

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039-031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2022
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NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES NEUROBEHAVIORAL IN	STREET ADDRESS, CITY, STATE, ZIP CODE 800 RECOVERY DRIVE CREEDMOOR, NC 27522
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 11/7/22. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 513	<p>27E .0101 Client Rights - Least Restrictive Alternative</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:</p> <p>(1) using the least restrictive and most appropriate settings and methods;</p> <p>(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;</p> <p>(3) providing choices of activities meaningful to the clients served/supported; and</p> <p>(4) sharing of control over decisions with the client/legally responsible person and staff.</p> <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> <p>(1) using the intervention as a last resort; and</p> <p>(2) employing the intervention by people trained in its use.</p>	V 513		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 513	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, 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 10/26/22 at 10:38am in the kitchen revealed the following:</p> <ul style="list-style-type: none"> - a refrigerator separated from the freezer - Both had an unlocked padlock on them <p>During interview on 10/26/22 client #3 reported:</p> <ul style="list-style-type: none"> - He asked staff when he needed something out of the refrigerator - Had not seen a lock on the refrigerator, maybe its locked at night <p>During interview on 10/26/22 staff #2 reported:</p> <ul style="list-style-type: none"> - Worked at the facility 11 months - Worked first shift - The refrigerator was locked on third shift from her understanding - The refrigerator was locked when she arrived in the morning - Staff on first shift unlocked it when they arrived - Clients will ask if they need something from the refrigerator - No one went in the refrigerator on the there "own free will" <p>During interview on 10/26/22 the Operational Manager reported:</p> <ul style="list-style-type: none"> - He had not noticed padlocks on the refrigerator & freezer - Was not sure why padlocks would be on the refrigerator & freezer - Staff were awake on third shift ...if clients 	V 513		

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V 513	Continued From page 2 went in the refrigerator - The locks would be removed today	V 513		