

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2018
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NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES NEUROBEHAVIORAL INSTITU¹	STREET ADDRESS, CITY, STATE, ZIP CODE 800 RECOVERY DRIVE CREEDMOOR, NC 27522
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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) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was attempted between November 15 - 19, 2018. According to the Program Director there are no clients being served at the facility. The last time clients were served at the facility was September 12, 2018.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>During an interview on 11/15/18, the Program Director reported:</p> <ul style="list-style-type: none"> - there have been no clients in the facility since 9/12/18 - 3 of the 4 clients that were in the facility were transitioned to a sister facility (Sister Facility A) on the same campus because of the threat of a hurricane and the fact that this facility did not have a back up generator - the management of Learning Services Corporation decided that since they residents were already moved out they would start renovations that they had been planning for the facility. - the staff at Sister Facility A were very familiar with these clients as they worked in all the building on the campus. The staff from this facility continue to work with the clients in Sister Facility A. - the 4th client was discharged and admitted to a 2nd sister facility (Sister Facility B) in a neighboring city. - she was not sure if management notified the Division of Health Service Regulation (DHSR) about the emergency relocations <p>During an interview on 11/19/18, the Program Director reported DHSR had not been contacted about the emergency relocation. She stated they</p>	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 000	Continued From page 1 will contact DHR-Construction once they have all the bids in to do the work. She also stated she would ensure DHSR would be contacted for any other emergency relocations.	V 000		