STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			B WING		R		
		MHL039-059	B. WING		08/01/2024		
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
LEARNIN	LEARNING SERVICES CORP-TRANSITIONAL L 796 RECOVERY ROAD CREEDMOOR, NC 27522						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE		
V 000	V 000 INITIAL COMMENTS		V 000				
	on 8/1/24. A deficie	w up survey was completed ncy was cited. sed for the following service					
	category: 10A NCA Community Resider with Developmenta	C 27G .2100 Specialized ntial Centers for Individuals I Disabilities.					
	census of 8. The su	sed for 10 and currently has urvey sample consisted of clients and 1 former client.	a				
V 513	27E .0101 Client Ri Alternative	ights - Least Restrictive	V 513				
	that promote a safe These include: (1) using the appropriate settings (2) promoting skills that are altern	all provide services/support and respectful environmen least restrictive and most	s t.				
	meaningful to the cl (4) sharing of the client/legally res (b) The use of a re procedure designed always be accompa- insure dignity and re	choices of activities lients served/supported; and f control over decisions with sponsible person and staff. estrictive intervention d to reduce a behavior shall anied by actions designed to espect during and after the					
	and	e include: intervention as a last resort g the intervention by people	;				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING.		F	,	
		MHL039-059	B. WING			1/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
LEARNING SERVICES CORP-TRANSITIONAL L 796 RECOVERY ROAD CREEDMOOR, NC 27522							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 513	Continued From page 1		V 513				
	Based on record reinterview, the facilit restrictive and mos methods. The findin Review on 7/30/24 - Admitted: 7/5/0 - Diagnosis: Transport Review on 7/30/24 - Admitted: 6/25/0 - Diagnosis: Transport Transport Review on 8/1 - 2 doors to enter A key lock on the restriction of the	of client #1's record revealed: 07 umatic Brain Injury of client #2's record revealed: /24 umatic Brain Injury /24 at 12:45pm revealed:					
		client #1 reported: locked sometimes." orkers keep both doors					
	 She was "able kitchen was unlock If the kitchen w "ask somebody to u She had person 	ras locked, she would have to unlock it" nal snacks in the kitchen a snack anytime during the					
	food in his room	client #2 reported: apartments and had his own chen for some tasks, such as if					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					F	₹	
		MHL039-059	B. WING		08/0	1/2024	
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
IEADNII	NG SERVICES CORP-	TRANSITIONAL 1 796 RECO	OVERY ROAI	D			
LLAMI	46 SERVICES CORF-	CREEDM	OOR, NC 27	522			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 513	Continued From pa	ge 2	V 513				
	prep" - The kitchen wa are less staff" - If the kitchen w	ne toaster oven s "usually open during meal s closed and locked "if there as locked and he wanted ide, he would need to "ask					
	closed and locked - The kitchen do that no one can jus - The kitchen wa then closed after m - Clients in the a and their own food - The other clien 2:30pm - Clients had to a	ed first shift the kitchen were typically or was closed and locked "so t go in" s open during meal times and eals were finished partments had refrigerators					
	- Only staff had a - Some clients had the kitchen - The kitchen was clients from taking and for safety - No safety issued Interview on 8/1/24 reported: - The kitchen shows as possible						

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STATE FORM 6899 EJKL11 If continuation sheet 3 of 4

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMI	(X3) DATE SURVEY COMPLETED	
		MHL039-059	B. WING			R 01/2024	
	NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES CORP-TRANSITIONAL L CREEDMOOR, NC 27522						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 513	of the time, really not could get and they could get be clients did not kitchen if it was lock as Staff "preferred something out of the She thought the	o reason to close it" al snacks were in the kitchen food when they liked have a key to access the ked " that clients ask for	V 513				

Division of Health Service Regulation STATE FORM