Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		(X3) DATE COMP	SURVEY LETED	
			A. BUILDING:			,
		MHL092-917	B. WING		09/0	3/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
LEARNIN	IG SERVICES CORPO	ORATION-WILLO\	DING FUTUR , NC 27610	RES CIRCLE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000 INITIAL COMMENTS		V 000				
		p and complaint survey was 1. Deficiencies were cited.				
	category: 10A NCA	sed for the following service C 27G .2100 Specialized ntial Centers for Individuals I Disabilities.				
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIREI APPLICANTS FOR (a) Definition As a provider applies to program and any program and as services that is licer. Chapter. (b) Requirement A provider licensed un applicant to fill a possible applicant to have an conditioned on concriminal history reconstituted and program is conditioned on concriminal history reconstituted a check of the applicant has befive years or more, on consent to a Statcheck of the applicant criminal history reconsection. Except as a program of the section. Except as a program of the section.					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

	or realtribervice re		0.00		0.00 - 1	011517517
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY
AND I LAN	O. SOMMESTION	IDEITH IO, THOM HOMBEN.	A. BUILDING:		JOIVIE	
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		MHL092-917	B. WING			3/2021
NAME OF F	PROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, S	STATE ZIP CODE		
INAME OF I	NOVIDEN ON SOIT EIEN					
LEARNIN	NG SERVICES CORPO)RAHON-WILLO\	UILDING FUTUF	RES CIRCLE		
			IGH, NC 27610			
(X4) ID		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROI		DATE
1,10		,		DEFICIENCY)		
\/ 122	Continued Frame	no 1	V 133			
V 133	Continued From pa	ge 1	V 133			
	the conditional offer	r of employment, a provider				
	shall submit a reque	est to the Department of				
	Justice under G.S.	114-19.10 to conduct a				
	criminal history reco	ord check required by this				
		mit a request to a private				
		State criminal history record				
		his section. Notwithstanding				
		Department of Justice sha				
		f national criminal history				
		mployment positions not				
	covered by Public L					
		Ith and Human Services,				
		Check Unit. Within five				
		eceipt of the national crimina	ıl			
		n, the Department of Health				
		es, Criminal Records Check				
		provider as to whether the				
		d may affect the employabil	itv			
		no case shall the results of				
		story record check be share				
		roviders shall make availab				
		cation that a criminal history				
		mpleted on any staff covere				
		ounty that has adopted an	u			
		dinance and has access to				
	• • •	ninal Information data bank				
		half of a provider a State				
		ord check required by this				
		provider having to submit a				
		artment of Justice. In such a				
		all commence with the Stat				
		ord check required by this	~			
		ousiness days of the				
		employment by the provide	.			
			•			
		nformation received by the	-d			
		itial and may not be disclose				
		ant as provided in subsection	ווע			
	(c) of this section. F					
	I subsection the term	n "nrivate entity" means a	1			1

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			X3) DATE SURVEY COMPLETED	
	B WING			F		
		MHL092-917	B. WING		09/0	3/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
LEARNI	NG SERVICES CORPO	ORATION-WILLO\	DING FUTUR	RES CIRCLE		
	T		I, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 2	V 133			
	business regularly oriminal history records obtained from (c) Action If an apprecord check revea a relevant offense, of the following fact hire the applicant: (1) The level and so (2) The date of the (3) The age of the production. (4) The circumstance commission of the (5) The nexus between the person and the filled. (6) The prison, jail, rehabilitation, and experson since the da (7) The subsequent a relevant offense. The fact of convictions hall not be a bar to listed factors shall but the provider disquent consideration of the provider may disclost the criminal history to the disqualification of the criminal history to the disqualificatio	engaged in conducting ord checks utilizing public orm a State agency. oplicant's criminal history is one or more convictions of the provider shall consider all ors in determining whether to eriousness of the crime. Overson at the time of the crime, if known, een the criminal conduct of job duties of the position to be				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MIII 000 047	B. WING		F	
		MHL092-917	B. WING		09/0	3/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
LEADNIN	NG SERVICES CORP	OBATION WILLOW 570 BUILI	DING FUTUR	ES CIRCLE		
LEARINII	NG SERVICES CORP	RALEIGH	NC 27610			
(X4) ID	_	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
				DEFICIENCY)		
V 133	Continued From pa	age 3	V 133			
	•					
		an employee's history of				
		the employee's criminal				
	compliance with thi	k is requested and received in				
		se As used in this section,				
		means a county, state, or				
		tory of conviction or pending				
		ne, whether a misdemeanor or				
