

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: 34G159	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/27/2020	
NAME OF PROVIDER OR SUPPLIER CAROLINA LIVING AND LEARNING CENTER (CLLC)		STREET ADDRESS, CITY, STATE, ZIP CODE 325 RUSSET RUN PITTSBORO, NC 27312		
(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 130	<p>PROTECTION OF CLIENTS RIGHTS 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	<p><i>see attached sheet</i></p> <p>DHSR-Mental Health</p> <p>NOV 09 2020</p> <p>Lic. & Cert. Section</p>	12/24/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
Grady A. Williams *Director, Carolina Living + Learning Center* *11/7/2020*

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	<i>see attached sheet</i>	<i>12/24/2020</i>

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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	<i>see attached sheet</i>	<i>12/24/2020</i>

Gladys A. Williams Director, Carolina Living + Learning Center

11/7/2020

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W 263	Continued From page 3 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. 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. 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.	W 263	<i>See attached sheet</i>	<i>12/24/2020</i>	

Grady L. Williams

Director, Carolina Living & Learning Center

11/7/2020



UNC
SCHOOL OF MEDICINE

THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

TEACCH—CAROLINA LIVING AND LEARNING CENTER

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November 7, 2020

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh NC 27699-2718

Re: Recertification Completed October 27, 2020
Carolina Living and Learning Center, 325 Russet Run, Pittsboro NC 27312
Provider Number 34G 159
MHL# 019-007

To the Mental Health Licensure and Certification Section:

In response to your May 20, 2019 letter from Ms. Esther Moore, with Form CMS-2567 summarizing deficiencies cited from the recertification survey of October 26-27, 2020, I am enclosing our Plan of Correction and signed CMS-2567 form.

Please let me know if any further information is needed at this time.

Thank you,

Gladys A. Williams, Ph.D.
Director, CLLC

Completion date

A. PROTECTION OF CLIENT RIGHTS 483.420(a)(7).440 (e)(1) ID Prefix Tag W130

12/24/2020

Client Privacy

Corrective and Preventive Measures; Monitoring:

1. The right to privacy during personal hygiene activities and nursing/medical treatments, and staff responsibility to protect this right, will be added to the Policies and Procedures Manual.
2. Direct care staff will read the right to privacy material referenced above and document that they have read and understood the requirements. This will be monitored by the assigned program coordinator.
3. The right to privacy during personal hygiene, dressing and medical procedures will be included in the annual client rights training. This will be documented each year by the supervisor who conducts the annual training.
4. For the specific client of concern, additional teaching procedures will be developed and implemented to support his closing the door when his body is exposed in the bathroom and when dressing/undressing in his bedroom. The procedures will include visual supports in his bedroom and in the bathroom to remind him and staff that the door should be closed. This will be completed by the client's case manager.

B. STAFF TRAINING PROGRAM 483.430 (e)(1) ID Prefix Tag W189

12/24/2020

Staff Training: Personal Cell Phone Use

Corrective and Preventive Measures; Monitoring:

1. Direct care staff will review the Cell Phone Policy from the Policies and Procedures Manual, and document that they have read and understood the requirements. This will be monitored by the assigned program coordinator.
2. As indicated in the Cell Phone policy, clinical administrative staff and assigned shift leaders who observe violations of cell phone use procedures are to report the violation. Reports are to be made promptly to the on-duty or on-call supervisor and will initiate the counseling and disciplinary process provided in the Policy.

C. PROGRAM MONITORING AND CHANGE 483.440 (f)(3)(h) ID Prefix Tag 263

12/24/2020

Documentation of Informed Consent

Corrective and Preventive Measures; Monitoring:

1. A procedure will be added to the Policies and Procedures Manual for documenting and tracking the receipt from guardian(s) of informed consent for the individual's Behavior Support Plan and for any additional restrictive interventions or medications. When it has been necessary to obtain consent by telephone, verbal consent is to be documented in the individual's chart, along with the plan for obtaining written consent and documentation of each step as it is taken.
2. The case manager is responsible for completing and maintaining this documentation for the Behavior Support Plan and for any additional restrictive interventions or medications. This will be monitored in December 2020 by the director, and thereafter by the assigned program coordinator at the time of the quarterly review.

Glady A. Williams
Director, Carolina Living + Learning Center

11/7/2020