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

By DHSR Mental Health Licensure & Certification at 3:43 pm, Sep 11, 2020

PRINTED: 09/03/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
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NAME OF PROVIDER OR SUPPLIER TAMMY LYNN CENTER/CHILDREN	STREET ADDRESS, CITY, STATE, ZIP CODE 743 & 745 CHAPPELL DRIVE RALEIGH, NC 27606
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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) COMPLETION DATE
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W 247	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)</p> <p>The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #5 was afforded the choice to ambulate around his home. This affected 1 of 5 audit clients. The finding is:</p> <p>Client #5 was not afforded the choice to ambulate around his home.</p> <p>During observations in the Civitan Residence on 9/1/20 from 3:40pm to 5:19pm, client #5 was consistently prompted to sit down by various staff during his attempts to ambulate. For example, at 4:19pm, client #5 stood up to walk and staff prompted him to sit back down on the floor. At 4:23pm, client #5 was observed to scoot across the floor. Staff C went to client #5 and prompted him to get up and walk. At 4:27pm, staff prompted client #5 to sit on the floor. At 4:28pm, staff prompted client #5 to get up and sit down in a chair. At 4:40pm, client #5 stood up and Staff C told him to sit back down. At 4:43pm, client #5 stood up again and staff told him to sit down. At 4:54pm, client #5 was observed to be sitting in a chair at the counter. He stood up and Staff C put her hands on his shoulders and told him to sit down while she guided him down. When staff walked away, client #5 stood up and Staff B walked over to him and told him to sit down on the floor. At 5:13pm, after finishing his dinner, client #5 stood up from the table and Staff C prompted him to sit on the floor and guided him down. At 5:14pm, client #5 stood up and walked over to the door and was looking outside. The</p>	W 247	<p>The QIDP for the Civitan Residence met with her supervising staff on 9/2/2020 following the closing conference from this annual survey. In this meeting, an immediate plan of action to ensure staff are aware of the IPP goals and objectives for each resident including the once referenced.</p> <p>An additional meeting with all Staff from every shift is scheduled for October 19th. Staff will review the behavior intervention and individual program plans for all Civitan residents. Each shift supervisor will then follow up monthly with staff on ensuring the plans are followed and provide any necessary training or redirection to staff to ensure compliance with the IPP and Behavior intervention plans.</p> <p>At the end of each quarter, the QIDP will meet with the shift supervisors to look at any trends in implementation of the IPP goals and objectives and consult with the psychologist on any recommended changes or updates that direct care staff has noted. These updates or revisions will also be discussed at scheduled IPP and Behavior Intervention Plan meeting scheduled each month.</p>	10/31/2020
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Raksha Singh Green QA/QC Mgr</i>	TITLE	(X6) DATE <i>9/11/2020</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing if 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 247	Continued From page 1 Civitan Residence Supervisor walked over to him and walked with him down the hall. At 5:18pm, client #5 was observed to be sitting at the table. When he stood up, Staff B was observed to tell him "No, no, sit down" and guided client #5 to the floor. At 5:19pm client #5 stood back up and Staff B guided him back to the floor. Client #5 was observed to scoot himself across the floor and down the hall. Interview on 9/1/20 with Staff B revealed that client #5 likes to scoot across the floor to move around the room. Staff B also revealed that client #5 likes to walk around his home and staff should be walking with him using his gait belt. Review on 9/1/20 of client #5's individual program plan (IPP) dated 6/19/20 revealed client #5 requires the use of a gait belt while walking with assistance from staff. Client #5 will also scoot around the facility when he wants to move on his own and not have assistance from staff. The IPP stated that both options are available for client #5 to ambulate around the home. Interview on 9/1/20 with the Civitan Residence Supervisor revealed that staff should not be prompting client #5 to sit down on the floor. Client #5 has the choice to ambulate with staff assistance using the gait belt or scoot across the floor but this is only when he wants to. Interview on 9/2/20 with the qualified intellectual disabilities professional (QIDP) confirmed that staff should not be prompting client #5 to sit on the floor and should not be guiding him to do so.	W 247		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	W 249		

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W 249	<p>Continued From page 2</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 5 audit clients (#3, #4) received a continuous active treatment plan consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of behavior intervention implementation. The findings are:</p> <p>1. Client #3's strategies to address hand mouthing behavior were not implemented as written.</p> <p>During observations in the home throughout the survey on 9/1 - 9/2/20, client #3 was noted to have a weighted blanket or a weighted item on her lap with both hands underneath. On 9/1/20 during observations from 9:20am - 12:40pm, either a weighted blanket or another weighted item was applied over the client's hands across her lap for extended periods of time and only removed for brief periods including toileting or repositioning. At 12:37pm, during the lunch meal, two weighted items were simultaneously positioned over client #3's hands and across her lap. On 9/2/20 at 3:30pm, client #3 was positioned on her back in a fully reclined chair</p>	W 249	<p>On 9/2/2020, the QIDP completed an in-service training with all staff on 1st and 2nd shifts. In this training, staff were discussed the Individual Program Plan (IPP) and Behavior Intervention Plan (BIP). Staff were instructed to pay attention to the strategies for reducing/redirecting the hands to mouth behavior of the resident referenced in this deficiency. Staff were given a list of the approved activities that can be implemented to reduce the amount of time that her hands are in or near her mouth.</p> <p>Going forward, each shift supervisor will monitor the time the weighted blankets are utilized and record this information in the electronic medical record (Therap) under her behavior intervention plan. The QIDP will review the information and consult with the psychologist to ensure the information is accurately. During each IPP/BIP meeting, the data will be analyzed and if there are updates/revisions needed to either plan they will be discussed and implemented accordingly. If training is needed to staff, the QIDP and psychologist will facilitate those trainings to ensure understanding and compliance by staff.</p>	10/31/2020	

