

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

PRINTED: 04/20/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G159</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/17/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAROLINA LIVING AND LEARNING CENTER (CLLC)</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>325 RUSSET RUN PITTSBORO, NC 27312</b>		
(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 257	<p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(1)(iii)</p> <p>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the behavior support plan (BSP) was revised after 1 of 4 audit clients (#13) failed to make progress towards identified objective. The finding is:</p> <p>Client #13's BSP was not revised after he failed to make progress towards an objective.</p> <p>Review on 4/17/18 of client #13's BSP dated 3/15/17 revealed an objective, "[Client #13] will aggress against objects no more than 10 times per month for 9 consecutive months." Additional review of objective's progress notes indicated the following:</p> <p>04/17 - 13 05/17 - 23 06/17 - 17 07/17 - 21 08/17 - 36 09/17 - 25 10/17 - 27 11/17 - 19 12/17 - 26 01/18 - 29 02/18 - 39</p>	W 257			

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 257	Continued From page 1  Interview on 4/17/18 with the qualified intellectual disabilities professional (QIDP) confirmed client #13's objective was in need of revisions.	W 257		