

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> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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. 	V 112		

DHSR-Mental Health
JAN 22 2019
Lic. & Cert. Section

Division of Health Service Regulation
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 -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> <p>Review on 11/26/18 of client #1's record revealed: -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> <p>Interview on 11/26/18, the Licensee/Administrator reported: -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</p>	V 112	<p>V112 Corrective Action Taken & Prevention Strategy: Treatment team meeting on 12/20/2018 to review the POC dated December 6th and received December 19, 2019. The document revealed a need for updated assessment and an addendum to PCP crisis plan. These documents have been updated to reflect that Resident/Client #1 is able to stand/walk but chooses to crawl. Resident #1 has been observed not only walking but walking while carrying the wheelchair as he walks and goes up stairs with it. He states that it is faster than walking. Resident was in an MVA years ago and does have chronic pain and utilizes a wheelchair for comfort and ease. Resident # 1 was previously married, and his wife was in a wheelchair and she has now passed on. Resident #1 has delirium that he wants to use a wheelchair as his wife did. It should be noted that recently Client #1 has been observed crawling on the floor in doors. This is a behavior and not a physical limitation to mobility as Client #1 can stand and walk at will. An Annual assessment dated 1/15/2018 has been updated and reviewed with staff and filed in Client record. These documents are attached for your review.</p> <p>Monitoring Responsible Party: QP and Administrator</p> <p>Time Frame of Implementation: Completion date 01/15/2019</p>	

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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	<p>V121 Corrective Action Taken & Prevention Strategy: Pharmacy review for all Residents were completed on 2/5/2018 and 11/28/2018. The next review is scheduled for Tuesday 05/28/2019 with OmniCare Pharmacy. These criteria has been added to the monthly administrator checklist. Monitoring Responsible Party: QP and Administrator Time Frame of Implementation: Completion date 11/28/2018</p>	

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V 121	Continued From page 4 -No additional Psychotropic Drug Reviews completed in 2018 During interview on 11/29/18, the Qualified Professional reported: -She did not review the client records for Psychotropic Medication Reviews as part of her visits at the facility. -The Licensee/Administrator provided oversight of medication related concerns During interview between 11/26/18-11/28/18, the Licensee/Administrator reported: -Prior to 11/26/18, she could not locate any Psychotropic Medication Reviews after February 2018 -She spoke with the pharmacy regarding psychotropic reviews and she would incur a cost for the onsite reviews. -She anticipated an onsite visit on 11/28/18 for psychotropic reviews	V 121		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (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. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing	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: -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	<p>V 291 Corrective Action Taken & Prevention Strategy:</p> <p>Resident Client #4 was admitted on 07/03/2012. He was seen by Eye Care Center OD PA 1813 W Ehringhaus St Elizabeth City NC 27909 252-333-1155 on 11/24/2014, 02/02/2016, and on 12/6/2018 by Albemarle Eye Care Center 3243 1503 N Road St Elizabeth City NC 27909 252-335-5446. No new orders at this time, no new RX for glasses, Suspect Glaucoma but stable from previous. His next apt is scheduled for 12/6/2019</p> <p>Resident Client #2 was seen by PCP in October 2018 and PCP identified cataracts. Resident Client #2 was seen by ophthalmologist on 12/6/2018 He</p> <p>was referred to Dr. Swarup for further evaluation for possible cataracts. The office will make annual visit appointment after seen by Dr. Swarup in February.</p> <p>It should be noted that during the last monitoring visit, it was identified that TLC on the water failed to keep written documentation of Dr and other provider contact. Since that deficiency was cited, the facility implemented a new Physician contact/order sheet. Going forward, Our Facility has been diligent to</p> <p><i>Continued next page</i></p>	
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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	<p>ensure that all contact with other providers is documented and filed in the chart. As a result of the previous deficiency, This Facility had to contact providers to get previous documentation of visit summaries from 2014 and 2016 ophthalmologist office. This documentation is now filed in the Residents chart. TLC on the water will continue to utilize Physician/other Provider contact sheets to show continuity of care and provide documentation of appointments and written orders.</p> <p>Monitoring Responsible Party: QP and Administrator</p> <p>Time Frame of Implementation: Completion date 12/06/2018</p>	