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W 249	<p>Continued From page 3 with a weighted blanket across her upper chest and up to her shoulders.</p> <p>Throughout the observations on 9/1 - 9/2/20, client #3 periodically removed one or both of her hands from underneath the weighted blanket, or other weighted item, and up to her mouth. Each time she removed her hand(s) from underneath the items, a staff repeatedly physically returned the client's hand(s) to her lap and under the blanket. Other than a musical video, client #3 was not provided with an alternative activity, redirected to another activity or given objects to manipulate with her hands.</p> <p>Interview on 9/1/20 with Staff F revealed the weighted blanket was used to keep her hands down because she will put her hands in her mouth.</p> <p>Interview on 9/2/20 with Staff I indicated the weighted blanket was used when she is sitting or watching TV to "prevent" her from putting her hands in her mouth. The staff indicated they do not document the use to client #3's weighted items.</p> <p>Review on 9/2/20 of client #3's Strategies for Reducing/Redirecting Hands to Mouth Behavior (dated 7/24/20) revealed the following:</p> <p>"Purpose: To provide strategies and ideas for reducing the amount of time that [Client #3] has her hands in or near her mouth and to prevent skin breakdown on her chin and her fingers.</p> <p>Strategies: * [Client #3] loves social interaction. Staff can play games and sing songs with her.</p>	W 249			

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W 249	<p>Continued From page 4</p> <ul style="list-style-type: none"> * [Client #3] loves to be read to. When she is engaged in listening to a story and looking at the pictures, with staff turning the pages, she typically has her hands relaxed in her lap. * [Client #3] enjoys looking at magazines held by an adult who turns the pages for her... * ...[Client #3] can be offered various objects to hand-over-hand explore and manipulate. * Weighted objects can be used to provide calming pressure and gently remind [Client #3] to keep her hands in her lap. <p>How to use a weighted item:</p> <ul style="list-style-type: none"> * When [Client #3] is in a seated position, the weighted item can be placed over her lap and forearms. Her hands should be in her lap. She should be able to get her hands out from under it if she chooses. (i.e. DO NOT TUCK IT IN). * When [Client #3] is lying down, the weighted item should not be placed chest level. The item should remain below her rib cage at all times... * ...In the residence, a weighted item can be used no more than 4 times on 1st shift and no more than 4 times on 2nd shift. Each incident of use should be no more than 20 minutes in duration... * ...DO NOT use more than one weighted item at a time..." <p>Interview on 9/2/20 via phone with the Psychologist revealed client #3 should be redirected to an activity, staff also need to try to engage her to address her hands to mouth</p>	W 249		

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W 249	<p>Continued From page 5</p> <p>behaviors and the use of weighted items provide sensory stimulation. Additional interview indicated a form previously used to document the length of time a weighted item was applied had been discontinued. Further interview confirmed the written strategies to address this behavior were current and should be followed by staff.</p> <p>2. Client #4's strategies to address hand mouthing and hand biting behaviors were not implemented as written.</p> <p>During observations in the home on 9/2/20 from 6:45am to 8:00am revealed client #4 sitting in a recliner in her bedroom. There was a pair of soft mittens laying on the table beside the recliner. Throughout the observations, client #4 was observed to repeatedly put her hands in her mouth and bite her hands. At 8:00am, the Civitan Residence supervisor went into client #4's bedroom and put the soft mittens on her hands.</p> <p>Interview on 9/2/20 with the Civitan Residence supervisor revealed that client #4 should have been wearing the soft mittens for the duration of the time she was in her bedroom.</p> <p>Review of client #4's IPP dated 7/3/20 revealed client #4 has on-going concerns with her hand-in-mouth behavior due to it causing skin breakdown and to avoid the skin breakdown, she wears mittens to decrease moisture.</p> <p>Further review of client #4's IPP revealed a BIP dated 11/8/18 with objectives to decrease the frequency of self-injurious hand-biting behavior and exhibit zero incidents of hand-mouthing behavior. Further review of the BIP revealed</p>	W 249	<p>The QIDP for the Civitan Residence met with her supervising staff on 9/2/2020 following the closing conference from this annual survey. In this meeting, staff reviewed the IPP and the use of the mittens for the resident referenced.</p> <p>An additional meeting with all Staff from every shift is scheduled for October 19th. Staff will review the behavior intervention and individual program plans for all Civitan residents. Each shift supervisor will then follow up monthly with staff on ensuring the plans are followed and provide any necessary training or redirection to staff to ensure compliance with the IPP and Behavior intervention plans.</p> <p>At the end of each quarter, the QIDP will meet with the shift supervisors to look at any trends in implementation of the IPP strategies and objectives and consult with the psychologist on any recommended changes or updates that staff has noted. These updates or revisions will also be discussed at scheduled IPP and Behavior Intervention Plan meeting scheduled each month.</p>	10/31/2020	

