STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G072	A. BUILDING _____ B. WING _____	04/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T.L.C. HOME, INC.	1775 HAWKINS AVENUE SANFORD, NC 27330

(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 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 4 audit clients (#6) received a continuous active treatment plan consisting of needed interventions and services as identified in the individual program plan (IPP) in the areas of feeding guideline and self-help skills. The finding is: Clients #6 was not allowed to pick the spoon from the plate after the staff scooped the food. During dinner observations in the home on 4/23/18, staff put client #6 plate away from client reach. Staff scooped the food and passed the spoon the client. Staff interview on 4/23/18 revealed client #6 is able to pick the spoon from the plate after the food is scooped. Review on 4/23/18 of client #4's IPP dated 1/2/18 revealed she usually perform hand to mouth movements to feed herself. Further review of client #6's Occupational therapy evaluation dated 2/13/18 revealed, "Staff should scoop food onto	W 249		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 249	Continued From page 1 the spoon and place the utensil on the plate for the client to pick up." Interview on 4/24/18 with the qualified intellectual disabilities professional (QIDP) confirmed client #6 should pick the spoon from the plate after the staff scoop the food.	W 249		