DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/17/2019 FORM APPROVED OMB NO. 0938-0391

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
				С			
	34G072	B. WING		05/	16/2019		
ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE			
ME INC			1775	HAWKINS AVENUE			
WE, INC.			SANI	FORD, NC 27330			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			REFIX (EACH CORRECTIVE ACTION SHO		BE	(X5) COMPLETION DATE	
INITIAL COMMENTS	}	W	000			5	
complaint Intake #NO was unsubstantiated. PROGRAM DOCUM CFR(s): 483.440(e)(** Data relative to acco specified in client ind objectives must be diterms. This STANDARD is Based on record reviacility failed to ensu performing personal was documented as ten clients in the facility failed to confirm the shift logs to confirm the performing personal was documented as ten clients in the facility failed to complete to complete to complete to complete to complete to complete the com	coo151467. The complaint A deficiency was cited. ENTATION I) Implishment of the criteria ividual program plan ocumented in measurable not met as evidenced by: view and interviews, the re documentation relative to care for clients in the facility indicated. This affected all lity. The finding is: Indicated to complete documentation in that personal care had lients in the facility as	W	252	on conducting dry rounds on a routine basis (every two hours or/as needed) and the importance of documenting the results (wet/dry/BM). Shift Leads, Program		5/27/19	
stated several of the depend on direct car daily living needs whincontinent briefs. So checked every 2 hou accidents to see if the changed by staff confirmed staff char they detect clients in A stated direct care	ten clients in the facility re staff to perform all of their nich includes changing their taff A further stated clients are are for wetness or toileting neir incontinent briefs need to . Additional interviews age clients at any time that hay need to be changed. Staff staff document this in a shift			DHSR - Mental Healt MAY 2 3 2019 Lic. & Cert. Section	h	(X6) DATE	
	INITIAL COMMENTS A complaint survey very complaint Intake #NO was unsubstantiated. PROGRAM DOCUM CFR(s): 483.440(e)(for Data relative to accompletives must be different to a completive facility failed to ensure performing personal was documented as ten clients in the facility failed to ensure performing personal was documented as ten clients in the facility failed to ensure performing personal was documented as ten clients in the facility failed to ensure performing personal was documented as ten clients in the facility performing interviews on stated several of the depend on direct called daily living needs while incontinent briefs. So checked every 2 hours are confirmed staff charthey detect clients in A stated direct care log every 2 hours are log every 2	ROVIDER OR SUPPLIER ME, INC. SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint survey was completed on 5/16/19 for complaint Intake #NC00151467. The complaint was unsubstantiated. A deficiency was cited. 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 tolleting 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	ROVIDER OR SUPPLIER ME, INC. SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A complaint survey was completed on 5/16/19 for complaint Intake #NC00151467. The complaint was unsubstantiated. A deficiency was cited. 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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	ROVIDER OR SUPPLIER REVIDENCE OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A complaint survey was completed on 5/16/19 for complaint Intake #NC00151467. The complaint was unsubstantiated. A deficiency was cited. 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. 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Staff A stated direct care staff document this in a shift log every 2 hours and that staff indicate if clients	ROVIDER OR SUPPLIER SAMPORD, NO. STREET ADDRESS, CITY, STATE, ZIP CODE 1775 HAWKINS AVENUE SAMPORD, NO. 27330 BUMMARY STATEMENT OF DEFICIENCIES (READ DEPTICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSG IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint survey was completed on 5/16/19 for complaint survey was completed on E/16/19 for complaint lintake #NC00151467. The complaint was unsubstantiated. A deficiency was cited. 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 califly 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 as required by facility policy. During interviews on 5/16/19 with staff A, he stated several of the ten 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 as required by staff. Additional interviews confirmed staff change clients at any time that they detect clients may need to be changed. Staff A tested direct care staff document this in a shift log every 2 hours for well-sear to tolleting 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 tested direct care staff document this in a shift log every 2 hours for well-search to be changed. Staff A tested direct care staff document this in a shift log every 2 hour	A BUILDING B. WIND STREET ADDRESS, CITY, STATE, 2P CODE 1775 HAWKINS AVENUE SANFORD, NC 27330 SUMMARY STATEMENT OF DESIGNACIES (LOCATION MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint survey was completed on 5/16/19 for complaint thrake #NC00151467. The complaint was unsubstantiated. A deficiency was cited. 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 for 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 as required by facility policy. During interviews on 5/16/19 with staff A, he stated direct care staff to perform all of their clingly living needs which includes changing their incontinent briefs. Staff A further stated clients are checked every 2 hours for wetness or tolieting 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 to comment that that they detect clients may need to be changed by staff. Additional interviews confirmed staff change clients at any time that they detect clients may need to be changed by staff. Additional interviews confirmed staff change clients at any time that they detect clients may need to be changed by tagff. Additional interviews confirmed staff change clients at any time that they detect clients may need to be changed by staff. Additional int	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

If continuation sheet Page 1 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G072	B. WING			C 05/16/2019		
NAME OF PROVIDER OR SUPPLIER T.L.C. HOME, INC.				STREET ADDRESS, CITY, STATE, ZIP CO 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)			PROVIDER'S PLAN OF C X (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE LE APPROPRIATE	OULD BE COMPLETION		
	stated this document dayroom. Interview on 5/16/19 are checked for wetr incontinent brief nee hours. Staff B indicat kept in the facility sh Interview on 5/16/19 confirmed staff check wetness and to see it to be changed. The I documentation is kept the dayroom area. A there had not been a any of the clients in tincontinence of bowd a) Review of the shift for 5/14/19 of wetness the following: For client #5 mid -aff b) Review of the shift 5/15/19 of wetness/d following: For client #1: Missin For client #5: Missin For clie	I sign their initials. Staff A ration is kept in a log in the with staff B confirmed clients less or to see if their ds to be changed every two red this documentation is if logs in the dayroom. With the facility nurse a clients every 2 hours for f their incontinent brief needs Nurse stated the rot in a shift log that is kept in dditional interview confirmed any skin integrity issues for the facility related to their related bladder. It log for 1st shift for client #5 resolves checks revealed the remoon check was blank related to their related	W	252				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
34G072		B. WING			С			
NAME OF PI	ROVIDER OR SUPPLIER	343072	B. WING		STREET ADDRESS, CITY, STATE, ZIP CODE	05/	16/2019	
T. 0 1101	WE INC.				775 HAWKINS AVENUE			
T.L.C. HOME, INC.				SANFORD, NC 27330				
(X4) ID	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	.,	PROVIDER'S PLAN OF CORRECTION	_	(X5)	
TAG			PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA			
					DEFICIENCY)			
W 252	Continued From page 2		w:	252				
		with the Executive Director / requires that direct care						
		colleting logs on each shift						
	so that documentation	n can be kept that clients						
		ce with personal care are						
		ed. Additional interview						
		staff are to complete this	:					
	that the shift leader sl	e the end of each shift and						
	documentation. Furth	•						
	management staff ha							
	these as required but	and staff are completing						
	complete the docume							