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 ______	11/10/2020

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 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) 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 freeedom of movement in his environment. This affected 1 of 4 audit clients. The finding is: Client #7's wheelchair was locked, controlling his freedom of movement in his home. 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. 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". 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	W 247	W247 The facility will ensure that each individual's program plan includes opportunities for client choice and self-management. All staff will be trained on each individual's program plan and how to incorporate client choice and self-management as identified in each plan. All staff will be trained to encourage client choice and self-management. The Direct Care Supervisor/Trainer, QIDP and Shift Leads will monitor weekly to ensure that client choice and self-management are honored and respected at all times. DHSR-Mental Health DEC 01 2020 Lic. & Cert. Section	1/08/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rita H. Odesbee
TITLE: Executive Director
(X6) DATE: 11/18/2020

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	W249 The facility will ensure that each client receives a continuous active treatment program that includes needed interventions and services as well as frequency to support the achievement of the objectives identified in the plan. All staff will be trained on all Behavior Intervention Plans to include prevention techniques as well as intervention techniques to include restrictive interventions. The Direct Care Supervisor/Trainer, QIDP, and Shift Leads will monitor weekly to ensure that clients Behavior Plans are implemented as written.	1/08/2021

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W 249	Continued From page 2	W 249		

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:

Client #9's Behavior Intervention Plan (BIP) was not implemented as written.

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.

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.

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."

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

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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." 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.	W 249		
W 303	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	W303 The facility will ensure that a record of restraint checks and usage are kept and maintained. A restraint check and usage log will be developed and implemented. All staff will be trained on the restraint check and usage log and how to document accordingly. The Direct Care Supervisor/Trainer, QIDP and Shift Leads will monitor weekly to ensure that restraint check and usage log is being implemented as written.	1/08/2021

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W 303	Continued From page 4 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. 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. 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. 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	W 303		

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W 303	Continued From page 5 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." 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. 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.	W 303		

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

November 13, 2020

Ms. Rita Oglesbee, Executive Director
TLC Home, Inc.
1775 Hawkins Ave.
Sanford, NC 27330

Re: Recertification Completed November 9 - 10, 2020
TLC Home, Inc., 1775 Hawkins Ave., Sanford, NC 27330
Provider Number: 34G072
MHL Number: MHL053-008
E-mail Address:

Dear Ms. Oglesbee:

Thank you for the cooperation and courtesy extended during the recertification survey completed November 10, 2020. This survey was required for continued participation in the Medicaid program.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practices that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be ***corrected*** within 60 days from the exit of the survey, which is January 8, 2021.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Lic. & Cert. Section
DHSR-Mental Health

- Sign and date the bottom of the first page of the CMS-2567 Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow-up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call Wilma Worsley-Diggs at 919-612-5520.

Sincerely,

Wilma Worsley-Diggs

Wilma Worsley-Diggs, M.Ed., QIDP
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: DHSR@Alliancebhc.org

_DHSR_Letters@sandhillscenter.org
File