

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL039-059</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/29/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LEARNING SERVICES CORP-TRANSITIONAL I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>796 RECOVERY ROAD</b> <b>CREEDMOOR, NC 27522</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on 4/29/26. The complaint was unsubstantiated (intake #NC00236657). Deficiencies were 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>This facility is licensed for 10 and has a current census of 6. The survey sample consisted of audits of 3 current clients and 1 former client.</p>	V 000		
V 132	<p><b>G.S. 131E-256(G) HCPR-Notification, Allegations, &amp; Protection</b></p> <p><b>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</b></p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ol style="list-style-type: none"> <li>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</li> <li>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</li> <li>c. Misappropriation of the property of a healthcare facility.</li> <li>d. Diversion of drugs belonging to a health care facility or to a patient or client.</li> <li>e. Fraud against a health care facility or against</li> </ol>	V 132		

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

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V 132	<p>Continued From page 1</p> <p>a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an allegation against health care personnel was reported to the Health Care Personnel Registry (HCPR) within 5 working days of being notified of an allegation. The findings are:</p> <p>Review on 4/22/26 and 4/27/26 of the facility's internal investigation dated 4/1/26 revealed:</p> <ul style="list-style-type: none"> <li>- There was an allegation of abuse against Staff #1 on 3/26/26</li> <li>- There was an allegation of neglect against Staff #2 on 3/26/26</li> <li>- The facility interviewed Staff #1 on 3/26/26 and Staff #2 on 3/30/26 in regard to these allegations</li> <li>- There were "no findings found to substantiate allegation. No further action required at this time. Should additional information from [FC #7] regarding phone records or any other evidence be provided, additional actions would be taken at that point."</li> </ul> <p>Review on 4/22/26 of Staff #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Date of Hire: 7/8/21</li> <li>- Title: Behavior Technician</li> </ul> <p>Review on 4/22/26 of Staff #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Date of Hire: 7/3/24</li> </ul>	V 132		

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V 132	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- Title: Behavior Technician</li> </ul> <p>Interview on 4/24/26 with FC #7's Workers' Compensation (WC) Case Worker reported:</p> <ul style="list-style-type: none"> <li>- She had reported the allegation of abuse which involved Staff #1 and FC #7 to the facility on 3/26/26</li> </ul> <p>Interview on 4/22/26 the Program Director reported:</p> <ul style="list-style-type: none"> <li>- On 3/26/26 the Vice President (VP) of Clinical Operations had made her aware that an allegation of abuse was reported by FC #7's WC case manager</li> <li>- It was alleged that there was "a romantic and sexual relationship" between Staff #1 and FC #7, and staff #2 was aware of this relationship</li> <li>- She was responsible for ensuring the HCPR was made aware of any allegations</li> <li>- She did not notify the HCPR because they were waiting for more information from FC #7 or her WC case manager</li> </ul> <p>Interview on 4/24/26 the VP of Clinical Operations reported:</p> <ul style="list-style-type: none"> <li>- There was an allegation of abuse and neglect reported by FC #7's external case manager at the "end of March (2026)", and the actual dates would be on the paperwork</li> <li>- It was alleged that there was "a romantic and sexual relationship" between Staff #1 and FC #7, and staff #2 was aware of this relationship</li> <li>- She notified the Program Director of the allegation</li> <li>- She did not notify the Program Director to report the allegations because "to be honest, I was waiting on more information" from FC #7 and the WC case worker</li> </ul>	V 132		

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V 367	Continued From page 3	V 367		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ol style="list-style-type: none"> <li>(1) reporting provider contact and identification information;</li> <li>(2) client identification information;</li> <li>(3) type of incident;</li> <li>(4) description of incident;</li> <li>(5) status of the effort to determine the cause of the incident; and</li> <li>(6) other individuals or authorities notified or responding.</li> </ol> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <ol style="list-style-type: none"> <li>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</li> <li>(2) the provider obtains information required on the incident form that was previously</li> </ol>	V 367		

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V 367	<p>Continued From page 4</p> <p>unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> <li>(1) hospital records including confidential information;</li> <li>(2) reports by other authorities; and</li> <li>(3) the provider's response to the incident.</li> </ol> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that</li> </ol>	V 367		