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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	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>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:</p> <p>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</p>	V 736	<p>V 736 Corrective Action Taken & Prevention Strategy: All cited Building and construction deficiencies were repaired and completed. The final item was addressed and completed on 12/18/2018. On 01/09/2019 NC DHSR Construction Section Architectural/ Engineering Technician, Mr. Luis Padilla, conducted an onsite inspection and all previously cited deficiencies were verified as being corrected and required no further action. facility and grounds will be added to the safety inspection checklist that will be completed monthly by designated staff. See attached facility and grounds safety checklist and DHSR letter dated January 14, 2019.</p> <p>Monitoring Responsible Party: QP and Administrator</p> <p>Time Frame of Implementation: Completion date 12/18/2018</p>	

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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		

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
--	---	---	---

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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(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 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		

TLC on the water Adult Group home
 Safety Inspection Log- to be completed monthly

Year	2019	July	August	September	October	November	December
Smoke Detectors							
Battery							
Dust							
Obstruction							
Fire Extinguisher							
Pressure gauge							
Safety pin							
Physical damage							
Hose Clear							
Visible in view							
Windows							
Open freely							
No visible damage							
Hallways							
Clear of obstruction							
Filters replaced							
Bedrooms							
Small appliance ck							
No extension cords							
No candles							
No burning fragrance							
Bed Bug Inspection							
All Beds & Bedrooms all Detectors & Traps							
Yard/Grounds							
Drills / Logs							
Fire drill rehearsal							
Disaster drill							
Hot water temp							
Freezer temp							
Refrig temp							



TLC on the water Adult Group home
 Safety Inspection Log- to be completed monthly

Year 2019	January	February	March	April	May	June
Smoke Detectors						
Battery						
Dust						
Obstruction						
Fire Extinguisher						
Pressure gauge						
Safety pin						
Physical damage						
Hose Clear						
Visible in view						
Windows						
Open freely						
No visible damage						
Hallways						
Clear of obstruction						
Filters replaced						
Bedrooms						
Small appliance ck						
No extension cords						
No candles						
No burning fragrance						
Bed Bug Inspection						
All Beds & Bedrooms all Detectors & Traps						
Yard/Grounds						
Drills / Logs						
Fire drill rehearsal						
Disaster drill						
Hot water temp						
Freezer temp						
Refrig temp						





NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

January 14, 2019

Karen Clarke (via e-mail only)
210 Soundward Lane
Hertford, NC 27944

RE: Tlc On The Water - MHL Biennial Construction Survey
210 Soundward Lane
Hertford Perquimans County
FID # 120048 Mhl072-008

Dear Ms. Clarke:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) - Construction Section Biennial Survey of your facility. As a result of the survey conducted on January 9, 2019, no deficiencies were noted at this time. We continue DHSR - Construction Section's recommendation of approval for six ambulatory clients (who are able to respond and evacuate without verbal or physical assistance during an emergency).

The Licensee must notify the Division of Health Service Regulation - Mental Health Licensure Section in writing when changes occur in the building physical plant, resident ambulation status or when the total capacity of the home plans to increase.

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes. Please do not hesitate to call us if you have questions or if we can be of further assistance.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
CONSTRUCTION SECTION**

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

How are we doing? Please take a few minutes to complete our customer service survey, so we may better serve you.

Cut and paste the link in your browser: <http://www.ncdhhs.gov/dhsr/customerservice.html>, click on the link, then scroll down to "Construction Section" and click on "Survey of Adult Care Home, Family Care or Mental Health Group Home (excludes ICF/IIC) Survey". We appreciate your time and effort.

