STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-916	A. BUILDING: _____ B. WING _____	R 05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEARNING SERVICES CORPORATION-CEDAR	450 BUILDING FUTURES CIRCLE RALEIGH, NC 27610

(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, complaint and follow up survey was completed on 5/22/24. The complaint was substantiated (Intake # NC00217069). Deficiencies were 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 12 and has a current census of 9. The survey sample consisted of audits of 3 current clients and 1 deceased client.	V 000		
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;	V 118		

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

Mary Jo Norfolk 6/18/2024

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V 118	Continued From page 1 (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to administer medications on the written order of a physician for 2 of 3 audited clients (client #1 and deceased client #4 (DC#4)). The findings are: A. Review on 5/14/24 of client #1's record revealed: - admitted 4/12/07 - diagnoses: Traumatic Brain Injury, Diabetes - a physician's order dated 3/14/24 for Flomax 0.4 milligrams (enlarged prostate) taken daily Review on 5/14/24 of client #1's March 2024 and April 2024 MARs revealed: - no documentation of administration of Flomax from 3/26/24-3/31/24 - no documentation of administration of Flomax from 4/1/24-4/8/24 During interview on 5/14/24 the facility's nurse (#1) reported: - been at the facility since 3/15/24 - she (nurse #1) was unsure if client #1 received Flomax on the missing dates	V 118	The Operations Manager implemented a protocol for Shift Coordinators to run a medication variance report in QuickMar on each shift to check for any missed medication documentation. Documentation will be completed before the end of the shift. The Operations Manager or nursing will also run a medication variance report weekly to check for any missed documentation.	5/23/24 and ongoing

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V 118	Continued From page 2 - she believed the problem with the MARs may be a result of her merging orders within their system - she noticed when she merged the orders, it resulted in days that appeared to be missed on MARs, even though medication was given B. Review on 5/15/24 of DC#4's record revealed: - deceased on 4/1/24 - diagnosis: Traumatic Brain Injury - physician's orders dated 2/8/24 for: - Buspirone 10 milligrams (mg) (anxiety) taken via gastrostomy tube (G-tube) daily - Jevity 1.5 CAL (nutritional supplement) 1 can 6 times daily via G-tube - Diclofenac Sodium 1% Gel (arthritis pain) apply to affected joints 3 times daily Review on 5/15/24 of DC#4's March MAR revealed: - no documentation of administration for 3pm doses of Buspirone, Jevity, and Diclofenac Sodium on 3/5/24 and 3/16/24 Interview on 5/15/24 the nurse #1 reported: - unable to determine why March 2024 MAR showed no documentation for the requested dates Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection	V 132		

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V 132	Continued From page 3 G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.	V 132		

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V 132	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview the facility failed to report allegations of abuse to the health care personnel registry. The findings are: Review on 5/14/24 of the IRIS (incident response improvement system) revealed no Level III incident reports. Review on 5/14/24 of an internal investigation dated 4/19/24 by the facility revealed: - on 4/17/24, "Witnesses verify [former staff #3] and [client #2] kissing on the lips" - "[client #2] is deemed incompetent and has a guardian appointed, he is not able to give consent" - "[former staff #3] abused [client #2]" - "[former staff #3] was suspended pending investigation." - "[former staff #3] relinquished her computer and keys. All access to records was removed." - "[former staff #3] resigned effective immediately on 4/18/24." - "IRIS report has been filed" - "Health Care Personnel Registry (HCPR) Report has been filed" During interview on 5/14/24 the Operations Manager (OM) reported: - she (OM) completed the IRIS report and thought she submitted it	V 132	The Operations Manager will ensure the submission verification is received after any future incident reports that require an IRIS. The Operations Manager will also send a fax to the appropriate offices to ensure all parties are notified. The IRIS for the incidents noted in the survey were submitted on 5/23/24, verification of submission was received.	Ongoing

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V 132	Continued From page 5 During interview on 5/22/24 the OM reported: - she faxed report to the HCPR after she was informed on 5/14/24 no IRIS report was submitted	V 132		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:	V 367		

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V 367	Continued From page 6	V 367		

(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).
(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:
(1) medication errors that do not meet the definition of a level II or level III incident;
(2) restrictive interventions that do not meet the definition of a level II or level III incident;
(3) searches of a client or his living area;
(4) seizures of client property or property in the possession of a client;