		pon an individual's fitness to				
	have responsibility	for the safety and well-being of				
		ental health, developmental				
		tance abuse services. These				
		criminal offenses set forth in				
		Articles of Chapter 14 of the				
		Article 5, Counterfeiting and				
		Substitutes; Article 5A, utive and Legislative Officers;				
		; Article 7A, Rape and Other				
		cle 8, Assaults; Article 10,				
		duction; Article 13, Malicious				
		y Use of Explosive or				
		or Material; Article 14, Burglary				
		reakings; Article 15, Arson and				
		ticle 16, Larceny; Article 17,				
	Robbery; Article 18	, Embezzlement; Article 19,				
		nd Cheats; Article 19A,				
		or Services by False or				
		Credit Device or Other Means;				
		ial Transaction Card Crime				
		uds; Article 21, Forgery; Article				
		st Public Morality and 6A, Adult Establishments;				
		ion; Article 28, Perjury; Article				
		31, Misconduct in Public				
		Offenses Against the Public				
		Riots and Civil Disorders;				
		on of Minors; Article 40,				
	T	amily; Article 59, Public				
		ticle 60. Computer-Related				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	MUU 000 047				F	
		MHL092-917	B. WING		09/0	3/2021
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LEARNIN	IG SERVICES CORPO	DRATION-WILLOV	DING FUTUF , NC 27610	RES CIRCLE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Crime. These crimes sale of drugs in viol Controlled Substan 90 of the General Soffenses such as saviolation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furniapplicant for emplosupplies, or otherwan employment approximinal history receshall be guilty of a (g) Conditional Employ an applicant obtaining the result check regarding the following requirement (1) The provider shippior to obtaining the criminal history recesubsection (b) of the fingerprint cards as (2) The provider shippior to conditional employing 2001-155, s. 1; 2002 2005-4, ss. 1, 2, 3, 3.	es also include possession or ation of the North Carolina ces Act, Article 5 of Chapter Statutes, and alcohol-related ale to underage persons in B-302 or driving while of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, is gives false information on olication that is the basis for a pord check under this section Class A1 misdemeanor. Cloyment A provider may at conditionally prior to so fa criminal history record applicant if both of the ents are met: all not employ an applicant e applicant's consent for ord check as required in in is section or the completed required in G.S. 114-19.10. all submit the request for a pord check not later than five the individual begins ment. (2000-154, s. 4; 4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)	V 133			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		MHL092-917		B. WING			R 03/2021
	PROVIDER OR SUPPLIER	ORATION-WILLO\	570 BUILI	DRESS, CITY, S DING FUTUF , NC 27610	STATE, ZIP CODE RES CIRCLE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE / MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 133	paraprofessional stare: Review on 9/1/21 orevealed: - Employed 12/9 - No criminal histrecord Review on 9/1/21 orevealed: - Employed 6/23 - No criminal histrecord Review on 9/1/21 orevealed: - Employed 11/21 orevealed: - Employed 11/2	aff (#1, #2, #3). The f Staff #1's personne /14 tory check present ir f Staff #2's personne /16 tory check present ir	el record the record the	V 133			
V 536	Interview on 9/1/21 reported: - All the backgro corporate office - She would call By the end of the sunot provided the rechecks. 27E .0107 Client Rillnt. 10A NCAC 27E .01 ALTERNATIVES TO INTERVENTIONS (a) Facilities shall i	07 TRAINING (pt at the facility had ory record t to Rest.	V 536			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
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		MHL092-917	B. WING 09/03/2			
NAME OF PR	OVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
LEARNING SERVICES CORPORATION WILLO			DING FUTUR I, NC 27610	RES CIRCLE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
tr () de do o o o o o o o o o o o o o o o o o	disabilities, staff incomployees, student lemonstrate composite property damage is completing training or injury to a person property damage is compliance and despathered. If the training shape is considered in the control of the training shape is course. If the control of the training shape is course. If the control of the training shape is course. If the control of the training shape is course, it is a control of the training shape is course. If the control of the training shape is control of t	entions. In a services to people with cluding service providers, its or volunteers, shall etence by successfully in communication skills and creating an environment in dof imminent danger of abuse in with disabilities or others or a prevented. It is shall establish training inpetencies, monitor for internal monstrate they acted on data all be competency-based, written and by observation of objectives and measurable ine passing or failing the er training must be completed ovider periodically (minimum raining that the service employ must be approved by DD/SAS pursuant to is Rule. onstrate competence in the s: e and understanding of the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					DATE SURVEY COMPLETED	
