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

PRINTED: 02/17/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G039	A. BUILDING _____ B. WING _____	02/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAMMY LYNN CENTER-ADULT RESIDENTIAL	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 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 3 of 5 audit clients (#6, #9 and #10) had the opportunity to choose their personal preference regarding the manner in which they consumed their food. The finding is: During breakfast observations in the home on 2/16/21 at 7:57m, staff served scrambled eggs and grits in an individual bowl, mixed the two food items together and assisted clients to consume the mixture. Clients were not afforded the opportunity to choose not to have their breakfast food items mixed together prior to consumption. Interview on 2/16/21 with Staff B revealed they normally mix grits and eggs together because they felt the clients liked it done this way. Review on 2/16/21 of client #6's Individual Program Plan (IPP) dated 3/14/20 revealed, "[Client #6] uses a combination of eye gaze, vocalizations, word approximations, adapted sign language, facial expressions, augmentative communication device and short phrases." Additional review of client #6's Communication Checklist noted he should be given opportunities to "make choices." Review on 2/16/21 of client #9's Speech Language update (dated 1/29/20) revealed, "[Client #9] makes choices effectively." Additional review of the client's Individual Program Plan	W 247	Tammy Lynn Center (TLC) will ensure that all residents have the opportunity to choose their personal preference regarding the manner in which they consume their food. The QIDP will do in-service training for all staff (all shifts) on meal plans and how to properly executive the mealtime routine starting immediately and concluding by March 2021. All staff will re-take the communication class that is taught by our Speech Language Pathologist, Lora Rogers in March 2021. Each month Ms. Rogers reviews the communication checklists with staff that is apart of the IPP. In this class, Ms. Rogers discusses specifically how to our residents are able to express their choices thru various mediums includes eye gaze, sign language, facial expressions. And augmentative communication devices (as appropriate in their IPP). Going forward, the QA/QI Manager and Medical Records Manager will conduct monthly observations (in person) of all homes and record reviews on each shift (rotating a home and shift monthly). Feedback will be given in writing to the QIDP and supervisors for implementation. This will continue for the remainder of 2021.	4/16/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Natasha Berry Green | QA/QI Mgr | 2/26/2021

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 247	Continued From page 1 (IPP) dated 2/25/20 noted, "She can communicate to others by facial expressions (smiles, frowns, etc.), cries and vocalization." Review on 2/16/21 of client #10's IPP dated 9/1/20 revealed, "[Client #10] uses a combination of facial expressions, verbal output, body posturing, actions and body movements to communicate his wants and needs ... [Client #10] is able to ask and answer simple why -questions. [Client #10] is encouraged to express his feelings verbally." Additional review of client #10's Communication Checklist noted he should be given opportunities to "make choices". Interview on 2/16/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed each client can communicate and make choices/preferences known in their own way and staff should acknowledge these preferences individually.	W 247		
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 ensure 5 of 5 audit	W 249	TLC will ensure that all residents receive a continuous active treatment program consisting of needed interventions and services to support the achievement of	4/16/2021

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W 249	Continued From page 2 clients (#4, #6, #7, #9 and #10) received a continuous active treatment program consisting of needed interventions and services to support the achievement of objectives identified in the Individual Program Plan (IPP) in the areas of structured activities, objective implementation, behavior plan implementation and choice. The findings are: A. During observations throughout the survey in the home on 2/15 - 2/16/21, client #10 consistently sat positioned in his wheelchair in hisbedroom. Throughout the observations, the clientwas not offered any activities or objective training.Other than brief verbal interactions with staff and hearing the sound of a television being watched by his roommate, client #10 remained unengaged. Interview on 2/15/21 with Staff I indicated several clients were in their bedrooms to practice "social distancing". Additional interview on 2/16/21 with Staff H revealed clients have schedules they follow each day which includes daily activities, games and "hands-on" participation from staff. Review on 2/15 - 2/16/21 of client #10's IPP dated 9/1/20 revealed, "[Client #10] is aware and interactive within his environment." Additional review of the client's Socialization/Leisure Activity Program list indicated, "Staff will offer [Client #10] the opportunity to participate in social and leisure activities throughout each day." Further review of the list noted activities such as music, reading, television, arts and crafts, a table game, video, exercise activity, ball play, a switch, a walk, cooking activity, interaction with peers, and a musical instrument. Review of client #10's daily schedule indicated designated times for various	W 249	Objectives identified in the Individual Program Plan (IPP) in the areas of structured activities, objective implementation, behavior plan implementation and choice. The QIDP has ordered additional resources for active treatment implementation. We have received a new variety of resources to engage the residents to ensure socialization and leisure activities and eliminate idle time. Going forward, the QA/QI Manager and Medical Records Manager will conduct monthly observations (in person) of all homes and record reviews on each shift (rotating a home and shift monthly). Feedback will be given in writing to the QIDP and supervisors for implementation. This will continue for the remainder of 2021	

