

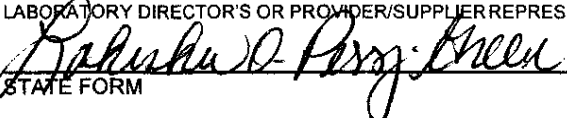

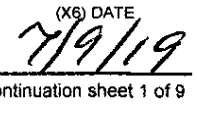
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/21/2019
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NAME OF PROVIDER OR SUPPLIER WILMINGTON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 28 BEAUREGARD DRIVE WILMINGTON, NC 28412
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(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) COMPLETE DATE
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on June 21, 2019. The complaints were unsubstantiated (intake #NC00151806, NC00151977 and NC00152622). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p><small>By DHSR - Mental Health Lic. & Cert. Section at 3:32 pm, Jul 09, 2019</small></p> </div>	
V 116	<p>27G .0209 (A) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(a) Medication dispensing:</p> <p>(1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe.</p> <p>(2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing.</p> <p>(3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 45G .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing.</p> <p>(4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs</p>	V 116		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE 
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V 116	<p>Continued From page 1</p> <p>for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician for one of three audited clients (#3). The findings are:</p> <p>Review on 06/19/19 and 6/20/19 of client #3's record revealed: -25-year-old male. -Admission date of 05/11/19. -Diagnoses of Type II diabetes, seizure disorder, developmental delay (severe) and telomere maintenance 2-chromosomal disorder. -No Physician order for blood glucose test.</p> <p>Review on 06/19/19 and 6/20/19 of client #3's May 2019 - June 2019 MAR revealed blood sugar to be checked twice daily. Daily values for blood sugar were recorded from 5/15/19 - 6/19/19.</p> <p>Interview on 06/20/19 the Nursing Supervisor stated: -She was working with the pharmacy and physician's office to ensure clarity of order for blood glucose test and obtain a copy of order for facility records.</p>	V 116	<p>Tammy Lynn Center for Developmental Disabilities (TLRDD) has administered all medications (PRN and standard) per physician order. The nursing supervisor has contacted the primary physician for Client#3 and obtained an order for the blood glucose test that will be administered once daily.</p> <p>Per the physician order (see attachment), staff will check fasting blood sugar once daily. Fasting Blood sugar that is under 70mg/dl, give 8 ounces of orange juice and re-check in 15 minutes and repeat process if necessary, until above 70 mg/dl. If fasting blood sugar is greater than 200 call physicians immediately. If fasting blood sugar is more than 500 call 911 immediately.</p> <p>Staff will receive in-service training with nursing supervisor on physician orders on July 17, 2019. We will add this information to our orientation of new staff that work at this facility.</p>	8/18/2019

PRINTED: 06/28/2019
FORM APPROVED

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V 290 V 290	Continued From page 2 27G .5602 Supervised Living - Staff 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: (1) children or adolescents with substance 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 (2) children or adolescents with developmental disabilities shall be served with one staff present for everyone 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	V 290 V 290		

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V 290	Continued From page 3 duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure staff-client ratios above the minimum numbers to enable staff to respond to individualized client needs affecting 3 of 3 clients audited (#1, #2, #3). The findings are: Review on 06/19/19 and 6/20/19 of client #1's record revealed: -35-year-old male. -Admission date of 05/07/19. -Diagnoses of dravet syndrome, intellectual developmental disorder (severe), severe epilepsy, osteoporosis, hypergonadism and asthma. Review on 6/19/19 and 6/20/19 of Client #1's Individual Support Plan (ISP) dated 5/08/19 revealed: -He required full physical support with regards to avoiding health and safety hazards. -He required full physical support with learning how to access emergency services. -He was a fall risk due to running on his tip toes. -He had demonstrated increased aggressive behavior and resistance to "staff who are attempting to maintain physical contact with him while guiding him in unsafe conditions."	V 290	Tammy Lynn Center for Developmental Disabilities (TLCDD) is currently in compliance with by having at least one staff member being present on all shifts with all adult residents. TLCDD will look to add one more staff to our 3 rd shift staffing plan to allow staff to respond to the client needs more efficiently. All other shifts currently have a minimum of 2 staff. TLCDD is currently in process of hiring new staff to maintain staff/resident ratios and enable the staff to meet the needs of the three residents in this facility. The QP/Residence Manager will monitor the schedule to ensure that there is proper coverage as prescribed for each shift. We are currently advertising and interviewing for DSPs weekly to fill all vacant positions. We had two new DSPs start on June 21 st .	8/18/2019

