

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

PRINTED: 11/10/2021
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 11/09/2021
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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 5 audit clients (#15) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of cooking/food preparation. The findings are:</p> <p>During lunch observations in the home on 11/8/21 from 11:40am - 12:08pm, Staff F prepared a plate of food for client #15 by making a cold cut sandwich, measuring a 1/2 cup of pretzels and placing them in a small bowl and cutting celery sticks and placing them on the plate. During this time client #15 was in his bedroom. Once client #15 entered the kitchen, he was prompted to add a slice of cheese to his sandwich before taking his plate of food into another room. As the client left the area he stated, "I don't want any celery sticks." Client #15 was not prompted or encouraged to make his own food choices and participate with preparing his lunch meal.</p> <p>Interview on 11/8/21 with Staff F revealed all of the clients are "involved" with preparing their own</p>	W 249			

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 249	<p>Continued From page 1</p> <p>lunches and food choices. Additional interview revealed staff just "prep" the food for them.</p> <p>During breakfast observations in the home on 11/9/21 from 6:46am - 7:10am, Staff M prepared bagels using a toaster and cooked strips of bacon in the microwave. The staff then prepared three plates containing a sliced bagel and two strips of bacon. The plates were covered with a plastic top and left in the microwave. During this time, client #15 was in his bedroom. At 7:46am, client #15 was given one of the prepared plates of food which he consumed. Client #15 was not prompted or encouraged to participate with preparing his breakfast meal.</p> <p>Interview on 11/9/21 with Staff M revealed the clients "used to" have more independence with cooking but "due to COVID", they do not help as much anymore. The staff also indicated the clients do not assist because they have problems with "portion control".</p> <p>Review on 11/9/21 of client #15's IPP dated 8/27/21 revealed he has increased his skill level in daily living skills such as meal preparation. Additional review of the client's Adaptive Skills report dated 7/8/21 revealed independence with making a sandwich, identifying measuring cups/spoons, setting the table and cutting. The report also noted client #15 has some emerging skills with using the microwave for cooking.</p> <p>Interview on 11/9/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed all of the clients in the home have skills in the area of cooking and should be assisted to participate with those tasks.</p>	W 249			

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W 340 W 340	Continued From page 2 NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, documentation and interview, nursing services failed to ensure that staff were sufficiently trained in the asking of questions regarding COVID-19 protocol. This potentially effected all clients (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14 and #15) residing in the facility. The findings are: A. During morning observations in the home on 11/8/21 at 9:20am, Staff C greeted the two surveyors when they walked in. Further observations revealed the two surveyors were handed a clip board and asked to fill it out with their names, date and time on the form. Additional observations revealed Staff C did not ask the two surveyors any questions regarding COVID-19. B. During morning observations in the home on 11/9/21 at 6:25am, Staff D greeted the surveyor. Further observations revealed the surveyor was handed a clip board and asked to fill it out with their name, date and time on the form. Additional observations revealed Staff D did not ask the surveyor any questions regarding COVID-19. C. During morning observations in the home on 11/9/21 at 6:25am, Staff E greeted the surveyor. Further observations revealed the surveyor was	W 340 W 340			

