

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039-027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2022
NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES NEUROBEHAVIORAL IN		STREET ADDRESS, CITY, STATE, ZIP CODE 807 RECOVERY ROAD CREEDMOOR, NC 27522		
(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) COMPLETE DATE
V 000	INITIAL COMMENTS An annual survey was completed on 11/7/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;	V 113		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039-027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2022
NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES NEUROBEHAVIORAL IN		STREET ADDRESS, CITY, STATE, ZIP CODE 807 RECOVERY ROAD CREEDMOOR, NC 27522		
(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) COMPLETE DATE
V 113	<p>Continued From page 1</p> <p>(7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure documentation of progress toward outcome was in 1 of 3 audited clients (#3) record. The findings are:</p> <p>Record review on 10/21/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted 9/20/22 - Diagnosis of Traumatic Brain Injury, Diabetes - Physician order dated 10/21/22: continue to encourage use of CPAP (continuous positive airway) daily - no documentation in regards to client #3's refusals <p>Observation on 10/21/22 at 11:26am revealed:</p> <ul style="list-style-type: none"> - A CPAP machine in client #3's bedroom - It was located inside an open space at the 	V 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039-027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2022
NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES NEUROBEHAVIORAL IN		STREET ADDRESS, CITY, STATE, ZIP CODE 807 RECOVERY ROAD CREEDMOOR, NC 27522		
(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) COMPLETE DATE
V 113	<p>Continued From page 2</p> <p>bottom of a nightstand</p> <p>Review on 10/21/22 of the facility's initial screening revealed:</p> <ul style="list-style-type: none"> - Medical - sleep apnea (CPAP ...often refuses) <p>During interview on 10/21/22 staff #1 reported:</p> <ul style="list-style-type: none"> - Client #3 refused to wear the CPAP - His physician was aware of the refusals - Staff supposed to document the refusals - He had not documented the refusals - Client #3 had not wore the CPAP since admitted to the facility - Staff continues to encourage him to wear the CPAP <p>During interview on 10/21/22 the facility's case manager reported:</p> <ul style="list-style-type: none"> - A client's refusals were tracked by a code recorded by staff on a data sheet - Client #3 often refused to wear his CPAP - The TBI caused him to be confused & disorientated - Due to the number of refusals, staff may have stopped recording - She was not able to locate documentation of the CPAP refusals - Client #3's physician was aware of the refusals <p>During interview on 10/21/22 the facility's Registered Nurse reported:</p> <ul style="list-style-type: none"> - The physician was aware of client #3's refusals to wear the CPAP - She was given a verbal order by the physician to encourage him to wear the CPAP - She would see if there was any physician notes in regards to the refusals of the CPAP - Staff were supposed to document any refusals in the facility's "tracker system" 	V 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039-027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2022
NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES NEUROBEHAVIORAL IN		STREET ADDRESS, CITY, STATE, ZIP CODE 807 RECOVERY ROAD CREEDMOOR, NC 27522		
(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) COMPLETE DATE
V 113	Continued From page 3 - She had not reviewed the tracker system to see if the refusals were documented - The Behavioral Analyst monitored client #3's sleep activity During interview on 11/3/22 the Behavioral Analyst reported: - She would have to verify who surveyor was & call back * no return call from the Behavioral Analyst by survey exit date of 11/7/22	V 113		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039-027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2022
NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES NEUROBEHAVIORAL IN		STREET ADDRESS, CITY, STATE, ZIP CODE 807 RECOVERY ROAD CREEDMOOR, NC 27522		
(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) COMPLETE DATE
V 118	<p>Continued From page 4</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review & interview the facility failed to ensure MARs were kept current of all drugs administered for 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 10/21/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted 2/16/16 - Diagnoses of Traumatic Brain Injury, Seizures & Post Traumatic Stress Disorder <p>Review on client #3's August 2022 - October 2022 MARs revealed the following:</p> <ul style="list-style-type: none"> - Documented beside several medications "not given by the facility" - No staff initials were listed for the following medications: <ul style="list-style-type: none"> - Lamotrigine 200mg am (morning) (seizure) - Lamotrigine 200mg 1 ½ evening (pm) - Lactobacillus daily (probiotic) - Magnesium 400mg daily (heartburn, constipation) - Omega fish oil three times daily - Pantoprazole Sodium 40mg daily (acid reflux) - Quetiapine Fumarate 100mg 50mg bedtime (bipolar, depression) 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039-027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2022
NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES NEUROBEHAVIORAL IN		STREET ADDRESS, CITY, STATE, ZIP CODE 807 RECOVERY ROAD CREEDMOOR, NC 27522		
(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) COMPLETE DATE
