P. 2



Tammy Lynn Center for Developmental Disabilities

739 Chappell Drive | Raleigh, NC 27606 | Office (919) 832-3909 | Fax (919) 755-7421 | www.tammylynncenter.org

Holly J. Richard, President & CEO TLC Operations, Inc.

May 14, 2018

DHSP - Mental Health

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

MAY 1 4 2018

Lic. & Cert. Section

Re: Annual & Survey complaint and follow up survey for 209 Rose Street Home (MHL092-267) and Annual Surveys for 413 Ralph Drive, Cary (MHL092-676) and Annual Survey for 303 N Montreal Court, Cary (MHL092-698)

To Whom It May Concern:

Enclosed please find the above mentioned plan of corrections for TLC Operations, Inc. d/b/a Tammy Lynn Center for Developmental Disabilities. We appreciate your efforts to ensure our Center is doing everything possible to provide the best services and support possible to the individuals we serve and their families.

If you have any questions, please do not hesitate to call.

Holly Richard President & CEO

ncerely

No. 0936

PRINTED: 05/02/2018 FORM APPROVED

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING MHL092-698 04/26/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 303 NORTH MONTREAL COURT MONTREAL COURT HOME **CARY, NC 27511** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS An annual survey was completed 4/25/18. A DHSR - Mental Health deficiency was cited. This facility is licensed for the following service MAY 1 4 2018 category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. Lic. & Cert. Section V 736 V 736 27G .0303(c) Facility and Grounds Maintenance 6/25/2018 10A NCAC 27G .0303 LOCATION AND All holes have been fixed by TLC **EXTERIOR REQUIREMENTS** maintenance staff as of 5/1/2018. Monthly (c) Each facility and its grounds shall be home inspections will be conducted by TLC maintained in a safe, clean, attractive and orderly maintenance staff and documented on the manner and shall be kept free from offensive group home checklist. QP will review any odor. maintenance concerns and coordinate maintenance with the Property 6/25/2018 This Rule is not met as evidenced by: Based on observation record review and interview department. Property manager and COO the governing body failed to assure the facility will review to be sure maintenance issues was maintained in a safe and attractive manner. are addressed on a consistent basis. The findings are: Observation on 4/24/18 at approximately 4:00 PM revealed: two holes in the wall above client #2's head Oven was replaced on 5/10/18 with a board the size of a grapefruit and tangerine conventional oven. Monthly home a patched are to drywall peeled back on the inspections will be conducted by TLC wall to the left of the closet in client #1's room maintenance staff and documented on the - the cover to the oven door in the kitchen was group home checklist. QP will review any missing maintenance concerns and coordinate Review on 4/24/18 of client #2's record revealed: maintenance with the Property - an Individual Support Plan dated 10/1/17 with department. Property manager and COO diagnoses including Autism Spectrum Disorder, will review to be sure maintenance issues and Severe Intellectual Disability are addressed on a consistent basis Disorder - a Behavior Intervention Plan dated 2/8/18 with Division of Health Service Regulation ER/SUPPLIER REPRES LABORATORY DIRECTOR'S OR PR STATE FORM

Division of Health Service Regulation

No. 0936 P.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
MHL092-698		8. WING		04/26/2018	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 303 NORTH MONTREAL COURT CARY, NC 27511					
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
V 736	a goal addressing the which self injurious be displayed and prophospital discharge with information indicadiagnosed and treated of his hand During an interview or Coordinator reported: - client #2 punched herecently and was take client #1 caused the room by picking at an patched	reduction of anxiety in shavior is perty destruction instructions dated 4/21/18 ating client #2 was d for contusions	V 736		

E1YD11

TAMMY LYNN CENTER FOR DEVELOPMENTAL DISABILITIES

739 Chappell Drive • Raleigh, NC 27606 • Telephone (919) 832-3909 • Fax (919) 755-7421

CENTER **FAX TRANSMITTAL**

TO: Mental Health Licensure/Certification Section FAX: 919-715-8078					
RE: Annual, Complaint and Follow-up Survey completed April 26, 2018					
FROM: Holly Richard, President & CEO					
DATE: _5/14/18					
NUMBER OF PAGES INCLUDING COVER SHEET: //					
COMMENTS:					
DHSR - Mental Health					
MAY 1 4 2018					
Lic. & Cert. Section					

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FL #632 (Revised: 2/21/12) (7/01)