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 _____	01/14/2025

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 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 1 of 3 audit clients (#9) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of adaptive equipment. The finding is: Observations throughout the survey on 1/13-1/14/25 in the home revealed client #9 not wearing her elbow and hand splint on her right or left arms. Review on 1/14/25 of client #9 occupational therapy brace guidelines dated 2/5/24 revealed, continue with bilateral splinting program to improve joint range of motion and prevent further contractures daily for 1-2- hours intervals. Interview on 1/14/25 with Staff A revealed client #9 should wear her splints daily on first and second shifts and it should be documented in her daily log. Interview on 1/14/25 with the Executive Director	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 249	Continued From page 1 (ED) revealed she should be wearing her splints daily on first and second shift.	W 249		
W 252	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 observation, record reviews and interviews, the facility failed to ensure data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 1 of 3 audit clients (#9). The findings is: Review on 1/14/25 of client #9 Individual Program Plan (IPP) dated 3/12/24 revealed guidelines for occupational therapy guidelines. Further review of the occupational therapy guidelines revealed to continue with bilateral splinting program to improve joint range of motion and prevent further contractures daily for 1-2 hours intervals. Review on 1/14/25 of client #9's guideline data sheets revealed for the month of December missing 14 days of missing data, for the month of January 7 days out of 14 missing data. No data could be found for prior months. Interview on 1/14/25 with Executive Director (ED) revealed data should have been completed during first and second shifts. Prior months data was unable to be found.	W 252		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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