

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039-059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/15/2023
NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES CORP-TRANSITIONAL I		STREET ADDRESS, CITY, STATE, ZIP CODE 796 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 A complaint survey was completed on 8/15/23. The complaint was substantiated (intake #NC00204244). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .2100 Specialized Community Residential Centers for Individuals with Developmental Disabilities. This facility is licensed for 10 and currently has a census of 8. The survey sample consisted of audits of 1 current client.	V 000		
V 106	27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (8) use of medications by clients in accordance with the rules in this Section; (9) reporting of any incident, unusual occurrence or medication error; (10) voluntary non-compensated work performed by a client; (11) client fee assessment and collection practices; (12) medical preparedness plan to be utilized in a medical emergency; (13) authorization for and follow up of lab tests; (14) transportation, including the accessibility of emergency information for a client; (15) services of volunteers, including supervision and requirements for maintaining client confidentiality; (16) areas in which staff, including nonprofessional staff, receive training and	V 106		

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: MHL039-059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/15/2023
NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES CORP-TRANSITIONAL I		STREET ADDRESS, CITY, STATE, ZIP CODE 796 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 106	<p>Continued From page 1</p> <p>continuing education; (17) safety precautions and requirements for facility areas including special client activity areas; and (18) client grievance policy, including procedures for review and disposition of client grievances. (b) Minutes of the governing body shall be permanently maintained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the facility had an incident report policy. The findings are:</p> <p>During interview on 8/15/23 at 11:38am the Operational Manager (OM) reported:</p> <ul style="list-style-type: none"> - there was no incident report policy <p>Review on 8/9/23 of the facility's critical incident report (CIR) for client #3 dated 6/26/23 revealed:</p> <ul style="list-style-type: none"> - level one incident report written by staff #1 - "...staff noticed [client #3] sitting up in bed at 12:25am, staff asked him if he had to use the bathroom, he replied no I want to call my mom. Staff explained it was after midnight and he can call his mom in the morning after breakfast when she is up. [client #3] stated "you a lie, the sun is shining outside...was very agitated, did not want to stay in bed and stated "I'm going home...helped [client #3] get up, changed his wet clothing & helped him in his wheelchair...tried to get out the door and staff redirected him from the doors...became more upset and began bumping into the tables, knocking over the chairs, banging on the doors and continued to try to get out the 	V 106		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039-059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/15/2023
NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES CORP-TRANSITIONAL I		STREET ADDRESS, CITY, STATE, ZIP CODE 796 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 106	<p>Continued From page 2</p> <p>doors. Staff stood in front of the doors to redirect him and [client #3] punched staff in the chest...staff was able to convince [client #3] to get into to the bed, he stayed briefly then got out of bed, began crawling on the floor and set up by the door for a little while..."</p> <ul style="list-style-type: none"> - no documentation of marks and bruises <p>Review on 8/9/23 of the facility's interdisciplinary behavioral acquisition system dated 6/25 - 6/26 for client #3 revealed:</p> <ul style="list-style-type: none"> - written by staff #1 - "...woke up asking to call his mother, he said he wanted to get the hell out of here... was trying to find the door to leave he was trying to go into other clients rooms...went to bed at 3:10am...refused to get up this morning..." - no documentation of marks and bruises <p>Review on 8/9/23 of an email sent to the surveyor by the OM revealed:</p> <ul style="list-style-type: none"> - email was dated 7/11/23 from the facility's Case Manager (CM) to the OM - "please add to [client #3]'s incident report" - "...[client #3]'s father came to visit [client #3] yesterday (6/26/23) . He called CM over to the rec (recreation) center and he pointed out 2 bruises and a couple of scratches on Nick's arms. While CM did know that [client #3] was up the night before and was agitated CM was not sure where the marks came from. I called the Operations Manager down as well as the nurse. We told [client #3]'s father we would find out more information and then let him know. CM was asking [client #3] if he knew what happened and he had no idea and said that he was fine and nothing happened to him. The nurse checked him out and there were two areas that she felt needed some ointment only out of caution...ordered a UA (urinalysis) today. I have attached the 	V 106		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039-059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/15/2023
NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES CORP-TRANSITIONAL I			STREET ADDRESS, CITY, STATE, ZIP CODE 796 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 106	<p>Continued From page 3</p> <p>results...ordered Keflex for him..."</p> <p>Review on 8/10/23 of an email sent to the surveyor by the OM revealed:</p> <ul style="list-style-type: none"> - training conducted by the OM for staff dated 7/13/23 - "when to contact on-call & complete CIR: - falls, injuries of any sort (does not matter how small), illness (confusion, fatigue, lethargic, non-responsive) (- physical aggression, property destruction, verbal aggression - if you are in doubt, report it..you can never over report...failure to do so, moving forward, will result in disciplinary actions..." <p>Review on 8/14/23 of an email sent to the surveyor by the OM revealed the following:</p> <ul style="list-style-type: none"> - email to management from the OM..."is there any training that is in place...that educates staff when to complete a CIR? - response: "...that is a great question. We're doing a lot of "how to complete" but as far as when to complete a CIR...we have some basic info (information) in the New Hire training and similar in Annual Review training...anything outside of those clear cut examples, I would guess staff would call the on-call for something questionable and they would determine if a CIR was appropriate..." <p>During interview on 8/10/23 staff #1 reported:</p> <ul style="list-style-type: none"> - worked at the facility 2 years - observed no bruises the night of the incident (6/26/23) - did not complete an incident report until the next day - the OM requested an incident report be completed 	V 106			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039-059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/15/2023
NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES CORP-TRANSITIONAL I			STREET ADDRESS, CITY, STATE, ZIP CODE 796 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 106	<p>Continued From page 4</p> <ul style="list-style-type: none"> - not aware of an incident report policy - she only wrote an incident report for falls or if a medication PRN (as needed) was given - after the 6/26/23 incident, the OM went over when to write an incident report <p>During interview on 8/15/23 the OM reported:</p> <ul style="list-style-type: none"> - staff had no incident policy to refer to prior to the training he conducted on 7/13/23 	V 106			