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V 367	Continued From page 7 (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview the facility failed to notify the LME/MCO (local management entity/managed care organization) within 72 hours of an incident. The findings are: Review on 5/14/24 of the IRIS (incident response improvement system) revealed no Level III incident reports. A. Review on 5/14/24 of an internal investigation dated 4/19/24 by the facility revealed: - on 4/17/24, "Witnesses verify [former staff #3] and [client #2] kissing on the lips" - "[client #2] is deemed incompetent and has a guardian appointed, he is not able to give consent" - "[former staff #3] abused [client #2]" - "[former staff #3] was suspended pending investigation." - "[former staff #3] relinquished her computer and keys. All access to records was removed." - "[former staff #3] resigned effective immediately on 4/18/24."	V 367	The Operations Manager will ensure the submission verification is received after any future incident reports that require an IRIS. The Operations Manager will also send a fax to the appropriate offices to ensure all parties are notified. The IRIS for the incidents noted in the survey were submitted on 5/23/24, verification of submission was received.	Ongoing

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V 367	Continued From page 8 - "IRIS report has been filed" B. Review on 5/15/24 of an internal investigation dated 4/1/24 by the facility revealed: - on 4/1/24, deceased client #4 (DC#4) was found in his bed unresponsive by staff - DC#4 had been awake throughout the night and checked on repeatedly by staff - DC#4 fell asleep around 4:00 am - when staff tried to wake him around 5:45am, he was unresponsive - staff immediately called 911 - CPR was suspended due to DNR During 5/14/24 interview the OM reported: - she (OM) completed the IRIS report and thought she submitted it for client #2 and DC#4 During interview on 5/22/24 the OM reported: - she faxed the IRIS report after she was informed on 5/14/24 no report was submitted	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to	V 500		

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V 500	Continued From page 9	V 500		

present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.
(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:
(1) any restrictive intervention that is prohibited from use within the facility; and
(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.
(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:
(1) the permitted restrictive interventions or allowed restrictions;
(2) the individual responsible for informing the client; and
(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.
(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:
(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);
(2) the designation of an individual to be responsible for reviews of the use of restrictive

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V 500	Continued From page 10 interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on record review and interview the facility failed to report allegations of abuse to the County Department of Social Services. The findings are: Review on 5/14/24 of the IRIS (incident response improvement system) revealed no Level III incident reports. Review on 5/14/24 of an internal investigation dated 4/19/24 by the facility revealed: - on 4/17/24, "Witnesses verify [former staff #3] and [client #2] kissing on the lips" - "[client #2] is deemed incompetent and has a guardian appointed, he is not able to give consent" - "[former staff #3] abused [client #2]" - "[former staff #3] was suspended pending investigation." - "[former staff #3] relinquished her computer and keys. All access to records was removed." - "[former staff #3] resigned effective immediately on 4/18/24." - "IRIS report has been filed" During interview on 5/14/24 the Operations Manager (OM) reported: - she (OM) completed the IRIS report and thought she submitted it During interview on 5/22/24 the OM reported: - she faxed report to DSS after she was	V 500		

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V 500	Continued From page 11 informed on 5/14/24 no IRIS report was submitted	V 500		
V 774	27G .0304(d)(7) Minimum Furnishings 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client. This Rule is not met as evidenced by: Based on observation and interview the facility failed to have minimum furnishings for 1 of 12 clients (#3) bedroom. The findings are: Observation on 5/15/24 at 4:30pm of the facility revealed: - empty client bedroom #123 had the following: - 4 wheelchair mobile devices - 1 hoyer lift - a shelf filled with boxes of dry washcloths, syringes and other miscellaneous items - no client bed, bedding, pillow, bedside table and storage for personal belongings During interview on 5/21/24 staff #2 reported:	V 774	The supplies have been removed from bedroom #123. The DME and shelving will be removed by 7/12/24. A bed and beside table will be returned to bedroom #123 by 7/12/24. The Operations Manager will ensure the ite	6/8/24 7/12/24

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V 774	Continued From page 12 - client #3 been at the facility for over a year - his items had been stored in the empty client bedroom since he was admitted During interview on 5/15/24 the Operational Manager reported: - client #3 needed 24/7 care from contracted nurses - the supplies in the empty client bedroom #123 belonged to client #3 - at the time there were no storage for the supplies, however they could locate another area to store client #3's supplies	V 774		