

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

PRINTED: 08/28/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2019
NAME OF PROVIDER OR SUPPLIER TAMMY LYNN CENTER-ADULT RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 737 CHAPPELL DRIVE RALEIGH, NC 27606	
(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) COMPLETION DATE
W 111	<p>CLIENT RECORDS CFR(s): 483.410(c)(1)</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to maintain accuracy in client #2's list of food allergies. This affected 1 of 6 audited clients. The finding is:</p> <p>Client #2's individual program plan (IPP) referred to food preferences as food allergies.</p> <p>During lunch observation on 8/20/19 at 12:00 pm, client #2 was fed beefaroni, a tomato-based product by staff L. Client #2 had spit most of the contents of his meal onto his clothing protector.</p> <p>Review on 8/20/19 of client #2's IPP dated 4/24/19, revealed that he had listed food allergies to caffeine, tuna, tomatoes eggs, citrus and milk. An additional review on 8/21/19 of the Nutritional Evaluation dated 4/2/19 revealed that milk and milk products were food allergies. It was further noted that client #2's guardian had advised the facility that citrus, tomatoes, eggs and caffeine contributed to reflux in the past. The foods were now a routine part of client #2's diet with no noted negative effects. Client #2 reportedly disliked cold tuna entrees which were thus avoided.</p> <p>Interview with staff L on 8/20/19 at 12:00 pm, revealed that she did not know that client #2 had food allergies to tomatoes.</p>	W 111	<p>TLC will update the individual's IPP to reflect food allergies versus food preferences. In our last nutrition evaluation report for Client #2, milk and milk products (Client's #2's mother states that citrus, tomatoes, eggs and caffeine contributed to reflux in the past, these foods are now a routine part of client's #2's diets, with no noted effects; He is reported to not like cold tuna entrees, which are thus avoided.) This information will be added by the QIDP to the IPP.</p> <p>The appropriate food allergies will be updated on the medication administration record (MAR) and all other documentation where food allergies would be noted such as our electronic health record, Therap.</p> <p>Staff will receive a refresher in September 2019 to ensure that staff are aware of the food allergies and not preferences for client in the residence.</p>	10/19/19

RECEIVED

By DHRS-Mental Health Licensure at 2:35 pm, Sep 06, 2019

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

TITLE

(X6) DATE

Rahul K. Singh, B.S. MPA, MBA *QA/QC Mgr* *9/6/19*

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 111	Continued From page 1 Interview with nurse A on 8/21/19 at 7:07 am regarding food allergies revealed that many of the food allergies had been listed on the client's charts for many years, with no explanation of their origins. The nurse suggested that the food allergies were mainly food preferences or certain foods to be avoided due to medical conditions. Interview with the qualified developmental professional (QIDP) on 8/21/19 at 11:00 am, regarding client #2's food allergies to tomatoes, after observing him eating beefaroni yesterday. The QIDP responded that "Everyone knows that he can have those foods, it's still a preference." Then the QIDP skimmed client #2's chart and saw where the current individual program plan (IPP) still recorded that client #2 had food allergies to tomatoes. The QIDP responded that it was her fault to list food allergies when it had been determined that they were not true allergies. The IPP should have been revised.	W 111		
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure relevant interventions or instructions to staff were addressed in the individual program plan (IPP.) This affected 1 of 6 audit clients (#5). The finding is: Client #5's IPP did not include interventions for	W 240	TLC's psychologist, will be conducting a training with staff address that client #5 does not have a current behavior plan (see attached Additional Program Information) but there are behavior guidelines to redirecting him when he exhibit the shirt pulling/tearing behavior since he no longer using a jumpsuit from his last behavior plan was discontinued in 2014. QIDP has updated the IPP for Client #5 to give staff specific and relevant interventions and instructions for redirection when he is pulling/tearing his shirt behavior is exhibited.	10/19/2019

