

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

PRINTED: 03/31/2022
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 C 03/30/2022
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 000	INITIAL COMMENTS	W 000			
W 154	<p>A complaint survey was completed on 3/30/2022 for Intake #NC00187446. A deficiency was cited.</p> <p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to thoroughly investigate allegations of abuse and neglect for 1 of 1 audit clients (#1). The finding is:</p> <p>Review on 3/30/22 of the facility's internal investigations revealed no investigations for the time period of January through March, 2022.</p> <p>Review on 3/30/22 of the facility's internal incident reports for all clients residing in the facility for the time period of January through March 2022 revealed no injuries of unknown origin, bruises or scratches.</p> <p>Review on 3/30/22 of the facility's policy, Resident Rights, revealed "All staff are required to immediately report any abusive acts or potentially abusive acts to the supervisor or the Clinical Director. The Clinical Director or supervisor shall then immediately conduct a preliminary investigation and determine if the staff member allegedly committing the act of abuse should be sent home immediately. Until the investigation is conducted, the staff member should be removed from any contact with residents. If the Clinical Director or the supervisor cannot be contacted, the staff member shall be sent home for the remainder of his/her shift."</p>	W 154			

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 154	<p>Continued From page 1</p> <p>Interview on 3/30/22 with Staff A revealed she had no knowledge, witness of or concerns about abuse, neglect or exploitation with any of the clients in the facility.</p> <p>Interview on 3/30/22 with Staff B revealed she had no knowledge, witness of or concerns about abuse, neglect or exploitation with any of the clients in the facility.</p> <p>Interview on 3/30/22 with Staff C revealed she had no knowledge, witness of or concerns about abuse, neglect or exploitation with any of the clients in the facility.</p> <p>Interview on 3/30/22 with Staff D revealed several staff had reported concerns to her that staff were saying to their peers that it was ok to slap client #1, that staff were drinking on the job, and using their personal cell phones to video chat while driving the vans loaded with clients. Staff D stated she brought these allegations to the attention of management on 3/18/22 but was unsure if an investigation was completed.</p> <p>Interview on 3/30/22 with the facility Administrator and Clinical Director revealed the concerns were brought to their attention on 3/18/21, and Staff D was asked to put the concerns in writing. Further interview with the Administrator and Clinical Director revealed the staff that allegedly committing these acts was informally questioned, but confirmed that no formal investigation was completed.</p>	W 154			