Sincerely,

Luis Padilla

Luis Padilla

Architectural/Engineering Technician

DHSR - Construction Section

cc: DHSR - Mental Health Licensure Section
County Building Inspection Department - with attachment-(via e-mail only)

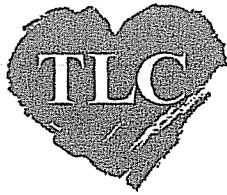
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL072-008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 01/09/2019
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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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(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}	<p>INITIAL COMMENTS</p> <p>Report by Luis Padilla</p> <p>DHSR Construction Section conducted a Biennial Follow-up Survey on January 9, 2018 from 3:15 PM to 3:50 PM at the above referenced facility. All previously cited deficiencies were verified as being corrected. Therefore, no further action is required.</p>	{V 000}		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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On the Water

210 Soundward Lane Hertford, NC 27944 Karen Clarke, Administrator

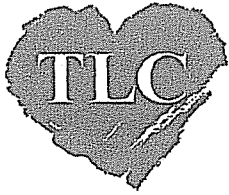
Addendum to Initial / Annual Assessment

Updated 01/15/2019

Section A:

CLIENT'S PRESENTING PROBLEM(S):

1. [REDACTED] has a Cognitive impairment that requires him to receive 24 hour DD Adult Supervised Living Services. Etiology unknown but characteristic of mild to moderate IDD and Autism
2. He does not require an awake staff overnight
3. Socialization delays isolation' seclusion since losing his wife.
4. [REDACTED] is in need of Home and Life skills to include basic self-help skills including personal hygiene
5. Short term memory loss possibly due to MVA.
6. [REDACTED] has had multiple hospitalizations, both medical and mental. [REDACTED] has a history of Poor decision making and lacks needed skills to play a natural role in society. [REDACTED] has been diagnosed with Depressive Disorder recurrent, with psychosis: Schizoaffective Disorder and Bipolar.
[REDACTED] suffers from chronic kidney disease stage II; Hypothyroidism; Arthritis; History of Acute Respiratory Failure; History of Myxedema Coma; History of Seizure, Tonic Clonic; History of Psychiatric Pseudo seizures
7. Intellectual Academic/ vocational/ social delays
8. [REDACTED] is able to stand/walk but chooses to crawl. [REDACTED] has been observed not only walking but walking while carrying the wheelchair as he walks and goes up stairs with it. He states that it is faster than walking. Resident was in an MVA years ago and does have chronic Arthritis pain and utilizes a wheelchair for comfort and ease. [REDACTED] was previously married, and his wife was in a wheelchair and she has now passed on. [REDACTED] has a history of Depressive Disorder recurrent, with psychosis. [REDACTED] wants to use a wheelchair as his wife did. It should be noted that recently [REDACTED] has been observed crawling on the floor in the home. This is a behavior and not a physical limitation to mobility as [REDACTED] can stand and walk at will



On the Water

210 Soundward Lane Hertford, NC 27944 Karen Clarke, Administrator

Section B

CLIENT'S NEED(S):

Daily Living Supports

Habilitation / 24 hour Supervised Living Arrangement, [REDACTED] does not require an awake staff person overnight

Assistance Needed - [REDACTED] requires verbal prompts or gestures to accomplish most self help and daily living skills, and requires hands on or complete assistance for most basic skills and all complex skills.

Degree of Structure Provided - Moderate to Extreme, [REDACTED] requires some or all daily activities need to be planned for him

Health Care Supports

1. Physician Services - Quarterly consultation or treatment for chronic health conditions.
2. Nursing Services - For routine health care only
3. Allied Health Professionals - No need identified at this time
4. Equipment Maintenance - None at this time ([REDACTED] PCP [REDACTED] has determined with Medicaid guidelines that he does not qualify for a Wheelchair at this time.