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W 240	<p>Continued From page 2</p> <p>staff to use in order to redirect a shirt pulling/tearing behavior.</p> <p>Throughout observations on 8/20/19, client #5 walked around with his left arm through a hole in his shirt under his sleeve. He continuously pulled at that sleeve of his shirt and was not redirected to correct this or to change shirts. On 8/21/19, he wore a shirt that had a tiny hole under his left arm. He pulled at sleeve continuously throughout observations without staff redirection.</p> <p>Review of client #5's record on 8/21/19 revealed an individual program plan (IPP) dated 4/19/19. The IPP did not indicate an active plan to address his shirt tearing behaviors. There was nothing noted in the IPP as to how the staff should address the shirt tearing behaviors. However, it was noted that a goal to wear a jumpsuit due to these behaviors was discontinued "due to infrequency of behaviors."</p> <p>An interview 8/21/19 with staff B, C, E, F and G revealed all staff let him do this because this is what he does. Staff B and the DSC lead for first shift both indicated client #5 had been on a program to address shirt tearing previously (a few years ago) but the program was discontinued. Both indicated there is nothing to address the behavior in place now.</p> <p>Interview on 8/21/19 with the qualified intellectual disabilities professional (QIDP) confirmed that he tears his shirt and is not on a program to address it. The QIDP further confirmed client #5 had been on a program in the past but it was discontinued because he was easy to redirect thus the redirection should have continued. The psychologist during a phone interview on 8/21/19</p>	W 240			

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W 240	Continued From page 3 confirmed this as well. Both professionals confirmed there is nothing documented in the IPP at this time to address the behaviors or inform staff of redirection needs.	W 240	CORRECTION: Psychologist did not confirm there is no documentation in Client #5's IPP addressing his behaviors. Client #5 has additional program information (behavior guidelines) to address his behaviors of concern.		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure a pattern of interactions supported the individual program plans (IPP) in the area of meaningful activity choices and behavior program implementation. This affected 1 of 6 audited clients (#5). The findings are: 1. Client #5's behavior program was not consistently implemented as written. Throughout observations on 8/20/19, client #5 walked around with his left arm through a hole in his shirt under his sleeve. He continuously pulled at that sleeve of his shirt and was not redirected to correct this or to change shirts. On 8/21/19, he wore a shirt that had a tiny hole under his left arm. He pulled at sleeve continuously throughout observations.	W 249	1. TLC's psychologist will re-train staff on the additional program information (behavior guidelines). QIDP has updated the IPP for Client #5 to give staff specific and relevant interventions and instructions for redirection when he is pulling/tearing his shirt behavior is exhibited. QIDP will ensure occupational therapist purchase more sensory appropriate options (visually stimulating items) for staff to use to be more successful in redirecting his inappropriate shirt tearing/pulling behavior.	10/19/2019	

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W 249	<p>Continued From page 4</p> <p>Review of client #5's record on 8/21/19 revealed an individual program plan (IPP) dated 4/19/19. The IPP did not indicate an active plan to address his shirt tearing behaviors. There was nothing noted in the IPP as to how the staff should address the shirt tearing behaviors. However, it was noted that a goal to wear a jumpsuit due to these behaviors was discontinued "due to infrequency of behaviors."</p> <p>An interview 8/21/19 with staff B, C, E, F and G revealed all staff let him do this because this is what he does. Staff B and the DSC lead for first shift both indicated client #5 had been on a program to address shirt tearing previously (a few years ago) but the program was discontinued. Both indicated there is nothing to address the behavior in place now.</p> <p>Interview on 8/21/19 with the qualified intellectual disabilities professional (QIDP) confirmed that he tears his shirt and is not on a program to address it. The QIDP further confirmed client #5 had been on a program in the past but it was discontinued because he was easy to redirect.</p> <p>Interview via phone with the psychologist on 8/21/19 revealed client #5 should be redirected. She also confirmed that redirection to a variety of activities would be important.</p> <p>2. Client #5 was not consistently offered choices of meaningful activities.</p> <p>Throughout all observations on 8/20/19-8/21/19, client #5 paced by walking up and down the hall and in and out of various rooms pulling on his shirt sleeve. Other than necessary healthcare</p>	W 249	<p>2. TLC staff currently implement client #5's sensory plan in a variety of ways, typically after dinner. These activities include a projector that is mounted in his room, therapeutic play, any type of vibrating item, lighted mirror and hand massage after his evening bath. These were not witnessed by the survey team as they occurred after they were concluded for the day.</p> <p>QIDP will provide a refresher to staff on appropriate choices of meaningful activities for client #5. Staff will be encouraged to not to give up when he refuses but attempt to engage in activities and follow up during appropriate increments of time.</p>	10/19/2019	

