Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R WING MHL072-008 04/02/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 210 SOUNDWARD LANE TLC ADULT CARE HOME HERTFORD, NC 27944 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on April 2, 2025. Deficiencies was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability This facility is licensed for six and currently has a census of five. The survey sample consisted of audits of three current clients. V 290 27G .5602 Supervised Living - Staff V 290 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: children or adolescents with substance (1) abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X8) DATE

SMO411

STATE FORM

If continuation sheet 1 of 5

Division of Health Service Regulation											
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED						
		MHL072-008	B. WING		04/0	2/2025					
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY.	STATE, ZIP CODE							
TLC ADULT CARE HOME 210 SQUNDWARD LANE HERTFORD, NC 27944											
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)	ILD BE COMPLETE						
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			-	OEFICIENCY;							
V 290	Continued From page 1		V 290								
	(7) shildens s	- or adolescents with									
	· · · · · · · · · · · · · · · · · · ·	or addrescents with abilities shall be served with	}			,					
	one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.  (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:  (1) at least one staff member who is on										
						į					
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duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of						ļ					
	secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance										
		nall be available on an									
	as-needed basis fo										
			ļ								
	This Rule is not met as evidenced by:  Based on record review and interview the facility failed to ensure 1 of 3 audited clients (#4) treatment plan documented they were capable of		Ì								
		mmunity unsupervised for fittines. The findings are:									
	specified periods o	unies, The mungs are.				}					
	Review on 04/01/25	5 of client #4's record				ļ					
	revealed:					and the second					
	- Admission date of	f 09/01/09.									
	- Diagnoses of Mild	Intellectual Developmental				oca de la companya de					
	Disability, Dementic	a, Psoriasis, Seizure Disorder,				4manaoa					
	Hyponatremia, Hyp	ertension, Schizophrenia and				and the second					
	Bronchitis.		1			Association Association (Association Association Assoc					
and the second	- Person-Centered	Profile (PCP) dated 12/03/24.				A010000					
		client #6 was capable of									
	remaining in the co	mmunity unsupervised for									

Division of Health Service Regulation
STATE FORM 6000 SMO411 If continuation sheet 2 of 5

06/25/2025 08:02 2524040129 TLC ON THE WATER PAGE 05

Division of Health Service Re STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
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		MHL072-008	B. WING			2/2025						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
TLC ADULT CARE HOME 210 SOUNDWARD LANE HERTFORD, NC 27944												
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE						
V 290	290 Continued From page 2		V 290									
	specified periods of time.											
	- He loved his Chur - He attended Chur - No staff went with - The Pastor or oth bring him back to the Interview on 04/01/ - Client #4 went to the - Client #4 had no in Church independer	the facility for many years. ch. ch every Sunday. him to Church, er people from the Church ne group home.  25 Staff #2 stated: Church unsupervised, ssues when he attended htty.										
	supervision Staff dropped clie make arrangement	nt #4 off and the Pastor would s to meet staff after Church.  25 the Licensee stated:	relationational control of the contr			monomora para sintara y * 1 di Managanan						
	- Client #4 attended supervision. - Client #4 had uns	f a local Church without staff upervised time in his PCP in	adolinationationa dell'anni i pap, que <sub>e</sub>									
	years.	nded the Church for may	and the second s									
	he attended the Ch	o issues with client #4 when urch unsupervised by staff. client #4's unsupervised time CP as applicable.	month-page-processors are second as									
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			Samuel Association of Associations of Associat						
	EXTERIOR REQUI	03 LOCATION AND REMENTS I its grounds shall be a, clean, attractive and orderly										

Division of Health Service Regulation

STATE FORM

SMQ411

If continuation sheet 3 of 5

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ R WING MHL072-008 04/02/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 210 SOUNDWARD LANE TLC ADULT CARE HOME HERTFORD, NC 27944 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) V 736 V 736 Continued From page 3 manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews the facility was not maintained in a safe, clean and attractive (complete) manner. The findings are: Observation on 04/01/25 at 04/01/25 at approximately 9:35am revealed: - 3 bags of trash on the front porch. - The living room/dining room carpet had small bits of white paper and debris scattered on the surface. The bluish carpet had many various sized light faded areas. - A chair at the kitchen table had the top layer of fabric peeled away from the surface. - The lincleum floor in the kitchen had small waves on the surface. The linoleum did not appear to adhere to the subfloor. - The carpet was torn in the transition between the kitchen and living room. - The air return vent was bent away from the soon as possible ceiling on two sides approximately 2 inches. - The area rug in the hallway sitting area had small bits of white debris on the surface. chairs The hallway sitting area had various sized areas of the top layer of ceiling pulled away. The ceiling table were more fan had a layer of dust on the blades. - Client #2's bedroom had carpet torn at the threshold of the doorway. A chair in the room had an approximately 3 inch by 3 inch torn area on complete the edge of the arm. ns were cleaned - Client #1 and client #3's bedroom had brown stains on the carpet, one approximately 4 inches by 4 inches and one approximately 3 inches by 6 inches. Client #4's bedroom had dust on the ceiling fan blades. Division of Health Service Regulation STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL072-008 04/02/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 210 SOUNDWARD LANE TLC ADULT CARE HOME HERTFORD, NC 27944 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 736 Continued From page 4 V 736 the Ceiling will before our next Survey. We plan to Stange the Ceilings and make them Smooth Interview on 04/01/25 the Licensee stated: - The trash on the front porch was to be picked - She would follow up on identified issues reviewed for repair. the floors are another thing that we plan on replacing before next Survey. Division of Health Service Regulation STATE FORM

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If continuation sheet 5 of 5

SMO411

TLC on the water 210 Soundward Ln Hertford, NC 27944

Addition to PCP

will recieve down time on Sundays while attending Bethlehem Church of Christ at 687 Pender road which is 6 miles from the grouphome.

TLC staff will be responsible for dropping him off at the church on sunday morning then after the service is over the pastor will be responsible for bringing him back to the grouphome at 210 Soundward Lane.

06/25/2025 08:02 2524040129 TC CON THE WATER PAGE 02

## Safety Checklist

This safety checklist will be gone over with him yearly to ensure he knows what to do in case of an emergency.

1. If you feel sick, what do you do?

I tull to pastor chris

2. What do you do if you smell smoke? イ料 5mme のHe

3. What do you do if the smoke alarm goes off?

4. What do you do as soon as you get in a vehicle?

Put seathelt on

5. What would you say if a friend at church wanted you to go to lunch with them after church is over?