V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> - Venlafaxine 150mg daily (antidepressant) - Zonisamide 100mg twice day (epilepsy) <p>Observation on 10/21/22 at 2:55pm of client #1's medications revealed:</p> <ul style="list-style-type: none"> - A variety of different pills in a pill planner <p>During interview on 10/25/22 client #1 reported:</p> <ul style="list-style-type: none"> - He placed his pills in the pill planner every Monday with staff assistance - He does not know the name of his pills - He takes medications for seizures and antidepressant - He knew the medications to take in the morning (am) and night (pm) because the pill planner was labeled am/pm - Staff sometimes got the pills out the pill planner or sometimes he would - Staff would place it in a cup for him to take - If he administered the medication, he placed it in his hands - Sometimes he went to the medication room without staff notification and sometimes staff had to request him to come take his medication <p>During interview on 10/25/22 staff #1 reported:</p> <ul style="list-style-type: none"> - Been with the facility 20 years - Worked 7am - 3pm - assisted client #1 place his pills in the pill planner on Mondays - Client #3 got his medication bottles and placed each pill in the pill planner - A previous nurse trained him (staff #1) to work with client #1 on how to self administer - Client #1 had self administered his medications for last 4 years - He knew what time to take his medication in the am/pm - He knew the name of his medications and why he took the medication 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039-027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2022
NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES NEUROBEHAVIORAL IN		STREET ADDRESS, CITY, STATE, ZIP CODE 807 RECOVERY ROAD CREEDMOOR, NC 27522		
(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) COMPLETE DATE
V 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> - It's the mornings when he was noncompliant and does not want to get up to take his medications - He refused this morning to get up and staff had to administer his medications - Staff administered all control medications - If staff administer non-control medications they did not sign the MAR - the facility used an electronic MAR system - the medications client #3 self-administered were blacked out on the MAR - this prevented staff signatures on the MAR <p>During interview on 10/25/22 staff #2 reported:</p> <ul style="list-style-type: none"> - been at facility over a year - Client #1 self administered his medications with the exception of control medications - she had witnessed client #3 put pills in his pill planner - If client #3 did not have a good day, staff would administer non-controlled medications - If staff administered the non-controlled medications, the electronic MAR system does not give option for staff to sign off - All non-controlled medications were blacked out on the electronic MAR system, since client #3 was supposed to administer those medications <p>During interview on 10/25/22 the Operational Manager reported:</p> <ul style="list-style-type: none"> - management would discussed options for staff to document when medications were administered by staff 	V 118		
V 513	<p>27E .0101 Client Rights - Least Restrictive Alternative</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE</p>	V 513		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039-027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2022
NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES NEUROBEHAVIORAL IN		STREET ADDRESS, CITY, STATE, ZIP CODE 807 RECOVERY ROAD CREEDMOOR, NC 27522		
(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) COMPLETE DATE
V 513	<p>Continued From page 7</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:</p> <ul style="list-style-type: none"> (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. <p>(b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:</p> <ul style="list-style-type: none"> (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to use the least restrictive method for 5 of 5 clients (#1 - #5). The findings are:</p> <p>Observation on 10/20/22 at 2:57pm revealed the following:</p> <ul style="list-style-type: none"> - 3 doors to the kitchen entries - A black pad near each kitchen entry - The Operational Manager used his badge to unlock one of the kitchen doors - A staff and client were present in the kitchen <p>During interview on 10/20/22 client #1 reported:</p> <ul style="list-style-type: none"> - Was not able to go in the kitchen when the 	V 513		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039-027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2022
NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES NEUROBEHAVIORAL IN		STREET ADDRESS, CITY, STATE, ZIP CODE 807 RECOVERY ROAD CREEDMOOR, NC 27522		
(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) COMPLETE DATE
V 513	<p>Continued From page 8</p> <p>door was locked</p> <ul style="list-style-type: none"> - He would tell staff & they would let him in - Had saw the kitchen doors prompt open - the kitchen door was prompt opened at least twice a week or more <p>During interview on 10/20/22 client #2 reported:</p> <ul style="list-style-type: none"> - Staff was with her when she went in the kitchen - The kitchen doors were always locked <p>During interview on 10/20/22 client #4 reported:</p> <ul style="list-style-type: none"> - Kitchen doors remained locked, if not, clients would go in and out the kitchen to get snacks & fruit <p>During interview on 10/20/22 staff #3 reported:</p> <ul style="list-style-type: none"> - Kitchen doors were locked due to sharp utensils - There were times when doors were unlocked - Staff could hit a button to unlock the kitchen doors if a client needed access to the kitchen <p>During interview on 10/25/22 staff #1 reported:</p> <ul style="list-style-type: none"> - The facility was remodeled approximately 5 years ago - The kitchen doors were designed to lock after they closed - Clients asked staff if they needed something from the kitchen <p>During interview on 10/25/22 staff #2 reported:</p> <ul style="list-style-type: none"> - The doors to the kitchen would lock after closure, was not sure why - The doors were sometimes left opened, if not, clients asked staff for needed items out of the kitchen - Sharps were locked up <p>During interview on 10/20/22 the Operational</p>	V 513		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039-027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2022
NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES NEUROBEHAVIORAL IN		STREET ADDRESS, CITY, STATE, ZIP CODE 807 RECOVERY ROAD CREEDMOOR, NC 27522		
(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) COMPLETE DATE
V 513	Continued From page 9 Manager reported: - Clients were able to go in the kitchen without staff, however staff were normally with the client - Clients would need to ask staff to open the kitchen doors if they were locked	V 513		