin will keep a log For Trainings in order to prevent and monitor For all training purposes and oversight 5/15/25	

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V 536	Continued From page 10 documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure two of three audited staff (#5 and #6) received annual training in alternatives to restrictive interventions. The findings are: Review on 4/29/25 of Staff #5's personnel record revealed: -Hire date of 9/6/23. -Hired as a Paraprofessional, Part-Time. -The last training to alternatives to restrictive	V 536		

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V 536	Continued From page 11 intervention certification for Staff #5 was dated 9/1/23. -There was no documentation of current training in alternatives to restrictive interventions. Review on 4/29/25 of Staff #6's personnel record revealed: -Hire date of 11/20/21. -Hired as a Direct Care Worker-Paraprofessional. -The last training to alternatives to restrictive intervention certification for Staff #6 was dated 10/2/23. -There was no documentation of current training in alternatives to restrictive interventions. Interview on 4/29/25 with the Owner revealed: -The facility used the Evidence Based Protective Interventions (EBPI) curriculum. -She was not aware that EBPI training had expired for Staff #5 and Staff #6. -She confirmed Staff #5's and Staff #6's training on alternatives to restrictive interventions had expired.	V 536		

Cherry Crop Admin
5/15/25