

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 R 08/01/2024
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NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES CORP-TRANSITIONAL I	STREET ADDRESS, CITY, STATE, ZIP CODE 796 RECOVERY ROAD CREEDMOOR, NC 27522
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(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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 8/1/24. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .2100 Specialized Community Residential Centers for Individuals with Developmental Disabilities.</p> <p>The facility is licensed for 10 and currently has a census of 8. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 513	<p>27E .0101 Client Rights - Least Restrictive Alternative</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:</p> <p>(1) using the least restrictive and most appropriate settings and methods;</p> <p>(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;</p> <p>(3) providing choices of activities meaningful to the clients served/supported; and</p> <p>(4) sharing of control over decisions with the client/legally responsible person and staff.</p> <p>(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:</p> <p>(1) using the intervention as a last resort; and</p> <p>(2) employing the intervention by people trained in its use.</p>	V 513		

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8/28/24

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

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V 513	<p>Continued From page 1</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>Review on 7/30/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 7/5/07 - Diagnosis: Traumatic Brain Injury <p>Review on 7/30/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 6/25/24 - Diagnosis: Traumatic Brain Injury <p>Observation on 8/1/24 at 12:45pm revealed:</p> <ul style="list-style-type: none"> - 2 doors to enter the kitchen - A key lock on the outside of each door - 1 door was closed and locked, the other was open <p>Interview on 8/1/24 client #1 reported:</p> <ul style="list-style-type: none"> - "The kitchen is locked sometimes." - "A couple of workers keep both doors locked..." - She was "able to go in and get water" if the kitchen was unlocked - If the kitchen was locked, she would have to "ask somebody to unlock it" - She had personal snacks in the kitchen - "You can't get a snack anytime during the day. Snack times are 2pm or 7pm." <p>Interview on 8/1/24 client #2 reported:</p> <ul style="list-style-type: none"> - He lived in the apartments and had his own food in his room - Went to the kitchen for some tasks, such as if 	V 513		

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V 513	<p>Continued From page 2</p> <p>he needed to use the toaster oven</p> <ul style="list-style-type: none"> - The kitchen was "usually open during meal prep" - The kitchen was closed and locked "if there are less staff" - If the kitchen was locked and he wanted something from inside, he would need to "ask staff to unlock it" <p>Interview on 8/1/24 staff #1 reported:</p> <ul style="list-style-type: none"> - Primarily worked first shift - Both doors to the kitchen were typically closed and locked - The kitchen door was closed and locked "so that no one can just go in" - The kitchen was open during meal times and then closed after meals were finished - Clients in the apartments had refrigerators and their own food in their rooms - The other clients got snack at 10:30am and 2:30pm - Clients had to ask staff to get snacks or water during times when the kitchen was closed <p>Interview on 8/1/24 staff #2 reported:</p> <ul style="list-style-type: none"> - Worked first shift - The kitchen was always locked - Only staff had a key to the kitchen - Some clients had their own snacks kept in the kitchen - The kitchen was kept locked to prevent clients from taking snacks that were not theirs and for safety - No safety issues of which he was aware <p>Interview on 8/1/24 the facility's Case Manager reported:</p> <ul style="list-style-type: none"> - The kitchen should have been open as much as possible - The kitchen door "locks but stays open most 	V 513		

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V 513	Continued From page 3 of the time, really no reason to close it" - Clients' personal snacks were in the kitchen and they could get food when they liked - Clients did not have a key to access the kitchen if it was locked - Staff "preferred" that clients ask for something out of the kitchen - She thought the kitchen was locked on 3rd shift, "but it should be open, even then"	V 513	A door handle on one of the doors was changed so that it does not lock. This gives residents access to water and snacks.	8/19/2024