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V 290	<p>Continued From page 4</p> <p>Review on 06/19/19 and 6/20/19 of client #2's record revealed: -35 year old female. -Admission date of 05/07/19. -Diagnoses of intellectual developmental disorder (severe), seizure disorder, migrational anomaly lissencephaly, and beta-propeller protein-associated neurodegeneration (BPAN).</p> <p>Review on 6/19/19 and 6/20/19 of Client #2's Individual Support Plan (ISP) dated 5/08/19 revealed: -Her level of participation had decreased over the past year (due to BPAN). She would likely require increasing support as the disorder continued to progress and her team had already witnessed a "dramatic decrease in mobility and an increase in pain." -Her balance/mobility had decreased. She required full physical support with getting up and down from a seated position and could no longer place her feet flat on the floor. -She required full physical support with avoiding health and safety hazards.</p> <p>Review on 06/19/19 and 6/20/19 of client #3's record revealed: -25 year old male. -Admission date of 05/11/19. -Diagnoses of Type II diabetes, seizure disorder, developmental delay (severe) and telomere maintenance 2-chromosomal disorder.</p> <p>Review on 6/19/19 and 6/20/19 of Client #3's Individual Support Plan (ISP) dated 5/11/19 revealed: - He required "high to maximum support needs" due to partial or full physical assistance with daily living activities. -He required assistance with ambulating.</p>	V 290		

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V 290	Continued From page 5 Interview on 6/21/19 staff #1 stated: -She was hired on 4/29/19 and primarily worked the overnight shift. -The staffing configuration consisted of one staff for the overnight shift. Additional staffing was needed. -She physically lifted client #2 and client #3 out of their bed to transfer them to their manual wheelchairs. -Client #2's health and mobility had declined since her arrival in May 2019. Interview on 6/20/19 staff #2 stated: -She was hired on 4/10/19 but had only worked briefly before taking a leave of absence. She had returned to the facility on the week of 5/16/19 to resume work. - The staffing configuration consisted of one staff for the overnight shift. Additional staffing was needed to safely attend to the needs of all clients in the event of an overnight emergency. Client #2 and client #3 each needed 1:1 support with hygiene requirements and client#1 demonstrated behaviors which proved challenging when working alone. Interview on 6/19/19 and 6/20/19 staff #3 stated: -She had been employed for approximately 2 months. -The staffing configuration consisted of two staff for the afternoon shift (2nd shift) and one staff for the overnight shift. - Client #2's health had declined since she arrived at facility and required a two person assist to transfer her in and out of her chair. Additional staffing was needed to safely attend to the needs of all clients in the event of an overnight emergency.	V 290		

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V 290	Continued From page 6 Interview on 6/20/19 Qualified Professional from day program stated: -Clients (#1, #2, #3) had been attending day program for approximately 6 weeks. -Client #2's mobility had declined since her first week of attending the day program and she required a two-person transfer at the day program. Interview on 6/19-19 -6/21/19 the Quality Assurance Manager stated: -Staff had not reported any staffing ratio concerns to her. -She had not witnessed any decline in client #2's health/mobility. -She had scheduled an overnight fire drill on 6/21/19 to ensure safety preparation during overnight shift.	V 290	*Correction: The Quality Assurance Manager stated that although other's have seen a decline in the health/mobility of client #2's health; we have seen progress. In her ISP it states that she is not able to walk, and she has walked and been able to be transferred (to her chair and/or recliner in the home) without being lifted by a staff person (only assistance and support was needed). We are not able to account for what occurs in the day program and how they operate as they are not a TLCDD facility.	
V 291	27G .5603 Supervised Living -Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001 and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least	V 291		

