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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G124	A. BUILDING _____ B. WING _____	03/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAMMY LYNN CENTER/CHILDREN	743 & 745 CHAPPELL DRIVE RALEIGH, NC 27606

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W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on interview and document reviews the facility neglected to conduct a thorough investigations of incidents of unknown origins involving clients (#6). The finding is: Clients #6 injuries of unknown origin was not thoroughly investigated. Review on 3/19/18/18 of an incident report dated 4/14/17 involving client #6, "While undressing client #6 for his bed bath I noticed two bruised spots on his right knee, and his lower left thigh." Further review of the incident report indicated the finding, "Possibly from wearing short socks, and from his sneakers or strap on wheelchair. Also could be from possibly wearing AFO's." Additional review did not reveal client #6 was interviewed nor were any of the clients residing in the home interviewed. There was no information to indicate staff were interviewed nor if any further inquiries were conducted. During an interview on 3/19/18, the qualified intellectual disabilities professional (QIDP) and management staff confirmed there should have been an investigation completed.	W 154	When an injury of an unknown origin occurs, a full investigation will be performed by our Compliance and Quality Improvement Department. This investigation will include face to face interviews of all concerned parties. If any parties involved in the investigation are unable to be interviewed, documentation of their inability to be interviewed will be included in the General Event Record. The Compliance and Quality Improvement Officer will be responsible for monitoring that General Event Records and investigations are fully completed. DHSR - Mental Health APR 11 2018 Lic. & Cert. Section	
W 323	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(i) The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.	W 323	Annual PE forms have been revised to include hearing screenings to the extent of: "whisper test performed yes or no." Physician/Medical Director will perform the whisper test during the annual physical	

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

Heather Beggs Brewer, MSW — Chief Program Officer

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 323	Continued From page 1 This STANDARD is not met as evidenced by: Based on record review and interviews the facility failed to assure each client received adequate annual physical examinations which included a hearing evaluation. This affected 2 of 8 audit clients (#13 and #20). The findings are: Clients #13 and #20 did not receive adequate annual physical examinations which included hearing evaluations. a. Review on 3/20/18 of client #13's annual physical examination dated 12/5/17 revealed no information to indicate a hearing assessment was performed during her physical examination. Further review revealed an audiological assessment dated 2/3/15. There was no current information available for review to indicate an adequate 2017 hearing assessment was performed. b. Review on 10/10/17 of client #20's annual physical examination dated 8/1/17 revealed no information to indicate a hearing assessment was performed during his physical examination. Further review revealed an audiological assessment dated 4/28/16. There was no current information available for review to indicate an adequate 2017 hearing assessment was performed. During an interview on 3/20/18, the director of nursing (DON) confirmed the client's hearing assessments should have been completed during their physical examination. Further interview confirmed clients' are in need of a hearing assessments.	W 323	examinations. Physician/Medical Director will be in-serviced on the requirement to perform the "whisper test" hearing screenings at annual physical examinations. If an individual does not pass the whisper test, a follow up with a specialist will be scheduled immediately by the DON or designee. Nursing staff will be in-serviced to make sure these sections of the annual PE are completed at appointments by the Physician/Medical Director. The DON or designee will be responsible for monitoring all medical needs/referrals during routine visits and as needed.	

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W 323	Continued From page 2 During an interview on 3/20/18, management confirmed the client's hearing assessments should have been completed during their physical examination. Further interview confirmed clients are in need of a hearing assessments.	W 323		
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) The facility must hold evacuation drills under varied conditions. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to conduct evacuation drills under varied conditions. This affected all clients in the home. The finding is: Drills were not conducted under varied conditions. Review on 3/19/18 of evacuation drills dated 3/2017 through 2/2018 revealed the drills conducted were all fire drills. The drills conducted with client's participation were all fire drills. All the other simulation drills were not conducted to include the clients'. During an interview on 3/20/18, the qualified intellectual disabilities professional (QIDP) confirmed the drills should be conducted under varied conditions and should include the client's participation.	W 441	An annual/monthly Drill Schedule will be implemented to include Fire, Tornado, Utility Failure, Bomb Threat, Violent Situation, Evacuation and Medical Emergency. An in-service will be conducted regarding implementation of Drill Schedule and conducting table top and simulation drills. An evacuation simulation drill including clients will be conducted at-least annually on first, second and third shift. The Compliance and Quality Improvement Officer will be responsible for reviewing Drill Reports on a monthly basis.	
W 445	EVACUATION DRILLS CFR(s): 483.470(i)(2)(i) The facility must actually evacuate clients during	W 445	An annual/monthly Drill Schedule will be implemented to include Fire, Tornado, Utility Failure, Bomb Threat, Violent Situation, Evacuation and Medical	

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W 445	Continued From page 3 at least one drill each year on each shift. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure the clients' were actually evacuated for drills on first and second shifts at least once a year. This potentially affects all the clients residing in the home. The finding is: The first and second shift drills were not conducted to include the clients' participation in the evacuation(s). Review on 3/19/18 of the fire drill logs revealed, "Fire Simulation" occurred 3/1/17 through 2/20/18 all which noted, "No. of Client Participants: 0 Fire Simulation: Tabletop exercise, staff walk-through of potential emergency without residents or students." During an interview on 3/20/18, the qualified intellectual disabilities professional (QIDP) confirmed the clients were not awaken to participate in any fire drills. The clients are to participate in at least one drill on each shift annually. Further interview revealed the documentation did not reflect the client's participation in the drills.	W 445	Emergency. An in-service will be conducted regarding implementation of Drill Schedule and conducting table top and simulation drills. An evacuation simulation drill including clients will be conducted at least annually on first, second and third shift. The Compliance and Quality Improvement Officer will be responsible for reviewing Drill Reports on a monthly basis.	
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations, policy review and	W 454	In-service will be done on infection control, hand hygiene and proper glove etiquette. Signs have been posted in bathrooms as a reminder to remove gloves and wash hands before exiting the bathroom. Additional hand sanitizer stations will be installed that are readily accessible to all staff and visitors for promotion of proper hand	

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W 454	Continued From page 4 interviews, the facility failed to assure proper infection control procedures were followed in order to promote client health/safety and prevent possible cross-contamination. This affected all clients residing in the home. The finding is: Precautions were not taken to promote client/staff health/safety and prevent possible cross-contamination. During observations on 3/19/18 in the home (Tucker) at approximately 4:38 pm, staff propelling client #18's wheelchair on the hallway from the bathroom while wearing gloves. Staff headed to the living area and pushed a feeding pump pole, pushed the table to be able to sit and pulled client #18's wheelchair close to the table. The staff them took the gloves off and started touching "UNO cards" and touched client #18's face to get the client involved. The staff then headed to the kitchen area and disposed the folded gloves to the trash can went to the board on the wall and wrote with a marker on the board. At no time did the staff wash hands or used sanitizer. During an interview on 3/19/18, staff confirmed the client was in the bathroom" to freshen-up." Further interview revealed they were trained to wear gloves during client care and remove them immediately followed by hand washing. Review on 3/20/18 of the facility's policy on hand washing revealed, "When to wash hands: After removing protective gloves." During an interview on 3/20/18, the director of nursing (DON) revealed staff are to remove gloves after toileting clients and wash hands.	W 454	Hygiene and infection control. The DON and QPs will be responsible for monitoring that staff are following hand hygiene and proper glove etiquette daily.	

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W 454	Continued From page 5 Further interview confirmed the staff should have washed hands after removing gloves.	W 454		