A Manual Wheelchair is covered when all the following basic criteria are met: a. The beneficiary has a mobility limitation that significantly impairs the beneficiary's ability to participate in one or more mobility-related activities of daily living (MRADLs); Note: For this policy MRADLs are defined as toileting, feeding, dressing, grooming, and bathing. To be considered significantly impaired means the mobility limitation prevents performance of the activity entirely, prevents the activity from being completed in a reasonable time frame, or places the beneficiary at high risk for injury when performing the activity, or at a heightened risk of morbidity secondary to attempts to perform the MRADL. b. The beneficiary's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker; c. The beneficiary's environment is accessible for a wheelchair and provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided; d. Use of a manual wheelchair is reasonably expected to significantly improve the



On the Water

210 Soundward Lane Hertford, NC 27944 Karen Clarke, Administrator

beneficiary's ability to participate in MRADLs; and e. The beneficiary has sufficient upper extremity function and the physical and mental capabilities needed to safely self-propel the manual wheelchair throughout the course of a normal day or has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

Behavioral Supports

1. Mental Health Services - Periodic assessments as required by DHHS
2. Behavioral Services – Quarterly for medication surveillance
3. Direct Intervention - None identified at this time

Medication Management

1. [REDACTED] requires complete assistance with Medication Education, Administration, and Supervision
2. [REDACTED] requires routine labs for medication surveillance.

Socialization skills /Life skills / Communication skills / Academic skills

1. [REDACTED] requires assistance and guidance with social interaction with strangers. [REDACTED] is a vulnerable Adult. [REDACTED] offers and shares private information with strangers without provocation.
2. [REDACTED] may be independent in some skills, but verbal prompts and or gestures are needed to accomplish most self help tasks and activities of daily living skills, and require hands on or complete assistance for most skills and all complex skills. [REDACTED] requires verbal prompting, supervision, and hands on assistance with basic hygiene skills to include bathing, oral care, shaving, grooming, and dressing.
3. [REDACTED] has previous vocational experience.

Section C

CLIENT'S STRENGTHS:



On the Water

210 Soundward Lane Hertford, NC 27944 Karen Clarke, Administrator

1. [REDACTED] loves to talk to people, [REDACTED] can always find a compliment for anyone.
2. [REDACTED] is a friendly and compassionate person. [REDACTED] likes to color pictures and give them to persons he meets
3. [REDACTED] is helpful and likes to help with cleaning vacuuming, yard work etc

Section D

CURRENT DIAGNOSIS:

Depressive Disorder recurrent, with psychosis:

Schizoaffective Disorder and Bipolar.

chronic kidney disease stage II:

Hypothyroidism;

Arthritis;

HISTORICAL DIAGNOSIS:

History of Acute Respiratory Failure:

History of Myxedema Coma;

History of Seizure,

Tonic Clonic;

History of Psychiatric Pseudo seizures

Signature Karen Clarke

Assessment Updated by Karen Clarke Administrator 01/15/2019



PERSON-CENTERED PROFILE

Name:	DOB:	Medicaid ID:	Record #:
Update/Revision Date: 01 /15/2019 / / / /			

PCP (UPDATE/REVISION) 01/15/2019

WHAT PEOPLE LIKE AND ADMIRE ABOUT....

WHAT'S IMPORTANT TO....

HOW BEST TO SUPPORT....

ADD WHAT'S WORKING / WHAT'S NOT WORKING

It should be noted that there are times that [REDACTED] Prefers to crawl inside the home. [REDACTED] is able to stand/walk but chooses to crawl. [REDACTED] has been observed not only walking but walking while carrying the wheelchair as he walks and goes up stairs with it. He states that it is faster than walking. Resident was in an MVA years ago and does have chronic Arthritis pain and utilizes a wheelchair for comfort and ease. [REDACTED] was previously married, and his wife was in a wheelchair and she has now passed on. [REDACTED] has a history of Depressive Disorder recurrent, with psychosis. [REDACTED] wants to use a wheelchair as his wife did. It should be noted that recently [REDACTED] has been observed crawling on the floor in the home. This is a behavior and not a physical limitation to mobility as [REDACTED] can stand and walk at will.

