DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 12/06/2018 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 34G039 12/05/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 737 CHAPPELL DRIVE TAMMY LYNN CENTER-ADULT RESIDENTIAL RALEIGH, NC 27606 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY DHSR - Mental Health **INITIAL COMMENTS** W 000 **W 000** A revisit was conducted on 12/5/18, for all DEC 272018 previous deficiencies cited on 8/20-21/18. All deficiencies have not been corrected, and W125 Lic. & Cert. Section was re-cited. The facility is not in compliance with all regulations surveyed. Attached is TLC Form #575: (W 125) PROTECTION OF CLIENTS RIGHTS (W 125) 12/26/ CFR(s): 483.420(a)(3) Bullet 12 states that 2018 wheelchairs should be The facility must ensure the rights of all clients. locked when stationary for Therefore, the facility must allow and encourage individual clients to exercise their rights as clients clients who cannot of the facility, and as citizens of the United States. independently propel. This including the right to file complaints, and the right form was forwarded to to due process. survevor on December 5. This STANDARD is not met as evidenced by: Based on observations, record reviews, and 2018 surveyor had exited interview, the facility failed to assure client #10 the center. had the right to freedom of movement in his environment. This affected 1 of 5 audit clients. TLC Psychologist will review The finding is: 01/11/ and revise Behavioral 2019 Client #10's wheelchair was locked while in the Intervention Plans for client's

home.

During morning observations in the home on 12/5/18, client #10's wheelchair was locked while he was at the table eating his breakfast.

During an interview on 12/5/18, staff revealed client #10's wheelchair is locked while he is eating "for his safety." Additional interview with a second staff revealed client #10's wheelchair is kept locked due to the fact another client will "wheel herself" into client #10's wheelchair. Further interview revealed there is another client. who is ambulatory, will come up and "just push" wheelchairs of the clients, if they get in her way.

who are unable to independently propel. BIPs will support locking of wheelchairs when stationary for health and safety of individuals if deemed

necessary.

TITLE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
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NAME OF P	ROVIDER OR SUPPLIER			7	STREET ADDRESS, CITY, STATE, ZIP CODE	1 121	03/2010	
TAMMY LYNN CENTER-ADULT RESIDENTIAL				737 CHAPPELL DRIVE RALEIGH, NC 27806				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		IĎ PREFI TAG	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	ÁE	(X5) COMPLETION DATE	
{VV 125}	Review on 12/5/18 of	e 1 client #10's individual id not indicate that his	[W 1	125	}			
		locked for his safety.						
	intellectual disabilitie:	n 12/5/18, the qualified s professional (QIDP) was D's wheelchair should be or his safety.						
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TAMMY LYNN CENTER FOR DEVELOPMENTAL DISABILITIES

Raleigh, North Carolina

EMPLOYEE SAFETY RULES

- Report all employee accidents/incidents immediately to your supervisor, complete an Employee/Accident Report, TLCDD Form 412, or a Client Accident/Incident Report (FL#216), and turn it in to your supervisor.
- Immediately report to your supervisor any condition or practice that might cause injury to clients, staff, or equipment.
- All employees with lifting requirements in their job descriptions are required to wear a lifting belt when lifting, re-positioning, or using the mechanical lift.
- When lifting or transferring individuals from a wheelchair (or to and from any other destination) who weigh more than 40 pounds, staff are required to use a mechanical lift unless a particular student/resident is documented by Physical Therapy to require a two-person lift (vs. mechanical lift), or in the event that an emergency prohibits the use of a mechanical lift. Follow all client transfer guidelines at all times.
- Always use proper body mechanics when lifting. Bend your knees, not your back. Keep the item that you
 are lifting as close to your body as possible. When moving an item that weighs more than 40 pounds, use a
 hand truck.
- Never carry clients who weigh more than 40 lbs. Use a wheelchair, stroller, or patient lift to transport nonambulatory clients.
- Never leave a client unattended on an elevated surface. Emergency call buttons are located in ICF residence bathrooms. If in Community Residential, ask for assistance.
- Always assure that clients in wheelchairs are secured with proper equipment (lap belt, harness) at all times.
 Bring the mechanical lift to the wheelchair before releasing a seat belt or harness. Never release a wheelchair's seat belt or harness until the chair is tilted or a staff "spotter" is in place.
- Use bath mats, bath chairs, or bath trolleys as documented by occupational therapy department when bathing residents. Ensure that all safety equipment (bath tubs, trolleys, etc.) is in place before using bathing equipment.
- When transporting clients in wheelchairs, always use one-on-one coverage unless the client can independently propel. A client shall not push another client's wheelchair.
- If a client can independently propel his/her wheelchair or the individual program plan calls for it, the wheelchair should remain unlocked unless safety requires locking it.
- Wheelchairs should be locked when stationary for clients who cannot independently propel.
- Monitor clients closely during programming when using small or other potentially harmful objects that might pose a choking hazard.
- Use discretion in work areas to prevent injury/discomfort to clients or staff, e.g., no perfume or cologne (the Center maintains a fragrance-free environment), maximum nail length '/4", no sharp, dangling jewelry or clothing, long hair pulled back.
- Housekeeping staff, dietary staff, nursing, and direct care staff in coverage or on duty are required to wear soft rubber sole shoes. The shoes must cover the entire foot and provide adequate support to prevent slipping. Plastic, canvas and/or vinyl shoes are prohibited. All other employees must wear shoes that, at the least, have a strap or cover the heel (e.g., no flip flops, or mules). Crocs and Croc-like shoes are prohibited for all staff.

- Always have two staff when putting clients on the van (I staff person behind the lift and one staff person on the van to receive the client.
- Wear the prescribed personal protective equipment (i.e. goggles, gloves, face shields, gowns) for each job and ensure that the equipment is working properly before commencing work.
- All chemicals must be properly labeled and kept in locked storage areas when not in use or when unattended.
- Never block fire exits, hallways, doorways, fire extinguishers, fire alarm pull stations, or circuit breaker boxes. Maintain a clear path to doorways, fire extinguishers, fire alarm pull stations, and circuit breaker boxes.
- When mopping any floor, use "wet floor" signs and plastic chains to rope off wet areas to prevent others from walking on wet areas. All spills are to be cleaned up immediately by the individual who made or first noticed the spill.
- Never stand on any object other than a step stool or ladder designed for that purpose. Avoid stocking shelves too high. Always use a step stool or ladder when attempting to access items above your head.
- Securely place rugs and mats at door entrances to prevent tripping.
- Make sure you can maneuver in an area. Do not leave cabinet doors or desk/file drawers open.
- Pot holders/mitts are to be used when handling hot objects.
- When opening a can, always put the lid inside the empty can before putting the can in the trash.
- Electrical outlets in client areas are to be maintained in good working order and must be covered when not in use. Immediately report to your supervisor if an outlet is not working properly or when an outlet not in use has no safety cover.
- Use of extension cords is prohibited in all buildings at all times. Approved surge protectors are allowed.
- All appliances must be UL approved. Staff will not bring any appliances or other equipment requiring electricity for use at the Center without prior approval from property management.
- Maintain UL approved electrical cords in good condition. Damaged or frayed cords are to be unplugged and reported to your supervisor.
- Unplug kitchen appliances (e.g., toaster, coffeemaker) in client areas when not in use. Keep kitchen appliances beyond the reach of residents/clients.

Safety is everyone's responsibility! Viola result in disciplinary action up to and incli	tion of these safety rules may uding immediate dismissal.
Approved by: Holly Richard, President & CEO	(0/13/2014 Date
Employee Signature	•
Employee Printed Name	-
Date	_