

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G046	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/14/2026
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NAME OF PROVIDER OR SUPPLIER LILLINGTON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1110 NC 210 SOUTH , LILLINGTON, North Carolina, 27546
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(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
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W0104	<p>GOVERNING BODY</p> <p>CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record reviews and interviews, the governing body failed to ensure that 2 of 4 audit clients (#2 and #4) bedrooms provided full privacy. The findings are:</p> <p>A. During observations in the home on 4/13/26 at 4:20pm, client #2's bedroom, at the rear of the home, it revealed the only window in the room faced the back of the home. There was a privacy film window treatment attached to the top window, but the bottom window did not have protective film. The bottom window provided interior and exterior views into the bedroom. There were clients engaged in recreational activities outside the window, on the swing set.</p> <p>Record review on 4/14/26 revealed the Abnormal Behavior Instrument (ABI) on 3/3/26, assessed client #2 having partial independence for privacy with self-care.</p> <p>Interview with the Home Manager #1 (HM #1) revealed there were no curtains at the window because client #2 destroys her personal property and would've pulled it down if it was installed. The HM #1 was unsure why the privacy film was not applied to both windows.</p> <p>B. During observations in the home on 4/13/26 at 4:25pm, client #4's bedroom, at the rear of the home had one window, facing the backyard. It was a full-length window with privacy film treatment attached to the top window, but the bottom window did not have protective film. The bottom window provided interior and exterior views into the bedroom. There were clients engaged in recreational activities outside the window, on the swing set. An additional observation at 5:18pm, revealed client #4 returned to her bedroom to change her clothes, with the same window treatments missing.</p> <p>Record review on 4/14/26 revealed the ABI on 3/3/26</p>	W0104		
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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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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W0104	Continued from page 1 assessed client #4 having partial independence for self-care skills. Interview with the HM #1 revealed she was unsure why window treatment did not cover both of client #4's window. Interview with the Qualified Intellectual Disabilities Professional (QIDP) acknowledged the bedrooms of clients #2 and #4 did not have full window treatment and they have put a work order in with maintenance.	W0104		
W0441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is NOT MET as evidenced by: Based on record review and interview, the facility failed to ensure that fire drills were conducted under varying times and conditions. The finding is: Record review on 4/13/26 of the annual fire drills logs revealed the following times were not varied for drills on third shift: 6/24/25 at 12:04am 9/30/25 at 2:05am 12/31/25 at 12:05am 3/12/26 at 2:00am. Interview on 4/14/26 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff are given a fire drills schedule with the times pre-selected. The QIDP acknowledged the fire drills should not have been conducted at the times recorded.	W0441		