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W 249	Continued From page 5 needs, he was not redirected to any other activities. No leisure choices were provided to him during observations other than handing him a toy/stuffed animal. He did periodically sit in a room with a television on in it but did not appear to engage in watching it. Review on 8/20/19 of client #5's IPP dated 4/19/19 revealed he often avoids group activities but can make choices by reaching out for a desired item when presented items. It also noted that he should be presented with a list of activities noted in the sensory plan. Review on 8/20/19 of client #5's sensory plan dated 4/4/18 indicated, "Please try to select enjoyable activities for [client #5] or allow him to choose between two activities....expose him to new activities and different types of stimulation as well...." Interview on 8/21/19 with staff B, C, E and H all confirmed client #5 doesn't participate in activities. Staff indicated he just walks around. Interview on 8/21/19 with the QIDP confirmed client #5 should be offered leisure choices. Further interview via phone on 8/21/19 with the psychologist confirmed client #5 should be redirected to a variety of leisure choices.	W 249			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.	W 252			

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W 252	<p>Continued From page 6</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure data was recorded for 1 of 6 audited clients (#3), when engaged in self biting behaviors. The finding is:</p> <p>Staff did not record the targeted behavior after each incident of occurrence, with client #3.</p> <p>a. During lunch observation of client #3 at the group home on 8/20/19 at 11:30 am, revealed she was independent with eating and drinking. After the meal, staff A approached client #3, who immediately showed agitation and bit her left forearm twice, with no response from staff A. Client #3 who's edentulous (no teeth) bit her arm again, then staff A, softly told client #3, "no, no." Client #3 became more agitated, when she got up from the table to transfer from the chair to the wheelchair. Client #3 pulled up her shirt, revealing a sports bra, then continued to repeatedly bite her arm, becoming very verbal, as she moved toward the dirty linen cart. After client #3 tossed the clothing protector in the cart, staff A was observed, rubbing the top of client #3's head.</p> <p>b. During dinner observation of client #3 at the group home on 8/20/19 at 5:15 pm, the 1st shift direct care staff leader was observed to transfer three bowls of food for client #3 onto her plate. Client #3 immediately started to bite her left arm, with no response from 1st shift direct care staff leader. Client #3 finished her meal by 5:22 pm and was in the process of getting up from her dining chair, when she accidentally knocked over her beverage, which spilled on the floor. Client #3</p>	W 252	<p>QIDP will complete an in-service on the behavior plan for client #3 in September 2019. The QIDP will discuss with all staff how to document each behavior in our electronic health record, Therap. In Therap, staff will go to the behavior documentation for client #3 for the current Individual Service Plan (ISP) where they will record all data on the Target Behavior Data sheet. In the system, staff will be asked the following questions to ensure that the data is recorded accurately: (1) What was going on before the behavior occurred (2) Describe what was going on before the behavior occurred in the comment box (3) Describe behavior episode (4) Describe what you did in reaction to the individual's behaviors (5) Describe what you did in reaction to the behaviors in the comment box (6) Describe the individual's reaction to your intervention (7) Describe the individual's reaction to your intervention in the comment box (8) Indicate the duration of the episode (9) Possible factors affecting the incident and (10) Describe any possible factors that may have affected the incident such as crowded space, weather, or refusal.</p> <p>Psychologist will re-train staff on, but not limited to, client #3's behavior intervention plan and accompanying behavior data sheet and documentation procedures to ensure consistency amongst staff.</p>	10/19/19	

