

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL072-008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/06/2018
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NAME OF PROVIDER OR SUPPLIER TLC ON THE WATER	STREET ADDRESS, CITY, STATE, ZIP CODE 210 SOUNDWARD LANE HERTFORD, NC 27944
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V 000	<p>INITIAL COMMENTS</p> <p>An Annual and Follow Up Survey was completed on 12/06/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure one of three audited clients (#1)'s treatment plan was reviewed to address strategies. The finding is:</p> <p>Observation on 11/26/18 between 12:30-3:30 PM revealed the following about client #1</p> <ul style="list-style-type: none"> -Sitting on the floor in the den. -Moved from the den to his bedroom by crawling. - Later, he returned in a manual wheelchair. -Transferred to the wheelchair to seats within the facility without assistance from staff <p>Review on 11/26/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> -Admitted: 10/23/17 -Diagnoses inclusive of Major Depressive Disorder, Mental Retardation, Schizoaffective Disorder, Hypothyroidism, Chronic Kidney Disease Stage 2 and Arthritis -FL-2 dated 09/04/18 listed semi-ambulatory (no further explanation provided)..no notation of paraplegic -Hospital discharge paper dated 10/23/17 could stand and make steps -Treatment plan dated 11/17/17 did not address semi-ambulatory or notation client crawled on the floor at the facility as a means of mobility <p>Interview on 11/26/18, the Licensee/Administrator reported:</p> <ul style="list-style-type: none"> -She thought she had documentation from the hospital discharge regarding client #1 crawling and that his issues with walking or ambulation were psychological based on his psychiatric history. -Client #1 had only "recently" (since 	V 112		

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V 112	<p>Continued From page 2</p> <p>September) started crawling on the floor. -The Qualified Professional may not have been informed client #1 crawled on the floor. The Qualified Professional lived a few hours away and visited the facility quarterly.</p> <p>During interview on 11/29/18 the Qualified Professional reported: -Had served the facility for over 5 years...over the past 2 years, she moved to the western region of North Carolina ...visited the group home every 3 months but spoke via phone to the Licensee/Administrator monthly or more often -Within the fast few months, staff had mentioned they had witnessed client #1 stand up but not walk... Licensee/Administrator within the past few months mentioned once, client #1 was crawling inside the facility but was not sure if it was more than once. -When staff had asked client about his standing vs non standing, he replied "its faster that way" but will not explain further...not sure if his issues with ambulation were psychological -Had not made changes to the treatment plan to address the changes in client's mobility or develop strategies or document anything specific about his methods of mobility.</p>	V 112		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that</p>	V 121		

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V 121	<p>Continued From page 3</p> <p>the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure psychotropic drug reviews were completed every 6 months for two of two audited clients (#2 and #4) prescribed psychotropic medications. The findings are:</p> <p>Review on 11/26/18 of client #2's record revealed: -Admitted: 08/12/16 -Diagnoses inclusive of Dementia with Anxiety, Mild Mental Retardation, Coronary Artery Disease, Hypertension, Renal Insufficiency and Type II Diabetes -FL-2 dated 09/04/18 listed medications which included psychotropic medications Zoloft 100 mg, Risperdal .5 mg and Carbamazepine 100 mg</p> <p>Review on 11/26/18 of client #4's record revealed: -Admitted: 07/13/12 -Diagnoses inclusive of Mild Mental Retardation, Dementia, Lumbar Disc Disease, Diabetes, Depression and Hypertension -FL-2 dated 02/14/18 listed medications which included psychotropic medications Celexa 40 mg and Latuda 60 mg</p> <p>Review on 11/26/18 of client #2 and #4's records revealed: -Psychotropic Drug review form completed February 2018</p>	V 121		

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V 121	<p>Continued From page 4</p> <p>-No additional Psychotropic Drug Reviews completed in 2018</p> <p>During interview on 11/29/18, the Qualified Professional reported:</p> <p>-She did not review the client records for Psychotropic Medication Reviews as part of her visits at the facility.</p> <p>-The Licensee/Administrator provided oversight of medication related concerns</p> <p>During interview between 11/26/18-11/28/18, the Licensee/Administrator reported:</p> <p>-Prior to 11/26/18, she could not locate any Psychotropic Medication Reviews after February 2018</p> <p>-She spoke with the pharmacy regarding psychotropic reviews and she would incur a cost for the onsite reviews.</p> <p>-She anticipated an onsite visit on 11/28/18 for psychotropic reviews</p>	V 121		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing</p>	V 291		

