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					
	<ul> <li>She was "able kitchen was unlock</li> <li>If the kitchen w "ask somebody to u</li> <li>She had person</li> </ul>	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 <b>01/2024</b>	
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 and they could get to Clients did not likitchen if it was lock - 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				

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