STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL072-008	A. BUILDING: _____ B. WING _____	R 11/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TLC ON THE WATER	210 SOUNDWARD LANE HERTFORD, NC 27944

(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 & follow up survey was completed on 11/21/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (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		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 2 of 3 audited clients (#1 & #4) treatment plans were completed on annual basis. The findings are: Review on 11/21/19 of client #1's record revealed: - admitted on 8/12/16 - diagnoses of: Dementia; Mild Intellectual Developmental Disability (IDD); Renal Insufficiency & Diabetes - no current treatment plan Review on 11/21/19 of client #4's record revealed: - admitted on 11/21/19 - diagnoses of IDD; Demtia with Anxiety & Depression - no current treatment plan During interview on 11/21/19 the Licensee reported: - current treatment plans were completed by the Qualified Professional - the treatment plans had been misplaced [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 118	Continued From page 2 clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of three clients (#4) MARs were kept current. The findings are: Review on 11/21/19 of client #4's record revealed: - admitted on 11/21/19 - diagnoses of IDD; Dementia with Anxiety & Depression - a FL2 dated 2/16/19: Prazosin 1mg bedtime (used to treat blood pressure) - a physician's order dated 9/20/19: Prazosin 2mg bedtime	V 118		

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V 118	Continued From page 3 Review on 11/21/19 of client #4's September and October 2019 MARs revealed: - Prazosin 1mg bedtime - staff initialed daily During interview on 11/21/19 the Licensee reported: - there were issues with the prior pharmacy's accuracy pertaining to the MARs - the facility has switched pharmacy - she reviewed the MARs monthly - it was her oversight	V 118		