

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 01/07/2026
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NAME OF PROVIDER OR SUPPLIER CAROLINA LIVING AND LEARNING CENTER (CLLC)	STREET ADDRESS, CITY, STATE, ZIP CODE 325 RUSSET RUN PITTSBORO, NC 27312
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W 229	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)(i)</p> <p>The objectives of the individual program plan must be stated separately, in terms of a single behavioral outcome. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure Individual Program Plan (IPP) objective were written in terms of a single behavioral outcome. This affected 3 of 5 audit clients (#1, #2, and #7). The findings are:</p> <p>A. Review on 1/6/26 of client #1's IPP dated 9/26/25 revealed an objective which was not written with a single behavioral outcome. The objective noted, "Given a prompt to clean hands and a demonstration, [Client #1] will rub either soap or hand sanitizer gel onto the palm of his hands for the count of 10 and the backs of his hands for the count of 10 for 50% of trials in a month for 12 consecutive months."</p> <p>Interview on 1/7/26 with the Program and Curriculum Specialist (PCS) confirmed client #1's objective was not written with a single behavioral outcome.</p> <p>B. Review on 1/6/26 of client #2's IPP dated 2/10/25 revealed an objective which was not written with a single behavioral outcome. The objective noted, "When seeing a photo of himself with a superimposed injury or area of pain, [Client #2] will point to the location of the injury or area of pain on the photo and sign 'hurt', after a staff model, for at least 85% of trials in a month for 12 consecutive months."</p> <p>Interview on 1/7/26 with the PCS confirmed client #2's objective was not written in terms of a single</p>	W 229		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 229	Continued From page 1 behavioral outcome. C. Review on 1/6/26 of client #7's IPP dated 2/10/25 revealed an objective which was not written with a single behavioral outcome. The objective noted, when client #7 received a prompt, he will rub antibacterial gel onto the palms of hands for the count of 5 and then onto the backs of hands for the count of 5 for 65% of trials. Also, client #7 when given the option, will select, either verbal or visually, either "more" or "finished" in 80% trials in a month.	W 229			
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #8's Individual Program Plan (IPP) included specific information regarding use of an alarm on her bedroom door. This affected 1 of 5 audit clients. The finding is: During observations in the Big House throughout the survey on 1/6 - 1/7/26, a door alarm was noted on client #8's bedroom door. As the client exited her bedroom at 6:45am on 1/7/26, the alarm sounded. Interview on 1/7/26 with Staff E revealed she thought the door alarm was placed on client #8's	W 240			

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W 240	Continued From page 2 door because other clients were attempting to go into the client's bedroom. The staff noted she was not exactly sure why it was there and had not been told anything about the alarm. Review on 1/7/26 of a chart note dated 1/5/26 revealed, "To protect [Client #8's] personal belongings and ensure respectful treatment of her space, a door alarm was installed on 12/3/25 to alert staff when [Client #8's] housemates are entering her room. This is not intended to be a restrictive measure for [Client #8]. The door alarm will only be activated by staff when [Client #8] is outside of her bedroom and will be deactivated before [Client #8] enters her room." Additional review of client #8's IPP dated 4/28/25 revealed no information regarding the bedroom door alarm or it's use. Interview on 1/7/26 with the Program and Curriculum Specialist (PCS) confirmed the door alarm on client #8's bedroom door was installed after other clients began going into her room without her permission. Additional interview confirmed specific information regarding the door alarm and it's use was not included in the client's IPP.	W 240			
W 312	DRUG USAGE CFR(s): 483.450(e)(2) be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure restrictive medications	W 312			

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W 312	Continued From page 3 used to address inappropriate behaviors were included in a formal active treatment plan. This affected 1 of 5 audit clients (#2). The finding is: Review on 1/7/26 of client #2's record revealed an informal behavior plan to address behaviors of inappropriate touching and physical aggression. The plan did not identify a formal objective to address the behaviors. Additional review of the client's current physician's orders revealed an order for Risperdal .25mg to be administered twice daily. Additional review of the client's record did not include a formal plan to incorporate the use of Risperdal. Interview on 1/7/26 with the Program and Curriculum Specialist (PCS) confirmed client #2 ingests Risperdal for behaviors without a formal plan in place.	W 312			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure all staff were sufficiently trained to properly utilize latex gloves. The finding is: During morning observations in the Big House at 6:49am, Staff E put on a pair of latex gloves and began touching various surfaces and items in the kitchen. The staff opened cabinets/drawers, the	W 340			

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W 340	<p>Continued From page 4</p> <p>refrigerator door and handled a key to unlock the pantry. Without changing the gloves, Staff E obtained a pear, began cutting it at the counter, placed the pieces in a bowl and handed the bowl to client #8.</p> <p>During additional morning observations in the Big House from 7:51am - 8:37am, various staff were noted wearing latex gloves while performing food preparation tasks in the kitchen. Several staff continued to wear the gloves as they touched surfaces including opening drawers/cabinets or touching door knobs/handles. At 8:37am, Staff G continued to wear the same latex gloves while handling a raw carrot and cutting it. The staff later continued wearing the gloves while seated at the table with a client during the breakfast meal.</p> <p>Observation of a sign attached to a countertop in the kitchen noted: "Gloves must be worn when doing food preparation."</p> <p>Interview on 1/7/26 with Staff E revealed she had been trained upon hire to wear latex gloves while preparing food and the gloves should be changed regularly. The staff noted gloves should be clean when handling food in order to "prevent cross-contamination".</p> <p>Review of the facility's Bloodborne Pathogens for Healthcare Personnel policy (no date) revealed, "Adherence to Standard Precautions is the most effective way to prevent disease transmission, Standard Precautions include: Hand hygiene, Use of personal protective equipment (gloves, gowns, facemasks) when you anticipate contact with any body fluid except sweat..." Additional review of the policy did not indicate gloves should be worn during food preparation.</p>	W 340			

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W 340	Continued From page 5	W 340			
W 441	<p>Interview on 1/7/26 with the Staff Development and Implementation Manager (SDIM) revealed a staff had placed the sign on the kitchen counter regarding glove use during food preparation. Additional interview indicated staff should be following the facility's policy regarding glove use.</p> <p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>and under varied conditions to- This STANDARD is not met as evidenced by: Based on document reviews and interviews, the facility failed to ensure fire drills were conducted under varied conditions and times throughout the shifts. The findings are:</p> <p>A. Review on 1/6/26 of fire drill reports for the Big House revealed third shift fire drills were not conducted at varied times throughout the shifts. The third shift fire drill reports revealed the following:</p> <p>3/21/25 - 10:15pm 6/15/25 - 2:30am 9/18/25 - 10:10pm 10/2/25 - 10:15pm</p> <p>Review on 1/6/26 of fire drill reports for the Small House revealed fire drills were not conducted at varied times throughout the shifts. The fire drill reports revealed the following:</p> <p>First Shift: 1/9/25 - 10:40am 4/28/25 - 8:41am 8/12/25 - 8:45am 12/3/25 - 10:55am</p>	W 441			

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W 441	Continued From page 6 Second Shift: 2/26/25 - 5:05pm 5/15/25 - 5:30pm Third Shift: 3/26/25 - 10:20pm 9/18/25 - 10:15pm 10-2-25 - 10:20pm Interview on 1/7/26 with the Staff Development and Implementation Manager (SDIM) confirmed fire drills should be conducted at varied times throughout shifts.	W 441			