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V 291	<p>Continued From page 7</p> <p>annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination of services with the qualified professionals who are responsible for treatment for one of three audited clients (#3). The findings are:</p> <p>Review on 06/19/19 and 6/20/19 of client #3's record revealed: -25-year-old male. -Admission date of 05/11/19 -Diagnoses of Type II diabetes, seizure disorder, developmental delay (severe) and telomere maintenance 2-chromosomal disorder. -No order, policy/procedure, or guidelines with blood sugar (BS) parameters and instructions for response for results that would be considered too high or too low by the physician.</p> <p>Review on 06/19/19 and 6/20/19 of client #3's May 2019 - June 2019 medication administration record (MAR) revealed: -BS to be checked twice daily (before breakfast and at 4pm). -Morning BS results for May 2019 ranged from</p>	V 291	<p>Tammy Lynn Center for Developmental Disabilities (TLCDD) has updated its policy and procedure manual to include specific guidelines (GPP 8.13) on blood glucose monitoring.</p> <p>We have received the specific orders from Client#3's Primary physician. Per the physician order (see attachment), staff will check fasting blood sugar once daily. Fasting Blood sugar that is under 70mg/dl, give 8 ounces of orange juice and re-check in 15 minutes and repeat process if necessary, until above 70 mg/dl. If fasting blood sugar is greater than 200 call physicians immediately. If fasting blood sugar is more than 500 call 911 immediately.</p> <p>Staff will receive in-service training with nursing supervisor on physician orders and new policies on July 17, 2019. We will add this information to our orientation of new staff that work at this facility.</p>	8/18/2019

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V 291	<p>Continued From page 8</p> <p>74-122. Afternoon results ranged from 79-138. -Morning BS results for June 2019 ranged from 66-148. Afternoon results ranged from 73-155.</p> <p>Interview on 6/21/19 staff #1 stated: -Client #3's BS checks were completed in the morning and evening. -There were no parameters or guidelines for staff to follow for BS results that were too high or too low.</p> <p>Interview on 6/20/19 staff #3 stated: -Client #3's BS checks were completed daily. -There were no parameters or guidelines for staff to follow for BS results that were too high or too low.</p> <p>Interview on 6/19/19 and 6/20/19 staff #5 stated: Interview on 6/21/19 staff #1 stated: -Client #3's BS checks were completed in the morning and evening. -There were no parameters or guidelines for staff to follow for BS results that were too high or too low.</p> <p>Interview on 06/20/19 the Nursing Supervisor stated: -There were no parameters or guidelines for staff to follow for blood sugar results that were too high or too low. -She was working with physician's office to establish protocol for BS results outside of desired range.</p>	V 291		

Atkins Family Practice PA

1911 S 17th St Suite 130 A

Wilmington, NC 28401-8663



Phone (910)790-7840

DEA MP4812017

For:



Date: 06/27/2019

Address:



DOB:



Accu-Chek Aviva Plus test strips

1 Miscellaneous QAM, 90 Days, Qty 100 Strips (One hundred)

Refill: 0-06/27/2019-09/24/2019

Notes: (SAVINGS FOR NON-COVERED DRUGS - BIN:003595, PCN: ASPROD1, Group: XXXX, ID# XXXXXX, Questions: 1-877-489-6402. THIS IS NOT INSURANCE.)

MPI 1841787454

Dx E11.9

Kern Palmer

SUBSTITUTION PERMITTED

DISPENSE AS WRITTEN

SN#: 48676

Check BS check fasting AM

SEE BACK OF DOCUMENT FOR LISTING OF SECURITY FEATURES

1841767454
0010-00035

Atkins Family Practice
Wendy Shropshire-Atkins, PA-C
DEAN # 0010-00039
John P. Griffin, PA-C
DEAN # 0010-00831
1811 S. 17th St., Suite 130-A
Wilmington, NC 28401
(910)766-7840 Tel. (910)790-7828 Fax

Patient Name: [Redacted]

Address: [Redacted] Date: 7/12/19

Check Fasting Blood Sugar once daily
Rx Fasting Blood Sugar under 100mg/dl
give 2oz of milk each day in 15mins
and repeat if necessary until above 70
Fasting Blood Sugar 75-100 call physician
Fasting Blood Sugar 200 call call

