

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/07/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G159	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER CAROLINA LIVING AND LEARNING CENTER (CLLC)			STREET ADDRESS, CITY, STATE, ZIP CODE 325 RUSSET RUN PITTSBORO, NC 27312		
(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) COMPLETION DATE
W 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the Individual Program Plan (IPP) for 2 of 4 audit clients (#7 and #8) included specific objectives necessary to meet their needs. The findings are:</p> <p>A. Review on 1/6/25 of client #7's IPP dated 2/16/24 revealed formal objectives to exercise and taking food which is not part of a nutritionally balanced diet. Additional review of the client's IPP identified informal objectives for toothbrushing, shaving, work tasks, IPad use and PT exercises.</p> <p>Interview on 1/7/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #7 continues to have needs in various areas; however, only has two formal objectives in place. Additional interview indicated other objectives are "in the works" but have not been implemented as of the date of the survey.</p> <p>B. Review on 1/6/25 of client #8's IPP dated 10/4/24 revealed formal objectives for taking food and eliminating outside of the toilet. Additional review of the client's IPP identified informal objectives for PT/OT exercises, teeth cleaning, electric toothbrush use, identifying pain and straining during toileting.</p> <p>Interview on 1/7/25 with the QIDP confirmed client #8 continues to have needs in various areas; however, only has two formal objectives in</p>	W 227			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 227	Continued From page 1	W 227			
W 249	<p>place. The QIDP indicated other objectives are "in the works" but have not been implemented as of the date of the survey.</p> <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 1 of 4 audit clients (#1) received a continuous active treatment program consisting of needed interventions as identified in the Individual Program Plan (IPP) in the area of leisure. The finding is:</p> <p>During evening observations in the home on 1/6/25 from 4:10pm - 5:09pm, client #1 sat on the couch in the living room unengaged. With the exception of ingesting his medications, the client was not prompted or assisted to participate in any meaningful activities.</p> <p>Interview on 1/7/25 with Staff C revealed client #1 likes to work on wooden puzzles, play with his Light Bright board and do "Brain Health" activities. The staff pointed out various leisure items in a bin located behind the couch where client #1 was</p>	W 249			

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W 249	Continued From page 2 seated. Review on 1/6 - 1/7/25 of client #1's IPP dated 8/23/24 revealed he enjoys a variety of activities and vocational errands, is able to follow turn-taking rules during leisure activities and is willing to try new things. Additonal review of the plan included an objective to engage in a brain-stimulating activity (not watching TV) for 20 trails month for 6 consecutive months. Further review of the IPP identified a need to continue to participate in evening leisure activities. Interview on 1/7/25 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed several of the activities located behind the couch in the home are client #1's and his "brain-stimulating" goal can be implemented at any time in the home, if he is not participating in other activities.	W 249			
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations and document review, the facility failed to ensure food was served at an appropriate temperature. The finding is: Upon arrival to the Big House on 1/7/25 at 6:40am, various food items including scrambled eggs, grits, sausage patties and muffins were cooked and in containers/bowls/platters on the kitchen counter. Immediate interview with Staff B revealed the food had been ready since approximately 6:25am. Additional observations in the home at 7:33am revealed a client consuming the eggs, grits and a muffin which was not	W 473			

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W 473	<p>Continued From page 3</p> <p>reheated and the temperature was not taken.</p> <p>Upon arrival to the Small House on 1/7/25 at 7:00am, various food items including scrambled eggs and muffins were cooked and in containers on the kitchen counter. Immediate interview with Staff D revealed the food had been cooked and ready since approximately 6:00am. Additional observations in the home revealed a client was assisted by Staff A to serve himself the food items which he later consumed at 8:50am. The food was not reheated and the temperature was not taken.</p> <p>Review of a memo (dated 8/10/22) posted in the kitchen of the Big House noted, "After food is safely cooked, hot food must be kept hot at 140 degrees F or warmer to prevent bacterial growth."</p> <p>Interview with Staff A and Staff B revealed they did not know what temperature food should be served at.</p> <p>Interview on 1/7/25 with the Operations and Compliance Manager confirmed food should be served at 140 degrees Fahrenheit as indicated on the memo.</p>			W 473			