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V 367	<p>Continued From page 5</p> <p>meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report to the Local Management Company (LME)/Managed Care Organization (MCO) all Level III incident reports within 24 hours. The findings are:</p> <p>Review on 4/22/26 of the Incident Response Improvement System (IRIS) from October 2025 to 4/22/26 revealed:</p> <ul style="list-style-type: none"> <li>- No IRIS report completed for an allegation of abuse that involved Staff #1 and FC #7</li> <li>- No IRIS report completed for an allegation of neglect that involved Staff #2 and FC #7</li> </ul> <p>Review on 4/22/26 and 4/27/26 of the facility's internal investigation dated 4/1/26 revealed:</p> <ul style="list-style-type: none"> <li>- There was an allegation of abuse against Staff #1</li> <li>- There was an allegation of neglect against Staff #2</li> <li>- The facility interviewed Staff #1 and Staff #2 in regard to these allegations</li> </ul> <p>Review on 4/22/26 of Staff #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Date of Hire: 7/8/21</li> <li>- Title: Behavior Technician</li> </ul> <p>Review on 4/22/26 of Staff #2's record revealed:</p>	V 367		

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V 367	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- Date of Hire: 7/3/24</li> <li>- Title: Behavior Technician</li> </ul> <p>Interview on 4/22/26 the Program Director reported:</p> <ul style="list-style-type: none"> <li>- On 3/26/26 the Vice President (VP) of Clinical Operations had made her aware that an allegation of abuse was reported by FC #7's workers' compensation (WC) case manager</li> <li>- It was alleged that there was "a romantic and sexual relationship" between Staff #1 and FC #7, and staff #2 was aware of this relationship</li> <li>- She was responsible for ensuring an IRIS report was completed</li> <li>- She did not complete an IRIS report because the facility was waiting for more information from FC #7 or WC case manager</li> </ul> <p>Interview on 4/24/26 the VP of Clinical Operations reported:</p> <ul style="list-style-type: none"> <li>- There was an allegation of abuse and neglect reported by FC #7's WC case manager at the end of March 2026</li> <li>- It was alleged that there was "a romantic and sexual relationship" between Staff #1 and FC #7, and staff #2 was aware of this relationship</li> <li>- She notified the Program Director of the allegation</li> <li>- She did not notify the Program Director to complete an IRIS report because "to be honest, I was waiting on more information" from FC #7 and the WC case manager</li> </ul>	V 367		
V 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59,</p>	V 500		

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V 500	<p>Continued From page 7</p> <p>G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100,</p>	V 500		

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V 500	<p>Continued From page 8</p> <p>which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all instances of alleged abuse were reported to the County Department of Social Services (DSS) for 1 of 1 former clients (FC) (#7). The findings are:</p> <p>Review on 4/22/26 and 4/27/26 of the facility's internal investigation dated 4/1/26 revealed:</p> <ul style="list-style-type: none"> <li>- There was an allegation of abuse against Staff #1 on 3/26/26</li> <li>- There was an allegation of neglect against Staff #2 on 3/26/26</li> <li>- The facility interviewed Staff #1 on 3/26/26 and Staff #2 on 3/30/26 in regard to these allegations</li> <li>- There were "no findings found to substantiate allegation. No further action required at this time. Should additional information from [FC #7] regarding phone records or any other evidence be provided, additional actions would be taken at</li> </ul>	V 500		

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V 500	<p>Continued From page 9</p> <p>that point."</p> <p>Review on 4/22/26 of Staff #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Date of Hire: 7/8/21</li> <li>- Title: Behavior Technician</li> </ul> <p>Review on 4/22/26 of Staff #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Date of Hire: 7/3/24</li> <li>- Title: Behavior Technician</li> </ul> <p>Interview on 4/24/26 with FC #7's Workers' Compensation (WC) Case Worker reported:</p> <ul style="list-style-type: none"> <li>- She had reported the allegation of abuse which involved Staff #1 and FC #7 to the facility on 3/26/26</li> </ul> <p>Interview on 4/22/26 the Program Director reported:</p> <ul style="list-style-type: none"> <li>- On 3/26/26 the Vice President (VP) of Clinical Operations had made her aware that an allegation of abuse was reported by FC #7's WC case manager</li> <li>- It was alleged that there was "a romantic and sexual relationship" between Staff #1 and FC #7, and staff #2 was aware of this relationship</li> <li>- She was responsible to report allegations to DSS</li> <li>- She did not notify the DSS because they were waiting for more information from FC #7 or her WC case manager</li> </ul> <p>Interview on 4/24/26 the VP of Clinical Operations reported:</p> <ul style="list-style-type: none"> <li>- There was an allegation of abuse and neglect reported by FC #7's WC case manager at the end of March 2026</li> <li>- It was alleged that there was "a romantic and sexual relationship" between Staff #1 and FC #7, and staff #2 was aware of this relationship</li> <li>- She notified the Program Director of the</li> </ul>	V 500		

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V 500	Continued From page 10  allegation - She did not notify the Program Director to report the allegations because "to be honest, I was waiting on more information" from FC #7 and the WC case manager	V 500		