Name: [REDACTED]

PLAN SIGNATURES

I. PERSON RECEIVING SERVICES:

- I confirm and agree with my involvement in the development of this PCP. My signature means that I agree with the services/supports to be provided.
- I understand that I have the choice of service providers and may change service providers at any time, by contacting the person responsible for this PCP.
- For CAP-MR/DD services only, I confirm and understand that I have the choice of seeking care in an intermediate care facility for individuals with mental retardation instead of participating in the Community Alternatives Program for individuals with Mental Retardation/Developmental Disabilities (CAP-MR/DD).

Legally Responsible Person: Self: Yes No

Person Receiving Services: (Required when person is his/her own legally responsible person)

Signature: _____ Date: / /
(Print Name)

Legally Responsible Person (Required if other than person receiving Services)

Signature: _____ Date: / /
(Print Name)

Relationship to the Individual: _____

II. PERSON RESPONSIBLE FOR THE PCP: The following signature confirms the responsibility of the QP/LP for the development of this PCP. The signature indicates agreement with the services/supports to be provided.

Signature: _____ Date: / /
(Person responsible for the PCP) TLC on the Water (Name of Case Management Agency)

Child Mental Health Services Only:

For individuals who are less than 21 years of age (less than 18 for State funded services) and who are receiving or in need of enhanced services and who are actively involved with the Department of Juvenile Justice and Delinquency Prevention or the adult criminal court system, the person responsible for the PCP must attest that he or she has completed the following requirements as specified below:

- Met with the Child and Family Team - Date: / /
- OR** Child and Family Team meeting scheduled for - Date: / /
- OR** Assigned a TASC Care Manager - Date: / /
- AND** conferred with the clinical staff of the applicable LME to conduct care coordination.

If the statements above do not apply, please check the box below and then sign as the Person Responsible for the PCP:

- This child is not actively involved with the Department of Juvenile Justice and Prevention or the adult criminal court system.

Signature: _____ Date: / /
(Person responsible for the PCP) (Print Name)

III. SERVICE ORDERS: REQUIRED for all Medicaid funded services; RECOMMENDED for State funded services. (SECTION A): For services ordered by one of the Medicaid approved licensed signatories (see Instruction Manual). My signature below confirms the following: (Check all appropriate boxes.)

- Medical necessity for services requested is present, and constitutes the Service Order(s).
- The licensed professional who signs this service order has had direct contact with the individual.
- The licensed professional who signs this service order has reviewed the individual's assessment.

Yes No
 Yes No

Signature: _____ License #: _____ Date: / /
(Name/Title Required) (Print Name)

(SECTION B): For Qualified Professionals (QP) / Licensed Professionals (LP) ordering:

- CAP-MR/DD or
- Medicaid Targeted Case Management (TCM) services (if not ordered in Section A)
- OR** recommended for any state-funded services not ordered in Section A.

My signature below confirms the following: (Check all appropriate boxes.) Signatory in this section must be a Qualified or Licensed Professional.

- Medical necessity for the CAP-MR/DD services requested is present, and constitutes the Service Order.
- Medical necessity for the Medicaid TCM service requested is present, and constitutes the Service Order.
- Medical necessity for the State-funded service(s) requested is present, and constitutes the Service Order.

Signature: _____ License #: _____ Date: / /
(Name/Title Required) (Print Name) (If Applicable)

IV. SIGNATURES OF OTHER TEAM MEMBERS PARTICIPATING IN DEVELOPMENT OF THE PLAN:

Other Team Member (Name/Relationship): Karen Clarke Date: 1/15/2019

Other Team Member (Name/Relationship): _____ Date: / /

ECC Elizabeth City
 1813 West Ehringhaus St.
 ElizabethCity NC 27909-4555
 (252)333-1155

Examination

Name: [Redacted]
 Acct #: [Redacted]
 Date of [Redacted]

Exam Date: 11/24/2014

Primary Care Physician: [Redacted] In little Washington NC

Complaint

37 year old male presents for eye health and glasses update. Patient described the following signs and symptoms: blurred vision D&N, headaches, dry ou, itching.