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W 249	Continued From page 6 guidelines to direct staff to use soft mittens when staff are not one-to-one with client #4. Interview on 9/2/20 with the Psychologist revealed that client #4 does have target behaviors of hand-mouthing and biting her hands. The psychologist revealed that client #4 has issues with skin breakdown and the soft mittens should be worn to prevent further skin breakdown when client #4 is hand-mouthing or biting her hands. The Psychologist confirmed that client #4 should be wearing the soft mittens any time she is not one-to-one with staff or engaged in an activity.	W 249		
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure a technique to manage client #5's behavior was included in an active treatment program. This affected 1 of 5 audit clients. The finding is: A technique to address client #4's behavior was not included in a formal active treatment program. During morning observations in the Civitan	W 288	Civitan's QIDP has consulted with our psychologist to update the current BIP and IPP to include a monitoring device that can be used to alert staff of client's #5 movements as he is a fall risk and must be supported with a gait belt when he is ambulatory. The QIDP has also consulted with the occupational therapist to determine what device will be utilized as the small rubber toy with the bells on it has been removed from the door handle. Going forward, staff has been instructed by the no additional devices can be implemented without it being approved in the BIP and they have been properly trained on its usage by the psychologist.	10/31/2020

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W 288	<p>Continued From page 7</p> <p>Residence on 9/2/20 from approximately 6:52am to 9:15am, a small, rubber toy with bells on the end of it was observed to be wedged behind the door handle on client #5's bedroom door. When staff or client #5 would enter or exit the bedroom, the bells would make a noise.</p> <p>Interview on 9/2/20 with Staff D revealed that she is new to the home but has been informed that the toy with bells is to notify staff of client #5's movements.</p> <p>Interview on 9/2/20 with Staff A revealed that client #5 requires staff to walk with him. In addition, Staff A revealed that client #5 tries to walk alone so the toy is used to alert staff of client #5's movements.</p> <p>Review 9/2/20 of client #5's individual program plan (IPP) dated 6/19/20 revealed client #5 "is ambulatory but requires the use of a gait belt while walking with assistance from staff. He will scoot around the facility when he wants to move on his own and not have assistance from staff." Additional review of client #5's behavior intervention plan (BIP) dated 11/8/18 revealed that client #5 has a target behavior of agitation that could lead to self-injurious behavior or non-compliance. The IPP and BIP do not address a monitoring device to be used to alert staff of client #5's movements.</p> <p>Interview on 9/2/20 via phone with the Psychologist revealed that if staff are using the toy and bells to alert them of client #5's movements, this would be considered a monitoring device. The Psychologist confirmed that client #5 does not have a monitoring device incorporated into his BIP.</p>	W 288			

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W 288	Continued From page 8	W 288			
W 382	<p>Interview on 9/2/20 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed that staff use the toy with bells as a means of alerting them to client #5's movements when he is in his bedroom and tries to leaves his room. The QIDP confirmed the toy with bells would be considered a monitoring device and is not part of his IPP or BIP.</p> <p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medications were kept locked except when being administered. The finding is:</p> <p>Medications were not kept locked.</p> <p>During morning observations in the Tucker Residence on 9/2/20 from 7:37am - 7:42am, 8:18am - 8:20am and 8:29am - 8:40am, the medication cart and the door to the medication room were left unlocked. At 7:37am, two pill packets and two bottles of medication were unsecured and on the counter in the medication room. During these times, two nurses working in home were in other areas of the building.</p> <p>Interview on 9/2/20 with Nurse A revealed the door to the medication room and the medication cart should be locked when nurses leave the</p>	W 382	<p>TLC Operations will review with its nursing staff the regulations that require all medications are locked except when being administered. The Residential services director (RSD) has met with the nursing staff that were present during the survey to address this deficiency.</p> <p>To eliminate this from recurring, there has been additional signage added to the two doors in the nursing stations. All nursing staff will participate in an in-service training with the Clinical Nurse Manager and shift supervisors to address the deficiency cited in this survey. Staff will also receive information on disciplinary actions that will follow if they are discovered to have left the room unlocked in the future.</p> <p>Going forward, the RSD and QA/QI Manager will monitor the nursing stations by video surveillance to ensure compliance with this standard.</p>	10/31/2020	

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W 382	Continued From page 9 room. Review on 9/2/20 of the facilities' medication storage policy (dated 12/17/19) revealed, "All drugs shall be kept locked in the designated security area...The drug storage area shall always be locked, unless a nurse or DSP/CNA is in attendance." Interview on 9/2/20 with the Nursing Supervisor confirmed the medication cart and the door to the medication room should be locked if no nurse is in the room.	W 382			