

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)

W 000 INITIAL COMMENTS

W 000

W 154 STAFF TREATMENT OF CLIENTS
CFR(s): 483.420(d)(3)

W 154

Please see attached Plan of Correction document

5/29/22

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:

gjs

Review on 3/30/22 of the facility's internal investigations revealed no investigations for the time period of January through March, 2022.

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.

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."

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Gemma J. [Signature]

Clinical Director, CLLC

4/5/22

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.

Plan of Correction for Intake #NC00187446

Standard Deficiency RE: STAFF TREATMENT OF CLIENTS: CFR(s): 483.420(d)(3) ID Prefix Tag W 154

Carolina Living and Learning Center

April 5, 2022

The standard deficiency was cited due to the Center's failure to conduct a thorough investigation of an allegation of abuse and neglect for 1 of our adult residents. To a certain extent, we have already addressed this deficiency. As soon as the Survey Team left our facility, we initiated a formal investigation of the allegation in question. From March 30 – April 2, [REDACTED] one of our program coordinators, interviewed 9 direct care staff, 2 administrative staff, and made direct observations of the relevant resident (who is nonverbal) and concluded that no abuse or neglect was substantiated. She submitted a full report to the NC Incident Response Improvement System (IRIS) on April 2nd.

While there was no evidence of abuse or neglect, the investigation confirmed reports of a specific staff member's use of the phone while driving. We are currently consulting with UNC-EMR to pursue the appropriate disciplinary action.

In order to prevent this deficiency from occurring again, the Clinical Director will attend the Connect the Dots training, offered by NC DHHS, at the first available opportunity. If no in-person or virtual training is offered before May 29, 2022, then the Clinical Director will read the CTD materials on her own. The administrative team will offer a Client Rights class to all staff, which will include an emphasis on timely reporting, how to handle "rumors" and the definitions of abuse, neglect, and exploitation. The administrative team will also offer a training for on-duty supervisors so that they are better equipped to recognize allegations of abuse/neglect/exploitation and to respond to them promptly and thoroughly. All trainings will be completed before May 29, 2022 and thereafter conducted annually. We will verify attendance at these trainings through a written statement and confirm that the staff has understood these concepts through a written test.

In order to ensure that all potential incidents of abuse/neglect/exploitation are reported and investigated thoroughly, our internal Incident Report will be revised to include the specific category of "active treatment concerns" and all staff will be required to use this report whenever they wish to share concerns. The form will also remind staff to make a verbal report to the on-duty supervisor who will make a preliminary inquiry to determine if there has a credible report of abuse/neglect/exploitation, taking immediate action to ensure safety if necessary. Forms will be submitted by the end of each shift (when relevant) to a member of the administrative team for a more thorough review within 72 hours. This will indicate to the administrative team that further investigation may be necessary; they will then determine if a full investigation is warranted. All Incident Reports will be reviewed at least quarterly by

the Clinical Director and presented to our Clinical Advisory Board (CAB). The training described above will include information about these reporting requirements.



Clinical Director, CLLC