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V 291	<p>Continued From page 5</p> <p>relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to coordinate services between the facility operator and the qualified professionals responsible for the treatment/habilitation of two of three audited clients (#2 and #4). The findings are:</p> <p>A. Review on 11/26/18 of client #2's record revealed: <ul style="list-style-type: none"> -Admitted: 08/12/16 -Diagnoses inclusive of Dementia with Anxiety, Mild Mental Retardation, Coronary Artery Disease, Hypertension, Renal Insufficiency and Type II Diabetes -FL-2 dated 09/04/18 did not indicate any concerns with eyes -No documentation regarding visitation or referral to Ophthalmologist (specialist in disease and treatment of eye and vision) </p> <p>During interview on 11/28/18, the nurse from</p>	V 291		

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V 291	<p>Continued From page 6</p> <p>client #2's primary care physician reported: -Client #2 was last seen October 2018...no documentation of unusual issues regarding his eyes -Generally, overall visual examination of the eyes but its not an assessment of the eyes because its not a speciality area of practice for the primary care physician -Per her notes, no referral had been made to a specialist regarding client #2's eyes or vision</p> <p>During interview on 11/26/18, client #2 reported: -Overall health was good, but he was concerned about his eyes.. -The physician indicated he had cataracts..."felt a scab on his eyes" -Not been to see a specialist about his eyes...Licensee/Administrator indicated she would schedule an appointment</p> <p>During interview on 11/26/18, the Licensee/Administrator reported: -She found out client #2 had cataracts during client #2's primary care physician's visit in October 2018.</p> <p>B. Review on 11/26/18 of client #4's record revealed: -Admitted: 07/13/12 -Diagnoses inclusive of Mild Mental Retardation, Dementia, Lumbar Disc Disease, Diabetes, Depression and Hypertension -FL-2 dated 02/14/18 noted client #4 wore glasses's -No documentation regarding visitation or referral to Optometrist</p> <p>During interview on 11/28/18, the nurse from client #4's primary care physician reported: -Client #4 was seen every 3 months or so by</p>	V 291		

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V 291	<p>Continued From page 7</p> <p>the physician -Outside of the general documentation regarding overall visual examination, no other documentation regarding client's vision noted.</p> <p>During interview on 11/26/18, client #2 reported: -Yearly, he visited the eye center to have his eyes examined...the last eye center visit was last year (2017) -He had been told he needed bifocals, insurance would not pay...he continued to wear the current glasses and hoped his eye issues self corrected</p> <p>During interview on 11/26/18, the Licensee/Administrator reported: -She was not sure client #4 required bifocals as she paid for his eyeglasses...not aware of any issues or concerns related to his vision or eyes -Both clients #2 and #4 had appointments scheduled in January 2019....all clients went to the eye center at the same time. *Note, Licensee provided the name and location of the eye center used by the facility</p> <p>During interview on 11/26/18, the receptionist at the eye center identified by the Licensee/Administrator reported: -Per the agency's records, client #2 had never been seen at the facility....client #4 was last seen in 2010 -Since 2010, the agency had expanded locations and consolidated with other eye centers, however, all practices used the same computer system...client records accessible at any location.</p> <p>During interview on 11/30/18, the Manager/technician at the eye center identified by the Licensee/Administrator reported: -Client #4 was seen 09/27/10...he had an</p>	V 291		

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V 291	<p>Continued From page 8</p> <p>appointment on 03/23/18 but was canceled. -Per client #4's 09/27/10 visit notes: he was suspected of Glaucoma and pressure was elevated in his right eye, he noted he preferred laser treatment opposed to eye drops. "With Glaucoma, a person can lose 60% of peripheral vision before the impact may be noticed by a patient." At the end of the visit, he was supposed to return within two weeks - "As a general practice, it is strongly recommended for persons with Diabetes as well as persons over 40 to have their eyes examine at least annually."</p> <p>During interview on 11/27/18- 11/29/18, the Licensee/Administrator reported: -11/27/18: Had not scheduled the January 2019 appointment but would do so as of this date...did not have documentation of the records from the service visits but the eye centers should...*Note, again, she verified the same name and location of the eye center used by the facility -11/29/18: Re-iterated she had taken clients to the eye center within the past 2-3 years but not more than 8 yearsClient #4 had not been at her facility in 2010 and she purchased his eyeglasses...Was not able to recall what other eye center she may have taken the clients nor did she have documentation from any other eye center... 11/30/18: For client #4, she recalled testing for Glaucoma conducted at one of the eye exams completed within the past 2-3 years...the results were negative for Glaucoma, no significant results noted in comparative eye results by the eye center, no changes in eyeglass prescription...client not on any eye drops and no concerns noted regarding his vision.</p>	V 291		