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W 340	<p>Continued From page 3</p> <p>handed a clip board and asked to fill it out with their name, date and time on the form. Additional observations revealed Staff E did not ask the surveyor any questions regarding COVID-19.</p> <p>During an interview on 11/9/21, Staff A stated when visitors enter into either building they are to be asked the COVID-19 questions before they fill out the Daily Screening form.</p> <p>Review on 11/9/21 of the CLLC Daily Staff Screening form revealed the following: "Each day at the start of the shift...is to sign and date this Attestation Signature page, confirming that all the following statements are true. If any statement is not true for you today, return immediately to your car and call the on-duty supervisor. 1. I do not have a fever (100.0 degrees F or higher). 2. I do not have new or worsening cough, difficulty breathing, shortness of breath. 3. I do not have new or worsening upper respiratory tract symptoms (such as a sore throat). 4. I do not have new or worsening muscle aches or substantial fatigue. 5. I do not have any recent loss of my sense of smell or my sense of taste. 6. I do not have a new onset of vomiting or diarrhea (> 3 watery stools in the past 24 hours). 7. I do not have a new onset or repeated shaking with chills. 8. In the last 14 days, Outside of CLLC- I have not had close contact with a person with COVID 19".</p> <p>During an interview on 11/9/21, the Qualified Intellectual Disabilities Professional (QIDP) revealed staff should have asked the two surveyors the required questions regarding COVID-19.</p>	W 340			
W 383	DRUG STORAGE AND RECORDKEEPING	W 383			

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W 383	Continued From page 4 CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure only authorized persons have access to keys to the drug storage area. The finding is: During morning observations in the home on 11/9/21 at 6:49am, Staff B left the keys to the medications cabinets laying on the counter in a bathroom that the clients utilize. Further observations revealed the medication keys were left unattended for five minutes. During an immediate interview on 11/9/21, Staff B confirmed she had been trained not to leave the medications keys unattended. During an interview on 11/9/21, the Director stated the medications keys should not have been left unattended by staff. During an interview on 11/9/21, the Qualified Intellectual Disabilities Professional (QIDP) confirmed the medication key should not have been left unattended. Further interview revealed Staff B has been trained to ensure the key is always kept on their person.	W 383			
W 418	CLIENT BEDROOMS CFR(s): 483.470(b)(4)(ii) The facility must provide each client with a clean, comfortable mattress. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility	W 418			

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W 418	Continued From page 5 failed to ensure client #15 had a comfortable mattress. This affected 1 of 5 audit clients. The finding is: Observation on 11/8/21 of client #15's mattress revealed a large sunken area or dip from the upper edge to the middle of the mattress. Interview on 11/9/21 with Staff E revealed she was not sure how old client #15's mattress was or if anyone was aware of the sunken area in it. Interview on 11/9/21 with the Qualified Intellectual Disabilities Professional (QIDP) indicated the client's mattress was probably about 4 - 5 years old and he was not aware of the sunken area. The QIDP acknowledged client #15 may need a new mattress.	W 418			
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure foods were served at an appropriate temperature. This affected 3 of 5 audit clients (#1, #8 and #15). The findings are: During evening observations in the home on 11/8/21 at 5:08pm, Staff I removed cooked broccoli from a pot on the stove, placed it in a bowl and covered it with aluminum foil. At this time, prepared macaroni and cheese was also noted in a bowl and covered with aluminum foil. Both bowls of food were later placed on the kitchen counter at 5:40pm. At 5:44pm, a client entered the kitchen and began serving himself	W 473			

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W 473	<p>Continued From page 6</p> <p>the food items. Client #8 began consuming his food at 6:02pm while client #1 began eating at 6:04pm. The temperature of the food was not taken and the food was not reheated.</p> <p>During breakfast observations in the home on 11/9/21 from 6:46am - 7:10am, Staff M prepared bagels in a toaster and cooked bacon in the microwave. The food items were then covered with a plastic top and placed in the microwave. At 7:46am, client #15 began consuming the prepared food items from the microwave. The temperature of the food was not taken and the food was not reheated.</p> <p>Interview on 11/9/21 with Staff I revealed they make sure the food is "warm". The staff was also indicated food should be at "room temperature".</p> <p>Review on 11/9/21 of the facility's Dietary policy (Revised 4/2/12) revealed all meals will be served in accordance with recommended temperature.</p> <p>Interview on 11/9/21 with the Qualified Intellectual Disabilities Professional (QIDP) and the Clinical Coordinator confirmed cooked food should not be left for extended periods of time prior to consumption. Additional interview indicated staff should be taking food temperatures prior to serving.</p>	W 473			