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 _____	04/09/2019

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 125	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 3 of 6 audit clients (#1, #5, #9) had the right to be treated with dignity regarding the use of disposable incontinence pad placed underneath them as they sat. The findings are: Clients #1, #5, and #9 dignity was not considered regarding the use of a disposable incontinence pad placed underneath them as they sat. a. During evening observations in the home on 4/8/19 from 4:53pm until 5:20pm, client #1 was seated in a recliner with a disposable incontinence pad underneath him; it was visible to anyone in the home. b. During evening observations in the home on 4/8/19 from 4:58pm though 6:30pm, client #5 was seated in a recliner with a disposable incontinence pad underneath her. c. During afternoon observations in the home on 4/8/19 from 11:30am though 1:05pm, client #9 was seated in his wheelchair with a disposable incontinence pad underneath him; it was visible to anyone in the home. During an interview on 4/8/19, the Program Supervisor revealed the disposable incontinence	W 125		

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

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W 125	Continued From page 1 pads are used just in case the clients soil though their clothes and then their wheelchair or recliner are also soiled. Further interview revealed clients #1, #5 and #9 are not able to indicate when they need to use the bathroom or if they have soiled their clothing. Additional interview revealed all the clients residing in the home are checked every 2 hours regarding their toileting. Review on 4/9/19 of client #5's individual program plan (IPP) dated 4/23/18 stated, "Toileting: Dependent on staff...." Review on 4/9/19 of client #9's IPP dated 8/7/18 revealed, "Toileting: [Client #9] is dependent on staff...." During an interview on 4/9/19, the Executive Director revealed she "didn't know why they had a disposable incontinence pad in client #9's wheelchair. Further interview revealed the Executive Director was aware how the usage of a disposable incontinence pad is a dignity issue and should have occurred. Additional interview revealed the home using a technique called "dry rounds" which means all the clients should be changed at least every 2 hours or more often as needed.	W 125		
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	W 249		

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W 249	Continued From page 2 plan. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure each client received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the area of implementing a formal objective using an adaptive switch for communication. This affected 1 of 6 audit clients (#10). The findings are: Client #10 was not encouraged to utilize her adaptive switch during mealtimes as described in her formal objective. During observations of lunch on 4/8/19 at 12:30pm, client #10 was seated in her wheelchair at the dining room table. Staff #D told her that she had chicken, potatoes, pineapple and green beans for lunch. As staff #D sitting next to her talked with her and asked her which food she would like to try next, an adaptive switch mack switch sat on the dining room table in front of her. At no time during the meal did staff #D reach for the switch or ask client #10 to activate the switch. Following the lunch meal on 4/8/19, staff #D was asked about the adaptive switch. Staff #D stated the switch is used to assist client #10 to communicate that she would like another bite of food to continue her meal. During observations of breakfast on 4/9/19 at 7:40am client #10 was seated in her wheelchair at the dining room table. Staff #E told her she had	W 249		

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W 249	Continued From page 3 cream of wheat, applesauce and sausage for breakfast. A small adaptive switch sat on the table in front of her place setting. Staff #E offered bites of each food and asked her if she wanted additional spoonfuls. At no time during the meal did staff #E reach for the switch or ask client #10 to activate the switch. Interview on 4/9/19 with staff #E revealed the adaptive switch is used to help client #10 to communicate if she would like another bite. When asked is the switch is used at all meals, staff #E stated, "Yes, if she does not respond to our questions." Review on 4/9/19 of client #10's IPP dated 3/20/19 revealed a need to be offered choices throughout her day. Further review revealed a formal objective 1T: Will press Big Mack switch to request another bite to eat. This objective was implemented on 3/11/19. It is to be trained at meals and data is collected on second shift Monday through Friday. Interview on 4/9/19 with the qualified intellectual disabilities professional (QIDP) revealed this objective for client #10 to use a switch to communicate at mealtime is current and should be integrated at all meals.	W 249		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by:	W 460		

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W 460	Continued From page 4 Based on observations, interviews and record reviews, the facility failed to ensure 1 of 6 audit clients (#10) received her specially-prescribed diet as indicated. The findings are: Client (#10) did not receive her pureed diet as indicated. During observation of lunch on 4/8/19 at 12:30pm, client #10 was seated in her wheelchair at the dining room table. Staff #D told her that she had chicken, potatoes, pineapple and green beans for lunch. As staff #D sitting next to her talked with her and asked her which food she would like to try next. Her pureed chicken had small lumps throughout the consistency. During interview after the meal on 4/8/19 staff #D was asked about client #10's diet consistency. Staff #D answered that client #10's food consistency was to be pureed. When asked about the small lumps in the chicken consistency, staff #D stated the texture should be smooth and referred the surveyor to the cook. Upon further investigation, the cook was not available for interview. During observations of supper on 4/8/19 at 5:42pm client #10 was seated in her wheelchair at the dining room table. Staff #F told her she had fish, potatoes, tomatoes for supper. The consistency of the fish had small lumps throughout. All other textures were smooth. Interview on 4/819 with staff #F revealed client #10's diet consistency should be pureed and that the texture should be smooth. Review of client #10's nutritional evaluation dated	W 460		

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W 460	Continued From page 5 2/22/19 revealed she receives a pureed textured diet with regular calories with nectar thickened liquids with Ensure Plus or Boost pudding between meals three times daily. Further review of this evaluation indicates that client #10 is at risk for aspiration and that she is edentulous. Observation on 4/8/19 of client #10's diet card in the dining room revealed she is to receive a pureed diet with nectar thickened liquids. A picture of the diet textures revealed smooth textures next to the description of Pureed. Interview on 4/9/19 with staff #C, who is responsible for cooking meals in the kitchen, revealed she had been inserviced by the other cook that all pureed foods are to be processed mechanically in the food processor until the texture is smooth throughout with no lumps. Staff #C stated you could add water to the mixture and reprocess until the texture was smooth. She stated it should be like pudding or baby food. When asked if the dietician monitors the preparing of food textures, staff #C stated, "I am not certain." Interview on 4/9/19 with the qualified intellectual disabilities professional (QIDP) revealed the Dietician has monitored meal preparation in the kitchen. Further interview revealed client #10 is to receive a pureed diet. Additional interview confirmed the pureed diet should have a smooth texture like baby food or pudding with no lumps.	W 460		