REFILL 1 2 3 4 5 VOID AFTER _____

[Signature]

SUBSTITUTION PERMITTED _____

DISPENSE AS WRITTEN _____

TAMMY LYNN CENTER FOR DEVELOPMENTAL DISABILITIES
RALEIGH, NORTH CAROLINA

SUBJECT: Blood Glucose Monitoring Policies and Procedures

POLICY: The purpose of this guideline is to establish a procedure on using a blood glucose monitor (BGM) by a nurse and direct service professionals of TLCDD that are credentialed and properly trained.

DEFINITIONS:

Glucometer – Used to provide information to manage blood sugar levels.

Lancing device – Used for finger puncture.

Test strip – Used for blood or control testing.

Testing sites- Sites on the human body used to obtain blood samples

PROCEDURE

1. Clinical Laboratory Improvement Amendments (CLIA) Waiver

- TLCDD shall be FDA compliant by maintaining a current CLIA waiver.
- The CLIA waiver will be renewed every 2 years.
- There shall be a copy of the CLIA waiver posted in each residential facility.

2. Blood Glucose Testing

Procedure:

- a) Select the most appropriate finger.
- b) Cleanse the site with alcohol prep and allow the alcohol to dry before pricking the finger.
- c) Remove the test strip from the canister and insert into the glucometer.
- d) Press the lancing device firmly against the puncture site and push button to release.
Form a small round drop of blood.
- e) Wipe the first drop of blood off with a gauze pad and press finger for a second drop of blood.
- f) Touch and hold the test end of test strip to the drop of blood until the meter beeps. After 5 seconds, the test result will be displayed (record reading into QuickMar).
- g) Carefully dispose of the test strip and return the lancing device in an appropriate area to prevent injuries and contamination.

3. Patient Care:

- a) If the blood glucose results are **70 mg/dl or less**, administer at least 8 ounces of orange juice and recheck the resident in 15 minutes and repeat if necessary, until blood glucose is over 70 mg/dl.
- b) If the blood glucose results are more than **200 mg/dl**, call the nurse on call and call primary physician for additional instructions for the resident.
- c) If the blood glucose results are more than **500 mg/dl**, call 911 and notify the nurse on call and the residence manager once the call to emergency services has been placed.

4. Cleaning the monitor:

- a) Clean the unit with a non-abrasive hospital grade disinfectant or a 10% bleach solution
- b) Spray the cleaner onto an applicator (towel), then wipe the unit down.
- c) DO NOT submerge or saturate with cleaner solution. Doing so will damage the unit



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.*

July 9, 2019

Mental Health Licensure/Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718
Phone: (919) 855-3795
Fax: (919) 715-8078

Re: Annual and Compliant Survey completed 6/21/2019
(a) Wilmington Home, 28 Beaugard Drive, Wilmington, NC 28412 – MHL#065-264

To Whom It May Concern:

Enclosed please find the Plan of Correction for TLC Operations, Inc. d/b/a Tammy Lynn Center for Developmental Disabilities for our Wilmington home.

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.

Sincerely,

Lakisha Perry-Green, BS, MPA, MBA
QA/QI Manager

Enclosures

TAMMY LYNN CENTER FOR DEVELOPMENTAL DISABILITIES

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

**CENTER
FAX TRANSMITTAL**

TO: DHSR MH/Licensee Certification FAX: 919-715-8078

RE: MHL#DB5-2164 Annual and Complaint Survey

FROM: Lalisha P. Green, QA/QC Mgr.

DATE: 7/9/2019

NUMBER OF PAGES INCLUDING COVER SHEET: 14

COMMENTS: Originals will be mailed.

NOTICE:
 This facsimile is confidential and is intended solely for the use of the individual or entity to whom it is addressed. If you are not the intended recipient or the person responsible for delivering this facsimile to the intended recipient, be advised that you have received this facsimile in error and that any use, dissemination, forwarding, printing, or copying of this information is strictly prohibited. If you have received this facsimile in error, please immediately notify the sender by telephone, and destroy the erroneously delivered information immediately.