

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

PRINTED: 11/12/2020
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G072 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 11/10/2020 |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER T.L.C. HOME, INC. | | | STREET ADDRESS, CITY, STATE, ZIP CODE 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 247 | <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure client #7 was afforded consistent opportunities for choice and freedom of movement in his environment. This affected 1 of 4 audit clients. The finding is:</p> <p>Client #7's wheelchair was locked, controlling his freedom of movement in his home.</p> <p>During evening observations in the home on 11/9/20 from 4:58pm - 5:31pm, the wheels on client #7's wheelchair were locked as he sat in an activity room with a movie playing nearby. On three separate occasions, the client attempted to move his wheelchair with his right hand on the wheel but could not. During morning observations in the home on 11/10/20 at 6:35am, client #7's wheelchair was locked as he sat in the day room with the television on in front of him. During these times, client #7 was not afforded free movement in his home.</p> <p>Interview on 11/9/20 with Staff F revealed client #7's wheelchair should not be locked so "he has the choice to roam free." Additional interview on 11/10/20 with Staff L revealed she had locked client #7's wheelchair because she wanted to take out the trash and "he gets into stuff".</p> <p>Review on 11/10/20 of client #7's Individual Program Plan (IPP) dated 5/1/20 revealed he is "non-ambulatory but can propel his wheelchair." Additional review of the client's Physical Therapy</p> | W 247 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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| W 247 | Continued From page 1 (PT) Annual Review dated 4/15/20 noted, "He has demonstrated the ability to propel his wheelchair using both hands throughout the group home." Further review of the client's PT Guidelines for Wheelchair Use dated 4/15/20 identified situations in which client #7's wheels could be locked including meals/snacks, medication administration, goal training and transfers in/out of his wheelchair. The guidelines did not indicate the client's wheels should be locked during leisure times in the home. Interview on 11/10/20 with the Home Supervisor and Qualified Intellectual Disabilities Professional (QIDP) confirmed client #7's wheelchair should not be locked for reasons other than those identified by the PT. Additional interview confirmed the client likes to move freely throughout the home and should be allowed to do so whenever possible. | W 247 | | | |
| 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 plan. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #9 received a continuous active treatment program | W 249 | | | |

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| W 249 | <p>Continued From page 2</p> <p>consisting of needed interventions as identified in the Individual Program Plan (IPP) in the area of behavior plan implementation. This affected 1 of 4 audit clients. The finding is:</p> <p>Client #9's Behavior Intervention Plan (BIP) was not implemented as written.</p> <p>During observations in the home on 11/9/20 from 10:35am - 11:17am, client #9 repeatedly placed his fingers on his right hand in his mouth. Although various staff periodically interacted with the client, he was not prompted or encouraged to remove his fingers/hand from his mouth.</p> <p>Interview on 11/10/20 with Staff A revealed client #9 has a mitten which is worn to address his handmouthing behavior. Additional interview indicated the client should first receive a verbal prompt to put his hands down then a physical prompt of pulling his hand away from his mouth.</p> <p>Review on 11/9/20 of client #9's BIP dated 5/1/20 indicated an objective to decrease handmouthing behavior to 224 or fewer per month for 10 out of 12 consecutive months. The plan noted under handmouthing that the client would first receive a "verbal reprimand/redirection" such as "[Client #9], take your finger/hand from your mouth" or "Stop". The BSP notes if client #9 does not stop, "staff should give a second verbal prompt, coupled with a physical prompt. This physical prompt might involve a light touch on the hand that is at his mouth."</p> <p>Further review of the BSP also indicated a "contingent protective restraint device" should be used "if [Client #9] continues to put his hand to his mouth." The plan revealed, "Staff will place</p> | W 249 | | | |

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| W 249 | Continued From page 3 protective gloves on his hands. [Client #9] will wear these gloves for one hour and fifty minutes; the gloves will then be removed for ten (10) minutes. During the ten (10) period, staff will inspect this hands to ensure there is no skin breakdown. Staff will monitor [Client #9] during this ten (10) minute period and remove the protective gloves. During the (10) minute period staff should utilize protective blocking by placing a light hand to his forearm gently pushing downward to prevent any further hand mouthing behavior. If putting his fingers/thumb to his mouth resurfaces, staff will repeat the above procedures." | W 249 | | | |
| W 303 | Interview on 11/10/20 with Home Supervisor and Qualified Intellectual Disabilities Professional (QIDP) confirmed client #9's handmouthing behavior should have been addressed as indicated in his BSP. PHYSICAL RESTRAINTS CFR(s): 483.450(d)(4) A record of restraint checks and usage must be kept. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure a record of restraint usage and checks was kept. This affected 1 of 4 audit clients (#9). The finding is: Usage and checks for client #9's restrictive gloves/mittens were not documented. During observations in the home on 11/9/20 from 10:35am - 11:17am, client #9 repeatedly placed | W 303 | | | |

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| W 303 | <p>Continued From page 4</p> <p>his fingers on his right hand in his mouth. Although various staff periodically interacted with the client, he was not prompted or encouraged to remove his fingers/hand from his mouth and no restrictive device was used to address the behavior.</p> <p>Interview on 11/10/20 with Staff A revealed client #9 has a mitten which is worn to address his handmouthing behavior. Additional interview indicated the client should first receive a verbal prompt to put his hands down then a physical prompt of pulling his hand away from his mouth. Further interview indicated his mittens are often used at night to address the client's rectal digging behavior which is also addressed in his behavior plan.</p> <p>Review on 11/9/20 of client #9's BIP dated 5/1/20 indicated objectives to decrease handmouthing behavior to 224 or fewer per month for 10 out of 12 consecutive months and to decrease the frequency of rectal digging behavior to 20 or fewer incidents per month for 10 out of 12 consecutive months.</p> <p>Additional review of the BSP also indicated a "contingent protective restraint device" should be used "if [Client #9] continues to put his hand to his mouth." The plan revealed, "Staff will place protective gloves on his hands. [Client #9] will wear these gloves for one hour and fifty minutes; the gloves will then be removed for ten (10) minutes. During the ten (10) period, staff will inspect this hands to ensure there is no skin breakdown. Staff will monitor [Client #9] during this ten (10) minute period and remove the protective gloves. During the (10) minute period staff should utilize protective blocking by placing a</p> | W 303 | | | |

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| W 303 | <p>Continued From page 5</p> <p>light hand to his forearm gently pushing downward to prevent any further hand mouthing behavior. If putting his fingers/thumb to his mouth resurfaces, staff will repeat the above procedures."</p> <p>Further review on 11/10/20 of client #9's objective training book did not include any documentation for the usage and checks of his restrictive mittens.</p> <p>Interview on 11/10/20 with the Home Supervisor and Qualified Intellectual Disabilities Professional (QIDP) confirmed usage and checks were not being documented for client #9's restrictive gloves/mittens.</p> | W 303 | | | |