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 _____	C 05/16/2019

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 000	INITIAL COMMENTS A complaint survey was completed on 5/16/19 for complaint Intake #NC00151467. The complaint was unsubstantiated. A deficiency was cited.	W 000		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure documentation relative to performing personal care for clients in the facility was documented as indicated. This affected all ten clients in the facility. The finding is: Direct care staff failed to complete documentation in shift logs to confirm that personal care had been completed to clients in the facility as required by facility policy. During interviews on 5/16/19 with staff A, he stated several of the ten clients in the facility depend on direct care staff to perform all of their daily living needs which includes changing their incontinent briefs. Staff A further stated clients are checked every 2 hours for wetness or toileting accidents to see if their incontinent briefs need to be changed by staff. Additional interviews confirmed staff change clients at any time that they detect clients may need to be changed. Staff A stated direct care staff document this in a shift log every 2 hours and that staff indicate if clients	W 252		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 252	Continued From page 1	W 252		

are wet or soiled and sign their initials. Staff A stated this documentation is kept in a log in the dayroom.

Interview on 5/16/19 with staff B confirmed clients are checked for wetness or to see if their incontinent brief needs to be changed every two hours. Staff B indicated this documentation is kept in the facility shift logs in the dayroom.

Interview on 5/16/19 with the facility nurse confirmed staff check clients every 2 hours for wetness and to see if their incontinent brief needs to be changed. The Nurse stated the documentation is kept in a shift log that is kept in the dayroom area. Additional interview confirmed there had not been any skin integrity issues for any of the clients in the facility related to their incontinence of bowel and bladder.

a) Review of the shift log for 1st shift for client #5 for 5/14/19 of wetness/dryness checks revealed the following:
For client #5 mid -afternoon check was blank

b) Review of the shift log for second shift for 5/15/19 of wetness/dryness checks revealed the following:

For client #1: Missing data from 8pm-9pm checks
For client #4: missing data for 6pm-7pm checks
For client #5: Missing data for 8pm-9pm

c) Review of the shift log dated 5/1/19-5/15/19 of wetness/dryness checks revealed the following:
For all clients the time period from 10pm-11pm was blank for these dates.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 252	Continued From page 2 Interview on 5/16/19 with the Executive Director revealed facility policy requires that direct care staff complete these toileting logs on each shift so that documentation can be kept that clients who require assistance with personal care are checked every 2 hours and their incontinent briefs are changed as needed. Additional interview confirmed direct care staff are to complete this documentation before the end of each shift and that the shift leader should monitor this documentation. Further interview revealed management staff have monitored these incontinence checks and staff are completing these as required but may be forgetting to complete the documentation.	W 252		