Review Of Systems

General Health	Systems Reviewed and Negative
Constitution	Negative
Cardiovascular	HBP, High Cholesterol
Ears, Nose, Mouth, Throat	Negative
Respiratory	Negative
Gastrointestinal	Negative
Genitourinary	Negative
Musculoskeletal	Negative
Integumentary	Negative
Neurological	Negative
Psychiatric	Negative
Endocrine	Negative
Hematologic/Lymphatic	Negative
Allergic/Immunologic	Negative

Mental Assessment

Time / Place / Person	Oriented
Mood / Affect	Appropriate

Allergies

Crestor
 Niaspan

Current Medications

Started	Name	Prescribed This Visit	Strength	SIG
	Citalopram			
	Cyclobenzaprine			
	Divalproex			
	Fenofibrate			
	Ibuprofen			

Patient: [Redacted]

Current Medications				
Started	Name	Prescribed This Visit	Strength	SIG
	Lipitor			
	Lisinopril			
	Loratadine			
	Metformin			
	Nexium			
	Vitamin C			

Visual Acuity					
	SC Dist	CC Dist	With Glasses	SC Near	CC Near
OD		20/25			
OS		20/25			

Pupils / Irs									
		Iris	Shape	Direct	Consensual	Acc	APD	Dim	Bright
OD	PERRLA	Blue	Round				No APD	4	2 mm
OS	PERRLA	Blue	Round				No APD	4	2 mm

Extracocular Muscle	
OD	OS
Full No Restr	Full No Restr

Visual Field (By Confrontation)	
OD	OS
FTFC	FTFC

Intraocular Pressure							
Date	Time	Method	OD			OS	
			Measured	Correction	Target	Measured	Correction
11/24/2014	10:40	NCT	20			21	

Refraction -- Final RX										
Type		Sph	Cyl	Axis	Prism	VA - Dist	VA - Near	BC	VD	ADD
Final Rx	OD	-1.00	-0.75	130		20/20-1	20/20			
	OS	-1.00	-0.75	045		20/20-1	20/20			
	OU					20/20	20/20			

Refraction										
Type		Sph	Cyl	Axis	Prism	VA - Dist	VA - Near	BC	VD	ADD
Autorefractor	OD	-0.75	-0.75	109						
	OS	-0.75	-1.00	046						

Cover Test		Prism
Distance		ORTHO
Near		

		Anterior Exam			
		OD		OS	
Adnexa	Normal			Normal	
Lids	Normal			Normal	
Tarsal Plate	Normal			Normal	
Lacrimal Glands	Normal			Normal	
Lacrimal Drainage	Normal			Normal	
Orbits	Normal			Normal	
Preauricular Nodes	Normal			Normal	
Conjunctiva		OD		OS	
Bulbar	Normal			Normal	
Palpebral	Normal			Normal	
		OD		OS	
Cornea	Clear			Clear	
Epithelium	Normal			Normal	
Endothelium	Normal			Normal	
Stroma	Normal			Normal	
Tear Film	Normal			Normal	
Sclera	Normal			Normal	
		OD		OS	
Anterior Chamber	Deep and Quiet			Deep and Quiet	
Depth / Cells / Flare	4+	N/A	N/A	4+	N/A N/A

Patient was not dilated.

		Posterior Exam			
		OD		OS	
Lens	Clear			Clear	
Clarity	N/A			N/A	
Anterior Cap	N/A			N/A	
Posterior Cap	N/A			N/A	
Cortex	N/A			N/A	
Nucleus	N/A			N/A	
Iris	Normal			Normal	
Color	Blue			Blue	
		OD		OS	
Optic Disc	Normal			Normal	
Size	Normal			Normal	
Ratio	0.45 / 0.45			0.4 / 0.4	
Appearance	PHD			PHD	
Nerve Fiber Layer	Normal			Normal	
		OD		OS	
Retina	Normal			Normal	
Macula	Normal			Normal	

Patient: [REDACTED]

	OD	OS
Post Retina	Normal	Normal
Vessels	2/3	2/3
Periphery	Normal	Normal
Vitreous	Clear	Clear

Tests Ordered

OPTOS

Diagnosis And Plan

367.1 Myopia

Assessment: Refractive testing reveals myopia (nearsightedness).

