

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 08/01/2024
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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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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 8/1/24. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmentally Disability.</p> <p>The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p>	V 108		

RECEIVED BY
MHL & C
8/28/24

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 108	<p>Continued From page 1</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 3 audited staff (#2, #3) had training to meet the needs of the clients. The findings are:</p> <p>Review on 7/31/24 of Staff #2's record revealed:</p> <ul style="list-style-type: none"> - Hired: 2/19/08 - No documentation of training in traumatic brain injury (TBI) and spinal cord injuries (SCI) <p>Review on 7/31/24 of Staff #3's record revealed:</p> <ul style="list-style-type: none"> - Hired: 9/11/19 - No documentation of training in TBI & SCI <p>Interview on 7/31/24 Staff #2 reported:</p> <ul style="list-style-type: none"> - Her trainings were completed through an online training system - To her knowledge, she was up to date on her trainings - She completed a lot of trainings and they should be in the online training system - Was able to identify what TBI and SCI was, but was unable to provide documentation for any trainings <p>Interview on 7/31/24 the Clinical Director reported:</p> <ul style="list-style-type: none"> - This facility serves client's with TBI and SCI 	V 108	<p>All staff that was missing jump start training recieved it through relias (Online training platform) - All new hires will receive this training during their new hire training.</p>	<p>Completed by 8/22/2024</p>

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V 108	Continued From page 2 - All of the staff trainings were completed through the online training system - Every staff had to complete TBI and SCI trainings - Staff #2 & Staff #3's TBI and SCI trainings should have been in the online training system - He was not sure why the trainings weren't in the online training system but he would check on it and get copies No TBI & SCI trainings were provided for staff #2 & staff #3 by the exit of this survey, 8/1/24.	V 108		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally	V 113		

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V 113	<p>Continued From page 3</p> <p>responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure documentation of progress toward outcomes was in 1 of 3 clients (#1) record. The findings are:</p> <p>Review on 7/30/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 9/20/22 - Diagnoses: Traumatic Brain Injury, Diabetes - No documentation of client #1's refusals to wear Continuous Positive Airway Pressure (CPAP) machine - Initial Care Guidelines dated 9/20/22: "Medical:...sleep apnea (CPAP at home- often refuses)" and "Equipment: CPAP" <p>Observation on 7/31/24 at 3:05pm revealed:</p>	V 113		

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V 113	<p>Continued From page 4</p> <ul style="list-style-type: none"> - A CPAP machine in client #1's bedroom - It was located on his dresser, across the room from his bed <p>Interview on 8/1/24 client #1 reported:</p> <ul style="list-style-type: none"> - He had a CPAP machine - The machine was old, but he was getting a new one - "No, I don't wear it. It's old and out of date." - "I will wear the new one." <p>Interview on 7/31/24 staff #2 reported:</p> <ul style="list-style-type: none"> - She worked primarily second shift - Client #1 had a CPAP machine - Client #1 refused to wear the CPAP machine while sleeping - Staff were instructed by management to document refusals in the facility's tracking system <p>Interview on 7/31/24 the facility's Licensed Practical Nurse reported:</p> <ul style="list-style-type: none"> - Client #1 did not wear his CPAP machine while sleeping - Client #1 had not worn his CPAP machine since he was admitted to the facility - Staff should have documented refusals in the facility's tracking system - Each refusal to wear the CPAP machine should have been documented in the tracking system with an "S+" - An "S" in the tracking system indicated that he used the CPAP machine as prompted - She did not see any documentation of refusals for the CPAP machine for client #1 - Only documentation of an "S" was present for each night - Client #1 had "refused to wear it for so long that staff had just stopped" documenting it <p>During interview on 7/31/24 the facility's Case</p>	V 113	<p>The following instructions have been added to resident profile sheet *please remember all residents who wear a CPAP machine are recorded with a S or a S+ for sleep data. If the mask is on and in position please record S+, if he is not wearing the mask he must be prompted to put the CPAP machine on – If he refuses please record S. This is completed for every sleep check. * Please note this will need to modified due to an new documentation software we will be switching to. *</p> <p>This will be added to all resident's profile sheets that have a CPAP</p>	8/5/2024

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V 113	Continued From page 5 Manager reported: - Client #1 had a CPAP machine when he was admitted to the facility - Client #1 refused to wear the CPAP machine - Staff prompted him to use the CPAP machine - Refusals should have been documented by staff each night - Physician was aware that client #1 had not been using his CPAP machine since he admitted to the facility	V 113		
V 513	27E .0101 Client Rights - Least Restrictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (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: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use.	V 513		