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W 249	Continued From page 3 activities including range of motion, objectives, domestic skills, leisure activities, sensory activities, arts and crafts and movies. Interview on 2/16/21 with the Qualified Intellectual Disabilities Professional (QIDP) indicated client #10 should not be spending the majority of his time in his bedroom unengaged and activities and training should be offered. Additional interview revealed each client has a daily schedule which should be followed by staff. B. During observations throughout the survey in the home on 2/15 - 2/16/21, client #9 frequently sat in her bedroom positioned in her wheelchair with a radio or a television playing in the background. Other than sitting in the day room on the evening of 2/15/21 while a story was playing loudly in the room, client #10 was not actively engaged with any activities or training. Interview on 2/15/21 with Staff I indicated several clients were in their bedrooms to practice "social distancing". Additional interview on 2/16/21 with Staff H revealed clients have schedules they follow each day which includes daily activities, games and "hands-on" participation from staff. Review on 2/15 - 2/16/21 of client #9's IPP revealed objectives to tolerate 5 minutes of a group activity without becoming agitated with 60% accuracy and participate in a touch screen activity on the computer 60% of trials. Additional review of the client's Communication Checklist noted she should be provided with opportunities to respond to her name, making choices, follow one-step directions, vocalizing, using switches and voice output devices and turn taking in a game or activity. Review of client #9's daily	W 249		

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W 249	Continued From page 4 schedule indicated designated times for various activities including range of motion, objectives, domestic skills, leisure activities, sensory activities, arts and crafts and movies. Interview on 2/16/21 with the Qualified Intellectual Disabilities Professional (QIDP) indicated client #9 should not be spending the majority of her time in her bedroom unengaged and activities and training should be offered. Additional interview revealed each client has a daily schedule which should be followed by staff. C. During observations throughout the survey in the home on 2/15 - 2/16/21, client #7 consistently sat positioned in his wheelchair in his bedroom with his roommates television playing in the background. Other than sitting in the day room on the morning of 2/16/21 while a story played in the background, client #7 was not offered activities or objective training. Review of client #7's IPP dated 7/1/20 revealed objective training to activate a switch, engage in sensory activities, respond to interactions and make choices. Additional review of client #7's IPP revealed a daily schedule that includes range of motion, objective training, leisure activities, arts and crafts and movies. Interview on 2/15/21 with Staff I indicated several clients were in their bedrooms to practice "social distancing". Additional interview on 2/16/21 with Staff H revealed clients have schedules they follow each day which includes daily activities, games and "hands-on" participation from staff. Interview on 2/16/21 with the QIDP confirmed	W 249		

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W 249	Continued From page 5 client #7 should not be spending the majority of his time in his bedroom unengaged and activities and training should be offered. D. During observations in the home on 2/16/21 at 7:42am, client #4 was observed to walk into her peers bedroom and repeatedly hit her peer on the head, and attempted to grab her peers magazines off the nightstand. Staff B was observed to take the magazines away from client #4 but did not redirect her for hitting her peer. Additional observations in the home on 2/16/21 at 7:54am revealed client #4 standing in the dining area of the home. She was observed to repeatedly hit her peer on his back. Staff B and Staff E were observed in the dining room with client #4 and her peer, but did not redirect client #4 from hitting her peer. Review on 2/16/21 of client #4's IPP dated 7/1/20 revealed objective training to address various identified target behaviors including hitting her peers. Additional review of client #4's IPP revealed a Behavior Support Plan (BSP) dated 7/7/11 to address aggressive behaviors to other clients which states, "If [Client #4] attempts to head butt, slap, pinch, scratch, kick or grab other clients and is not agitated, she should be physically redirected to an activity without comment." Interview on 2/17/21 with the QIDP confirmed staff should follow the guidelines of client #4's BSP and physically redirect her to a activity. E. During observations throughout the survey in the home on 2/15 - 2/16/21, client #7 was observed to sit in his bedroom or day room in his	W 249	QIDP will conduct in-service refresher on the Behavior Support plan. Staff will follow the guidelines of the BSP and physically redirect Client#4 to another activity. Typically, Client#4 will redirect herself once she sees staff and they give any verbal redirection. Going forward, the QA/QI Manager and Medical Records Manager will conduct monthly observations (in person) of all homes and record reviews on each shift (rotating a home and shift monthly). Feedback will be given in writing to the QIDP and supervisors for implementation. This will continue for the remainder of 2021	4/16/2021