Plan: Rx prescribed to correct visual acuity and function. Return 1 year.

367.21 Regular Astigmatism

Assessment: Refractive testing reveals astigmatism.

Plan: Rx prescribed to correct visual acuity and function. Return 1 year.

375.15 DRY EYE SYNDROME OU

Assessment: Dry eye OU.

Plan: Pt educated on findings and codnition. ATs prn. Monitor 1 year.

Professionals Contributing To Medical Record: [REDACTED] on 11/24/14

ECC Elizabeth City
 1813 West Ehringhaus St.
 ElizabethCity NC 27909-4555
 (252)333-1155

Examination

Name: [REDACTED]
 Acct #: [REDACTED]
 Date of Birth: [REDACTED]

Exam Date: 2/2/2016

Primary Care Physician: DR. [REDACTED]

Complaint

38 year old male presents for existing condition, diabetes in OU.

Review Of Systems

General Health	Systems Reviewed and Negative
Constitution	Negative
Cardiovascular	HBP, High Cholesterol
Ears, Nose, Mouth, Throat	Negative
Respiratory	Negative
Gastrointestinal	Negative
Genitourinary	Negative
Musculoskeletal	Negative
Integumentary	Negative
Neurological	Negative
Psychiatric	Negative
Endocrine	NIDDM since 2013
Hematologic/Lymphatic	Negative
Allergic/Immunologic	Negative

Mental Assessment

Time / Place / Person	Oriented
Mood / Affect	Appropriate

Allergies

Crestor
 Niaspan

Current Medications

Started	Name	Prescribed This Visit	Strength	SIG
	Citalopram			
	Cyclobenzaprine			
	Divalproex			
	Fenofibrate			
	Ibuprofen			
	Lipitor			

Patient: [REDACTED]

Current Medications

Started	Name	Prescribed This Visit	Strength	SIG
	Lisinopril			
	Loratadine			
	Metformin			
	Nexium			
	Vitamin C			

Visual Acuity

	SC Dist	CC Dist	With Glasses	SC Near	CC Near
OD		20/60			
OS		20/40			

Pupils / Iris

		Iris	Shape	Direct	Consensual	Acc	APD	Dim	Bright
OD	PERRLA	Blue	Round				No APD	4	2 mm
OS	PERRLA	Blue	Round				No APD	4	2 mm

Extracocular Muscle

	OD	OS
Full No Restr		

Visual Field (By Confrontation)

	OD	OS
FTFC		

Intraocular Pressure

Date	Time	Method	OD			OS		
			Measured	Correction	Target	Measured	Correction	Target
2/2/2016	13:21	NCT	18			19		

Refraction - Final RX

Type		Sph	Cyl	Axis	Prism	VA - Dist	VA - Near	BC	VD	ADD
Final Rx	OD	-1.00	-1.00	110		20/20	20/20			1.00
	OS	-1.00	-1.00	047		20/20	20/20			1.00
	OU					20/20	20/20			

Cover Test

Prism

Distance		ORTHO
Near		ORTHO

Anterior Exam

	OD	OS
Adnexa	Normal	Normal
Lids	Normal	Normal
Tarsal Plate	Normal	Normal

	OD	OS
Lacrimal Glands	Normal	Normal
Lacrimal Drainage	Normal	Normal
Orbits	Normal	Normal
Preauricular Nodes	Normal	Normal
Conjunctiva	OD	OS
Bulbar	Normal	Normal
Palpebral	Normal	Normal
	OD	OS
Cornea	Clear	Clear
Epithelium	Normal	Normal
Endothelium	Normal	Normal
Stroma	Normal	Normal
Tear Film	Normal	Normal
Sclera	Normal	Normal
	OD	OS
Anterior Chamber	Deep and Quiet	Deep and Quiet
Depth / Cells / Flare	4+ N/A N/A	4+ N/A N/A

Patient was not dilated.