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V 291	<p>Continued From page 9</p> <p>During interview on 11/29/18, the Qualified Professional reported:</p> <ul style="list-style-type: none"> -Had served the facility for over 5 years...over the past 2 years, she moved to the western region of North Carolina...visited the group home every 3 months but spoke via phone to the Licensee/Administrator monthly or more often -Appointments were coordinated by the Licensee/Administrator...not aware of any issues regarding missed or needed appointments -She did not follow up on appointments but would discuss with the Licensee/Administrator the concerns regarding eye appointments for clients #2 and #4 <p>Review on 11/29/18 of a Plan of Protection dated 11/29/18 submitted by the Licensee/Administrator revealed:</p> <ul style="list-style-type: none"> -"What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? I will make sure all appointments are scheduled as required and they will be put on the calendar to be sure they are remembered and kept. All follow ups will be scheduled and attended. Also any recommendations will be followed ASAP (as soon as possible) yearly or however long required appointments are will be made at the exit of the completion of said appointment and or follow ups -Describe your plans to make sure the above happens. The appointments will be made at the end of every appointment and the program director will double check. (Licensee/)Administrator to be sure of next scheduled appt. (appointment) cards are in files." <p>Clients #2 and #4 were both Diabetic and over age 40. Both clients expressed eye/vision related concerns identified by a physician, however, the governing body had not followed up on the</p>	V 291		

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V 291	Continued From page 10 issues. The facility records had no supportive documentation either client had been seen for concerns related to vision or eyes. Long-term, failure to coordinate care of the clients' eye health and vision needs is detrimental to the health, safety & welfare of the clients. This deficiency constitutes a Type B rule violation and must be corrected within 45 days. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 291		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility and its grounds failed to be maintained in a safe, clean manner. The findings are: Review on 11/26/18 of the facility's public record maintained by Division of Health Service Regulation (DHSR) inclusive of the following excerpts from statement of deficiency dated 06/27/18 completed by the construction section: -"During the survey there was loose ceiling spackle in the middle right Client Bedroom near the entry door. The Staff Bedroom had large patches of fallen spackle, debris on the floor as a	V 736		

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V 736	<p>Continued From page 11</p> <p>result of this condition, and a partially exposed beam that had not been finished as part of a prior repair. This concern has been previously cited by the Fire Marshal and DHSR."</p> <p>- "At the time of the survey the outbuilding to the right of the facility had a rotted roof, soffit, and siding and the gutter was detached spilling water onto the wooden walkway on the side closest to the facility. This concern has been previously cited by DHSR."</p> <p>- "At the time of the survey the most current fire inspection report was dated 12/28/2016."</p> <p>- "At the time of the survey there are multiple concerns with maintaining electrical systems....Replace all burnt out bulbs."</p> <p>Observation on 11/26/18 between 1:00p-3:30p revealed the following:</p> <ul style="list-style-type: none"> - Loose ceiling spackle in the middle right client bedroom near the entry door. Ceiling protruding downward - Outbuilding not repaired/torn down and in similar condition or as noted during previous surveys - No updated fire inspection report - Client bedrooms and bathrooms, lighting fixture inoperable bulbs noted in fixtures. An average of one bulb operable in each light fixture <p>During interview on 11/26/18, the Licensee/Administrator reported:</p> <ul style="list-style-type: none"> - The home owner was working towards completing all the necessary repairs identified by DHSR construction section - The loose ceiling spackle had initially been painted over but the "strain came back"..Additional assessment of the roof identified leakage and the repair had not been completed - Outbuilding had not been torn down yet but 	V 736		

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V 736	Continued From page 12 the home owner was in the process of resolving the matter -The fire inspection could not be conducted until the construction issues had been completed -She thought the lighting fixtures could not be empty, so she placed the inoperable bulbs inside the empty light sockets.	V 736		