Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL072-008	A. BUILDING: ______ B. WING ______	C 08/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TLC ON THE WATER	**210 SOUNDWARD LANE HERTFORD, NC 27944**

(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	INITIAL COMMENTS A complaint survey was completed on 8/8/18. The complaint was unsubstantiated Intake #NC00140173. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement	V 105		

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V 105	Continued From page 1 activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field; This Rule is not met as evidenced by: Based on record review and interview the facility failed to follow their admission policy. The findings are:	V 105		

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V 105	Continued From page 2	V 105		

Review on 7/31/18 of former client (FC#1)'s record revealed:
- admitted to the facility on 6/2/18 & discharged on 6/8/18
- diagnoses of Intellectual Disability, mild and Adjustment Disorder

Review on 7/31/18 of the facility's admission policy revealed:
- "...clients shall have no behaviors which would endanger them self or others..."

Review on 7/31/18 of FC#1's record of a hospital discharge dated 5/27/18 revealed:
- "...well known to services...discharged from [local behavioral hospital unit] 5/2/18-5/21/18..."
- "...caregiver states that patient has not been sleeping at night and tried to stab a staff member with a broken coat hanger...from 6pm to 2am he will get agitated and lash out at staff members and other residents..."

Review on 8/1/18 of a hospital discharge dated 6/8/18 for FC#1 revealed:
- "...brought in by law enforcement on an involuntary commitment (IVC) taken out by mobile crisis..."
- "...hearing visual hallucinations of animals and is hearing voices telling him to kill others...voices are telling him to hurt himself and others at the group home..."

During interview on 7/31/18 & 8/8/18 the Licensee reported:
- she received a call from the Licensee of FC#1's former placement
- stated FC#1 moved at a slower pace and couldn't keep up with the other clients
- she received the 5/27/18 discharge paperwork...did not notice any bad behaviors...the

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V 105	Continued From page 3 former Licensee informed her he later found out FC#1 did not attempt to stab a staff with a coat hanger - she went and met FC#1 on several occasions and he was excited to come to her facility - however, when he arrived at the facility he started to have odd behaviors...wanted to hurt himself and others...he wanted to leave the facility - she contacted the previous Licensee and was informed that was unusual - she then contacted crisis who accessed him and had him IVC - she planned to follow her admission policy in the future	V 105		
V 106	27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (8) use of medications by clients in accordance with the rules in this Section; (9) reporting of any incident, unusual occurrence or medication error; (10) voluntary non-compensated work performed by a client; (11) client fee assessment and collection practices; (12) medical preparedness plan to be utilized in a medical emergency; (13) authorization for and follow up of lab tests; (14) transportation, including the accessibility of emergency information for a client; (15) services of volunteers, including supervision and requirements for maintaining client confidentiality;	V 106		

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V 106	Continued From page 4 (16) areas in which staff, including nonprofessional staff, receive training and continuing education; (17) safety precautions and requirements for facility areas including special client activity areas; and (18) client grievance policy, including procedures for review and disposition of client grievances. (b) Minutes of the governing body shall be permanently maintained. This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete incident reports. The findings are: During interview on 7/31/18 the Licensee reported there was no documentation of incident reports within the last 3 months During interview on 7/31/18 staff #1 reported: - Former client (FC#1) left the facility on several occasions - he was gone less than 3 hours - he would walk out the door...staff would follow him down the road and redirect him to get in the vehicle During interview on 8/8/18 the Licensee reported: - she would ensure level I incident reports were completed	V 106		