Posterior Exam		
	OD	OS
Lens	Clear	Clear
Clarity	N/A	N/A
Anterior Cap	N/A	N/A
Posterior Cap	N/A	N/A
Cortex	N/A	N/A
Nucleus	N/A	N/A
Iris	(-)NVI	(-)NVI
Color	Blue	Blue
	OD	OS
Optic Disc	PHDF	PHDF
Size	Normal	Normal
Ratio	0.4 / 0.4	0.4 / 0.4
Appearance	Normal	Normal
Nerve Fiber Layer	Normal	Normal
	OD	OS
Retina	Normal	Normal
Macula	Normal	Normal
Post Retina	Normal	Normal
Vessels	2/3	2/3
Periphery	Normal	Normal
Vitreous	Clear	Clear

Patient: [REDACTED]

Diabetic Details	OD	OS
Diabetic Macular Edema	Macular edema absent	Macular edema absent
Diabetic Retinopathy	No Pathology	No Pathology

Posterior Segment Exam Notes: (-)NVD, NVE, CSME, NPDR OU

Tests Performed

OPTOS

Ordered: 2/2/2016

Eye: Both Eyes

Location: OU

Diagnosis: E11.9

Reviewed: 2/2/2016

Findings: OD: (-)NVD, NVE, CSME, NPDR

.4/4 PHDF

2/3

OS: (-)NVD, NVE, CSME, NPDR

.4/4 PHDF

2/3

Plan: Monitor 1 year.

Diagnosis And Plan

E11.9 Type 2 diabetes mellitus without complications OU

Assessment: NIDDM without ocular comps OU. DM since 2013

LBS 85-140 ranges A1C ?

(-)NVD, NVE, CSME, NVI, NPDR OU

Plan: Pt educated on findings and risk of vision loss secondary to DM. Stressed the importance of strict blood sugar control and yearly eye exams. no need for further work-up or tx at this time. RTC 1 month for OCT (mac cube and 5 line raster) to R/O mac changes. Letter to PCP.

H52.13 Myopia, bilateral OU

Assessment: Refractive testing reveals myopia (nearsightedness).

Plan: Pt educated on findings and condition. New Spec Rx. Monitor 1 year.

H52.223 Regular astigmatism, bilateral OU

Assessment: Refractive testing reveals astigmatism.

Plan: Pt educated on findings and condition. New Spec Rx. Monitor 1 year.

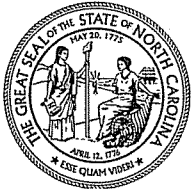
H52.4 Presbyopia OU

Assessment: Refractive testing reveals presbyopia.

Plan: Pt educated on findings and condition. New Spec Rx. Monitor 1 year.

Professionals Contributing To Medical Record: [REDACTED]

Patient: [REDACTED]



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

December 19, 2018

Karen Clarke, Licensee/Operator
210 Soundward Lane
Hertford, NC 27944

Re: Annual and Follow Up Survey completed December 6, 2018
TLC on the Water, 210 Soundward Lane, Hertford NC 27944
MHL # 072-008
E-mail Address:tlcadultgrouphome@yahoo.com

Dear Ms. Karen Clarke:

Thank you for the cooperation and courtesy extended during the Annual and Follow Up Survey completed December 6, 2018.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type B rule violation is cited for 10A NCAC 27G .5603 Supervised Living- Operations (V291).
- All other tags are standard level deficiencies.

Time Frames for Compliance

- Type B violation must be **corrected** within 45 days from the exit date of the survey, which is January 21, 2019. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed deficiency by the 45th day from the date of the survey may result in the assessment of an administrative penalty of \$200.00 (Two Hundred) against Karen Clarke for each day the deficiency remains out of compliance.
- The standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is February 6, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

December 19, 2018
Karen Clarke

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Renee Kowalski-Ames at 919-552-6847.

Sincerely,



India Vaughn-Rhodes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
File