		MHL092-917	B. WING			R 03/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
LEARNII	NG SERVICES CORPO	ORATION-WILLO\	DING FUTUF , NC 27610	RES CIRCLE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 536	organizational factor disabilities; (6) recognizing assisting in the personal decisions about the communication of	ors that may affect people with any the importance of and son's involvement in making ir life; seessing individual risk for cation strategies for defusing potentially dangerous behavior; ehavioral supports (providing vith disabilities to choose ctly oppose or replace e unsafe). The shall maintain initial and refresher training for tation shall include: sipated in the training and the li); I where they attended; and i's name; ion of MH/DD/SAS may documentation at any time. ications and Training shall demonstrate competence in testing in a training program g, reducing and eliminating the	V 536	DEPICIENCY)		
	(2) Trainers s by scoring a passin instructor training p (3) The traini competency-based objectives, measura observation of behavior	shall demonstrate competence g grade on testing in an				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COMPL	
				R	
	MHL092-917	B. WING		09/03	3/2021
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
LEARNING SERVICES CORP	ORATION-WILLOV	DING FUTUR NC 27610	RES CIRCLE		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
service provider pla approved by the Di to Subparagraph (i (5) Acceptab shall include but ar (A) understar (B) methods course; (C) methods performance; and (D) documen (6) Trainers teaching a training reducing and elimin interventions at lea review by the coac (7) Trainers aimed at preventing need for restrictive annually. (8) Trainers instructor training a (j) Service provide documentation of in training for at least (1) Docu (A) who partic outcomes (pass/fai (B) when and (C) instructo (2) The Divis request and review (k) Qualifications of (1) Coaches requirements as a (2) Coaches the course which is	ent of the instructor training the ens to employ shall be vision of MH/DD/SAS pursuant 0(5) of this Rule. Ile instructor training programs e not limited to presentation of: Iding the adult learner; for teaching content of the for evaluating trainee tation procedures. It is a procedure to the shall have coached experience program aimed at preventing, in the need for restrictive est one time, with positive entry in the program and eliminating the interventions at least once shall complete a refresher at least every two years. It is shall maintain in the intervention shall include: It is shall training and the original to the training and the original to the training and the original to the training and the original trainer. It is documentation any time. If Coaches: It is shall the training and the original trainer. It is shall the training and the original trainer. It is a three times the shall the training and the original trainer. It is a three times the shall the ach at least three times the shall the ach at least three times the shall the ach at least three times in the shall the ach at least three times the shall the shall the ach at least three times the shall the sh	V 536			

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STATE FORM 6899 T51P11 If continuation sheet 9 of 11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-917	B. WING			R 03/2021
NAME OF	PROVIDER OR SUPPLIER	STRE	EET ADDRESS, CI	TY, STATE, ZIP CODE	<u> </u>	
LEARNII	NG SERVICES CORPO)RAHON-WILLO\	BUILDING FU [*] EIGH, NC 276	TURES CIRCLE 110		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 536	competence by con train-the-trainer inst	npletion of coaching or	V 536			
	failed to ensure tha #3) had refresher tr to restrictive intervel. Review on 9/1/21 orevealed: - Employed 12/9 - Alternatives to through the Mandt strevealed: - Employed 6/23 - Alternatives to display the Mandt strevealed: - Employed 6/23 - Alternatives to display the Mandt strevealed:	view and interview, the fact 3 of 3 audited staff (#1, #aining annually in alternation. The findings are: If Staff #1's personnel record Restrictive Intervention System was dated 7/29/20 If Staff #2's personnel record	t2, lives			
	Review on 9/1/21 orevealed: - Employed 11/2/ - Alternatives to through the Mandt solution. Interview on 9/1/21 reported:	f Staff #3's personnel reco f15 Restrictive Intervention System was dated 2/18/19 the Operations Manager bing the Mandt System tra	ord			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION :	(X3) DATE COMI	SURVEY PLETED
		MIII 000 047	B. WING			R
		MHL092-917	<u>l</u>		09/	03/2021
NAME OF	PROVIDER OR SUPPLIER		T ADDRESS, CITY,			
LEARNII	NG SERVICES CORPO)RAHON-WILLO\	UILDING FUTUI IGH, NC 27610	RES CIRCLE		
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V 536	Continued From pa	ge 10	V 536			
V 536	- They were no lo	onger using the Mandt Syst ching curriculums and need	em			

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