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V 513	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to use the least restrictive and most appropriate settings and methods. The findings are:</p> <p>Record review on 7/30/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 9/20/22 - Diagnoses: Traumatic Brain Injury, Diabetes <p>Review on 7/30/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/13/21 - Diagnosis: Traumatic Brain Injury <p>Review on 7/30/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 7/19/16 - Diagnosis: Traumatic Brain Injury <p>Observation on 7/31/24 at 3:08pm revealed:</p> <ul style="list-style-type: none"> - 2 cabinet doors in the kitchen locked with a u-shaped sliding child lock - 4 cabinet doors in the kitchen locked with a key lock - Staff #1 unlocked kitchen cabinet doors with keys from her pocket - Inside locked cabinets were food items including loaves of bread, pudding and jello cups, granola bars, peanut butter, boxes of pasta noodles, jars of pasta sauce - No food items accessible to clients <p>Interview on 8/1/24 client #1 reported:</p> <ul style="list-style-type: none"> - He got "one snack at snack time" - He could not get food without staff assistance - Kitchen cabinets were kept locked 	V 513		

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V 513	<p>Continued From page 7</p> <p>Interview on 8/1/24 client #2 reported:</p> <ul style="list-style-type: none"> - Could not get any food "without asking staff" - Kitchen cabinets were locked - It was not a "home-like setting" and he had to "ask for everything" <p>Interview on 8/1/24 client #3 reported:</p> <ul style="list-style-type: none"> - Does "not always have access to" food in the kitchen - He had a cabinet with his own food but it was locked and he still had to "ask staff for it" - Did not feel like he got "enough food all the time" <p>Interview on 7/31/24 staff #1 reported:</p> <ul style="list-style-type: none"> - Primarily worked first shift - Clients had set snack times, 10:00am and 2:30pm - At 10:00am, clients got a granola bar, and they got an apple at 2:30pm - Clients always had to ask for a snack and could not get one on their own - Kitchen cabinets with food were kept locked - Clients could get water on their own <p>Interview on 7/31/24 staff #2 reported:</p> <ul style="list-style-type: none"> - Worked second shift - Kitchen cabinets were locked because client #1 was diabetic and would "eat everything" - Only staff had keys to the kitchen cabinets - Clients had to ask for food out of the cabinets - There were 2 snack times each day, 2:00pm and 7:00pm - Clients knew the snack times and did not typically ask for food at other times <p>Interview on 8/1/24 the facility's Case Manager reported:</p> <ul style="list-style-type: none"> - Clients can request snacks they want from staff and should be able to get it 	V 513	<p>All the locks have been removed off of the cabinet doors in the kitchen to provide the least restrictive environment. We still ask that residents ask for snacks for safe food handling purposes.</p>	8/19/2024

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V 513	Continued From page 8 - Kitchen cabinets with food are locked and only staff had keys - Staff "preferred" that clients requested food when they wanted it - Some clients had personal snacks and they wanted to keep other clients from having access to those snacks	V 513		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility was not maintained in a safe manner. The findings are: Review on 7/31/24 of The NC State Residential Building Code Section 310.2.1 revealed: - "Emergency Egress - Every sleeping room shall have at least one operable window or exterior door approved for emergency egress. The units must be operable without the use of key or tool to a full clear opening. If a window is provided, the sill height may not be more than 44" above the floor. These must provide a clear opening of 4 square feet. The minimum height shall be 22 inches and minimum width is 20 inches (1996 Building Code). (For buildings built under the previous Residential Building Code the requirements allowed for a sill height of 48" and an opening of 432 square inches in area with a minimum dimension of 16")."	V 736	The window was able to be opened on the right side by unlocking the window and pushing the window out at the same time of the inspection. An additional crank and lock were replaced on the other window that would not open. It will be added to the monthly house inspection that all windows will be checked to make sure that they open going forward.	8/21/2024

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V 736	<p>Continued From page 9</p> <p>Observation on 7/31/24 at approximately 3:00pm of client #2's bedroom revealed the following:</p> <ul style="list-style-type: none"> - Client #2 was sitting in a wheelchair outside of his room - There was a double casement window that swung outward on each side to open and was the only window in the room - The Behavioral Analyst attempted several times to open the window - There was a lock missing on the left side of the window that wouldn't allow the window to be unlocked to open and on the right side, the crank handle used to open the window was missing <p>Interview on 7/31/24 client #2 reported:</p> <ul style="list-style-type: none"> - Never opened his window - Didn't know that his window wasn't working <p>Interview on 7/31/24 the Behavior Analyst reported:</p> <ul style="list-style-type: none"> - She didn't know if the windows were checked by staff - The window wouldn't open because there were missing pieces causing it not to open - She would let the Clinical Director know the window needed to be repaired <p>Review on 8/1/24 of the Plan of Protection completed by the Case Manager dated 8/1/24 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <ul style="list-style-type: none"> - Maintenance has been notified of the issue with 2 windows not opening on one side-maintenance will repair and if unable will call a window company to look at window <p>Describe your plans to make sure the above happens.</p> <ul style="list-style-type: none"> - We will add opening windows to the monthly 	V 736		

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V 736	Continued From page 10 house inspection checklist." This facility serves clients with a diagnosis of Traumatic Brain Injury and Spinal Cord Injuries. Client #2 had one double casement window that opened outward on the right and left side with the use of a crank handle. On the left side of the window, the lock was missing to unlock the window and on the right side, the crank handle used to open the window was missing. Client #2 did not have access to the outside in the event of an emergency. Based on the lack of available egress, this deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days.	V 736		