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W 252	<p>Continued From page 7</p> <p>immediately started to bite her left arm. Staff J walked toward client #3 to assist her, since the wheelchair was out of reach and staff D. got up to assist client #3 as well. Client #3 slid down and sat on the floor. Both staff J and D helped client #3 get up, into the chair. Once seated, client #3 was observed to steadily bite her left arm then rolled self to dirty linen cart, to toss out clothing protector. Afterwards, client #3 was observed to continuously bite her left arm, as she wheeled herself out of the dining room. Staff were not observed to verbally or physically intervene with client #3's targeted behavior.</p> <p>Review of client #3's individual program plan (IPP) dated 6/22/19 revealed that she had a behavior support plan (BSP) due to self-injurious behaviors (SIB) to hands, chew-bites clothes, aggression, non-compliance and some agitation mainly associated with haircuts. Her objective was to decrease self-injurious behaviors to 0 incidents per month, over 6 consecutive months. An additional review of client #3's targeted behavior data sheet, dated 1/28/19, revealed that target behaviors were listed as SIB, nipping/gumming, aggression, and chewing on clothes. Staff were to record data, as target behaviors occur and the frequency of documentation was based on, as the target behavior occurred. Staff were to describe what was going on before the behavior occurred as well as describe the SIB incident. The data sheet instructed staff to record what they did in response to the individual's behavior and the individual's response to the intervention. If a T-hold was used, the start and stop time needed to be recorded as well as description of possible factors affecting the incident. The last electronic targeted behavior data sheet was recorded on</p>	W 252			

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W 252	Continued From page 8 8/16/19. Interview with the qualified intellectual disabilities professional (QIDP) on 8/21/19 at 11:40 am regarding client #3's SIB revealed that staff hardly had to complete the data sheet because client #3 could be redirected. When asked if copies of yesterday's incident could be secured, the QIDP responded that staff might still be using a manual method to record data. There was no type of data sheets for client's #3's SIB on 8/20/19 provided.	W 252	CORRECTION: QIDP expressed that regardless of redirection, staff are to always document and complete the data sheet per episode. We are in transition from paper records to our electronic health record, Therap. Some staff are in the process of being trained on the new system, yet some continue to use paper records which is what was being referenced by the QIDP on the date of survey.		

TAMMY LYNN CENTER FOR DEVELOPMENTAL DISABILITIES
739 Chappell Drive, Raleigh, North Carolina

Additional Program Information- 2

Client #5

Rationale [REDACTED] has a history of self-stimulatory behaviors, which include pulling at his shirt sleeves, sometimes until the shirt is ripped and/or removing the shirts entirely. All staff that work with [REDACTED] should consistently carry out the following guidelines to prevent the occurrence or address this inappropriate behavior.

1. [REDACTED] should be reinforced whenever he is sitting appropriately and not attempting to pull on his shirt sleeves. Possible reinforcers include: lighted objects, colorful objects, objects with mirrors or reflective components and colorful pictures.
2. Whenever working with [REDACTED] staff should prompt and encourage him to use his right hand, in order to discourage him from using it to pull on his shirt sleeves.
3. If [REDACTED] attempts to pull at his shirt sleeve, staff should say, "[REDACTED] stop," in a firm voice, sign stop close to his face and physically redirect him to a manual activity.
4. To prevent self-stimulatory behaviors, [REDACTED] should be provided with sensory diet activities at least twice a day. Sensory activities include: brushing, joint compressions, pressure vest, vibrating mat, deep pressure massage, *guided movement exercises, and ** mat exercises.

Note: * Guided movement exercises- arms moved up and held for 3 seconds, straight out at shoulders for 3 seconds, and down to the sides for 3 seconds. Do gently, but firmly. Do 5 times per incident of use.

**Mat exercises- roll him back and forth (from side to side), moving legs and arms up and down. Do for 10 minutes.

5. To prevent [REDACTED] from entering other clients' bedrooms or occupied bathrooms, monitor his whereabouts in the building. If [REDACTED] is seen entering someone else's bedroom, staff should firmly say "Out," while signing out and physically redirect [REDACTED] to his own bedroom. If [REDACTED] is seen trying to enter an occupied bathroom, staff should firmly say "Out," while signing out and redirect [REDACTED] to an activity.
6. To prevent [REDACTED] from leaving the building on his own, check regularly on his location, particularly if he is spending time in his room. In addition, check to make sure the outside gates are closed and secured with the chain latches, to ensure [REDACTED] safety if he does happen to open a door and exit the building.

