

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-441	(X2) MULTIPLE CONSTRUCTION: A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/13/2024
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NAME OF PROVIDER OR SUPPLIER TLC ADULT GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 603 DUNBAR STREET DURHAM, NC 27707
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on August 13, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities</p> <p>The facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable</p>	V 536	<div data-bbox="1052 1451 1338 1587" style="border: 1px solid red; padding: 5px; color: blue; text-align: center;"> <p>RECEIVED BY MHL & C 8/26/24</p> </div>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Renee Howard* TITLE *Director*

(X6) DATE
8/27/24

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V 536	<p>Continued From page 1</p> <p>methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p>	V 536		

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V 536	<p>Continued From page 2</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program</p>	V 536		
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V 536	<p>Continued From page 4</p> <p>Review on 8/13/24 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - Hired date of 7/10/20 as the weekend Habilitation Technician. - Evidence Based Protective Interventions (EBPI) expired 9/2023. -There was no evidence of current training EBPI training. <p>Interview on 8/13/24 with the Owner revealed:</p> <ul style="list-style-type: none"> -Staff #1 completed the updated EBPI training. -She sent the certification to the facility to put in staff #1's personnel record. -She was not sure why staff #1's EBPI certification was not in his personnel record. -The qualified professional was responsible to ensure personnel files were current. 	V 536	<p><i>Qualified Professional will be sure staff Certificates are in the folders</i></p>	8/31/24
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V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the facility was maintained in a safe, clean, and attractive manner. The findings are:</p> <p>Observation on 8/13/24 at 11:45 a.m. revealed:</p> <ul style="list-style-type: none"> -The front door blinds were broken. -Client's bathroom had black stains on the wall near the toilet and the plaster was peeling behind the sink. -The red paint was peeling in the doorway of the 	V 736	<p><i>Provider will be sure to update blinds or remove them Provider will make sure the home is up to date</i></p>	
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V 736	<p>Continued From page 5</p> <p>bedrooms, bathrooms, kitchen and dining room.</p> <ul style="list-style-type: none"> -The hard wood floors throughout had white spots and needed to be stripped, buffed and waxed. -The plaster was peeling from the ceiling in the dining room about 3 inches long and 5 inches wide. -The dressers in all four bedrooms were missing knobs. -There third bedroom to the left ceiling fan had no light bulbs. -There was a light switch covered with tape in the kitchen behind the washing machine. -The first and third bedroom to the left smelled like urine. <p>Interview on 8/13/24 with the Owner revealed:</p> <ul style="list-style-type: none"> -She did not own the property. -She would contact the property management company to address the issues with the flooring and paint and any other items that need to be updated or fixed. 	V 736	<p><i>All all needs that need to be addressed on the 5 list. Provider will sue about getting the waxed as well.</i></p> <p><i>All knobs will be replaced back on the drawer with dental glue so that the consumers can not remove them.</i></p> <p><i>AP, lead staff, staff</i></p> <p><i>before will be sure the nurse is clean + odor free environment</i></p>	
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