STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL032-441	A. BUILDING: _____ B. WING _____	04/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TLC ADULT GROUP HOME	1207 SOUTH ALSTON AVENUE DURHAM, NC 27703

(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 An annual was completed on April 15, 2019. A deficiency were cited. This facility is licensed for the following service: NCAC 27G. 5600C Supervised Living for Developmentally Disabled Adults.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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	160033	A. BUILDING: _____ B. WING _____	04/15/2019

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V 111	Continued From page 1 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that an assessment was completed prior to the delivery of services affecting 3 of 3 current clients (#1, #2, and #3) The findings are: Review on 4/9/19 of the facility's Assessment policy revealed: -"Prior to admission TLC ADULT HOME shall request a copy of the referring area programs Admission Assessment for each client. After reviewing the assessment the TLC ADULT HOME shall note relevent additional information or changes as an addendum. If the admission assessment is not received, TLS ADULT HOME shall complete the assessment prior to the client's admission. It shall then be placed in the client's Legal Service Record. The assessment shall be completed within a 72 hour period by any qualified person. The Admission Assessment shall include: 1. Presenting problem or reason for admission; 2. Assessment of the client's needs/strengths and when appropriate the needs/strengths of family members who may contribute to the service provided to the client." Review on 4/9/19 of client #1's record revealed: - he was admitted on 3/4/08 with the diagnosis of Severe Mental Retardation, Anxiety, Dyslipdemia. Further review revealed no written assessment on client #1. Review on 4/9/19 of client #2's record revealed:	V 111		

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V 111	Continued From page 2 - he was admitted on 10/8/10 with the diagnosis of Paranoid Schizophrenia and Mild Mental Retardation. Further review revealed no written assessment on client #2. Review on 4/9/19 of client #3's record revealed - he was admitted on 2'08 with the diagnosis of Schizophrenia and Mild Mental Retardation Further review revealed no written assessment on client #3. During interview on 4/11/19 the licensee stated: - there were no assessments completed on clients (#1, #2, and #3) prior to the delivery of services.	V 111		