Client # 5

Additional Program Information-2

Page 2 of 2

7. To ensure thorough and effective toothbrushing, [REDACTED] may require the physical assistance of two staff, one to hold his chin and forehead and the other to actually brush his teeth. (See toothbrushing guidelines by OT).
8. To ensure a safe and successful dental checkup, [REDACTED] will require physical support/assistance by a minimum number of staff as recommended by the dentist.
9. During dental examinations, if [REDACTED] is resistant to examination, a dental wrap (lightweight, plastic mesh material wrapped around the trunk and fastened with Velcro; plastic mesh bands are also placed around the wrists) may be used to injury to him and allow a successful appointment. Staffs will provide reassurance and comfort to [REDACTED] whenever needed.

Vijaya V. Tangella MA, LPA, Psychologist

Date

TAMMY LYNN CENTER FOR DEVELOPMENTAL DISABILITIES
739 Chappell Drive, Raleigh, North Carolina

Additional Program Information

Client #5

MID#:

Client #5

Rationale: [REDACTED] has a history of self-stimulatory behaviors (e.g. chewing on little finger of right hand) and masturbation in public. All staff that work with [REDACTED] should consistently carry out the following guidelines to prevent the occurrence or address those inappropriate behaviors.

1. [REDACTED] should be reinforced whenever he is sitting appropriately and not attempting to chew on his finger. Possible reinforcers include: lighted objects, colorful objects, objects with mirrors or reflective components and colorful pictures.
2. Whenever working with [REDACTED] staff should prompt and encourage him to use his right hand, in order to discourage him from engaging in the finger-chewing behavior.
3. If [REDACTED] places his right little finger in his mouth and begins to chew, staff should say, "[REDACTED] stop," in a firm voice, sign stop close to his face and physically redirect him to a manual activity.
4. To prevent self-stimulatory behaviors [REDACTED] should be provided with sensory diet activities at least twice a day. Sensory activities include: brushing, joint compressions, pressure vest, vibrating mat, deep pressure massage, *guided movement exercises, and ** mat exercises.
5. If [REDACTED] is sitting with the rest of the clients and attempts to or does start to masturbate, staff should try to redirect him to another activity. If he tries to start to masturbate again, staff should take him to his room for private time. He may be assisted to sit on his bed. The door to his room must be kept slightly ajar for monitoring purposes. [REDACTED] may stay in his room for up to 30 minutes, with staff checking on him every 10 minutes in that period. At the end of his time in his room, [REDACTED] should be refreshed and redirected back to the group. Private time should be limited to two times a day.

* Guided movement exercises- arms moved up and held for 3 seconds, straight out at shoulders for 3 seconds, and down to the sides for 3 seconds. Do gently, but firmly. Do 5 times per incident of use.

**Mat exercises- roll him back and forth (from side to side), moving legs and arms up and down. Do for 10 minutes.

Vijaya V. Tangella MA, Psychologist

Date



Igniting Hope. Embracing Possibility.

September 6, 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: Re-certification Survey Completed 8/21/2019

(a) Moore House – 739 Chappell Drive, Raleigh, NC MHL#092-011

(b) Provider Number: 34G039

To Whom It May Concern:

Enclosed please find the Plan of Correction for Tammy Lynn Center/Adult for our Moore Facility.

We appreciate your efforts to ensure TLC 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.

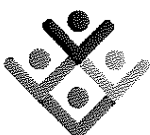
Sincerely,

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

Enclosures

RECEIVED

By DHRS-Mental Health Licensure at 2:35 pm, Sep 06, 2019



nctlc.org

919.832.3909 | info@nctlc.org | 739 Chappell Drive, Raleigh, North Carolina 27606

TAMMY LYNN CENTER FOR DEVELOPMENTAL DISABILITIES

739 Chappell Drive • Raleigh, NC 27606 • Telephone (919) 832-3909 • Fax (919) 832-8475

**ADMINISTRATION
FAX TRANSMITTAL**TO: NC DH&R Mental Health Licensure FAX: 919-715-8078RE: Recertification Survey completed 8/21/19 MH2092-011FROM: Laleisha Perry GreenDATE: 9/6/2019NUMBER OF PAGES INCLUDING COVER SHEET: 14COMMENTS: documents will be mailed today.**NOTICE:**

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