

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

PRINTED: 10/29/2020  
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>10/27/2020</b>
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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>
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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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W 130	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure privacy for 1 of 4 audit clients (#6) residing in the home. The finding is:</p> <p>Client #6 was not afforded privacy while in the home.</p> <p>During evening observations in the home on 10/26/20 at 4:09pm, client #6 was observed standing in the bathroom without any clothes on. Further observations revealed the door to the bathroom was open. Additional observations revealed Staff B coming out of another clients bedroom at 4:10pm. Staff B noticed the open bathroom door, went inside the bathroom and told client #6 "Let's shut the door."</p> <p>During morning observations in the home on 10/27/20 at 7:59am, client #6 was observed sitting on his bed without any clothes on and the door was open. Further observations revealed there was a staff person in the room with client #6 and when she saw the surveyor she shut his bedroom door.</p> <p>During an interview on 10/26/20, Staff B stated, client #6 shuts the door on his own, but sometimes he does need verbal reminders.</p> <p>During an interview on 10/26/2020, the qualified</p>	W 130		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 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 130	Continued From page 1 intellectual disabilities professional (QIDP #2) reported there are times when client #6 has to be verbally prompted to shut the bathroom door.	W 130			
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)  The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.  This STANDARD is not met as evidenced by: Based on observations, documentation review and interview, the facility failed to ensure all staff were sufficiently trained to perform their duties efficiently. This affected all the clients residing in the home. The finding is:  Staff was observed looking at their personal cell phone while on duty.  During morning observations in the home on 10/27/20 at 6:38am, Staff A was observed standing in the kitchen looking at his personal cell phone. Further observations revealed at least 2 clients where up, dressed and walking around in the home.  During an interview on 10/27/20, Staff A stated he really was not suppose to be on his cell phone while on duty.  Review on 10/27/20 of the facility's policy, Use of Cell Phone/Personal Electronic Device (revised 3/1/17) stated, "Personal use of cell phones/personal electronic devices while directly assigned to client coverage is incompatible with	W 189			

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W 189	Continued From page 2 performing these duties adequately. Use of these devices while assigned clients not only reduces the quality of care received but increases the chance of the violation of a resident's rights." Further review revealed, "Phones should not be checked or used for any personal purpose when on client coverage...."	W 189			
W 263	During an interview on 10/27/20, the facility's nurse stated all staff know they are not suppose to be on their personal cell phones while on duty. PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)  The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.  This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility failed to obtain written consents from the legal guardians for 2 of 4 audit clients (#11 and #13) before implementing their behavior support plans (BSP). The findings are:  BSP Consents were not signed by the legal guardians for client #11 and #13.  A. Review on 10/26/20 of client #11's record revealed an amended BSP dated 8/26/20. Further review of psychological review on 10/10/20 revealed client #11 recently had 11 threatening others (no contact made) incidents in a month. Additional review of client #11's record revealed he does not have a current behavior consent signed by his legal guardian.	W 263			

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W 263	<p>Continued From page 3</p> <p>B. Review on 10/26/20 of client #13's record revealed a BSP dated 5/1/20. Further review revealed client #13's behavior medications are: Lamictal and Risperidone. Additional review of client #13's record revealed he does not have a current behavior consent signed by his legal guardians.</p> <p>During an interview on 10/27/20, the qualified intellectual disabilities professional (QIDP #1) acknowledged client #11 and #13's plan were mailed out to their guardians, but the signed plans were not returned. The QIDP #1 could not indicate if there had been any follow up attempts with the guardians to secure the consents.</p> <p>During an interview on 10/27/20, the director indicated that if the client's record does not contain a signed consent, then the record should have documentation of contact staff has made with the guardian.</p>	W 263			