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W 249	Continued From page 6 wheelchair. Throughout the observations, client #7 was observed to use his right hand to try to propel his wheelchair. The brake on the wheelchair was observed to be locked throughout these times. Review on 2/15/21 of client #7's IPP dated 12/3/20 revealed "[Client #7] is non-ambulatory, however he is able to propel his wheelchair using his right hand." Additional review on 2/16/21 of client #7's IPP dated 12/3/20 revealed wheelchair guidelines (undated) which states "[Client #7] is able to push his wheelchair on flat surfaces for short distances, often in circles, when desired. Since [client #7] is able to self propel, his wheelchair should not be locked unless he is in an unsafe area (uneven surfaces, steps, curb, or near traffic) or needs to be stationary for a program or activity like mealtime." Interview on 2/16/21 with Staff F revealed that staff lock client #7's wheelchair to prevent him from moving his wheelchair because his roommate is often walking in and out of their bedroom and they don't want him to hit his roommate. Interview on 2/16/21 with Staff H revealed that staff lock client #7's wheelchair because he moves around a lot and staff don't want him moving and bumping into something and hurting himself. Interview on 2/16/21 with the QIDP revealed that client #7 does move around a lot and is at risk for hurting himself. The QIDP confirmed that the wheelchair guidelines should be followed as	W 249	QIDP has met with Psychologist and Physical Therapist to update wheelchair guidelines. Client# 7's wheelchair guidelines have been revised to state when his chair should be locked and unlocked. Staff should only unlock his chair when they are able to visually supervise him. When he is in his room alone, his wheelchair will be locked. His wheelchair will be unlocked during leisure activities so that he can self-propel himself around. If he leaves the structured activity, staff will offer him an alternative activity. The physical therapist will update his guidelines and the staff will receive in-service on proper implementation in March 2021. To address this TLC site wide, we will update our GPP 11.40 (Safety/Sanitation: Client Equipment and Safety) to address the wheelchairs can be locked based on the assessment of the physical therapist and updated guidelines. Once approved, all staff will be alerted of this updated GPP in the TLC Insider for immediate implementation.	4/16/2021

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W 249	Continued From page 7 written but also stated that she believes the guidelines need to be reviewed and revised due to the risk of injury for client #7's movements. F. During observations in the home on 2/15/21 at 12:17pm, client #6 was observed to finish eating his lunch and maneuver his wheelchair down the hall to the bathroom. At 12:30pm (14 minutes later), client #6 was observed laying in the bed. Review on 2/15/21 of client #6's IPP dated 3/14/20 revealed client #6 is to "be kept in an upright position for 30 minutes after meals/snacks." Review on 2/16/21 of client #5's nursing evaluation dated 2/25/20 revealed "staff should keep [Client #6] in an upright position for at least 30 minutes after a meal and/or snack." Interview on 2/16/21 with the QIDP confirmed that due to digestive issues, client #6 should have been kept in an upright position for 30 minutes following his lunch. G. During observations in the home on 2/15/21 at 5:10pm, Staff C was observed to begin feeding client #7. Throughout the observations, Staff C fed client #7 by scooping the food and putting the spoon to client #7's mouth. At not time during the observation was client #7 prompted to do hand-over-hand assistance with feeding. Review on 2/15/21 of client #7's IPP dated 12/3/20 revealed client #7 is supported with mealtime guidelines. These guidelines state "[Client #7] will sometimes tolerate hand-over-hand feeding with a spoon that has food on it. Give him 5 opportunities at each meal	W 249		

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W 249	Continued From page 8 to eat from a spoon with hand-over-hand assistance." Interview on 2/16/21 with the QIDP confirmed that staff should follow client #7's mealtime guidelines at each meal. H. During observations in the home on 2/16/21 at 8:04am, Staff E was observed to feel client #4 her food, at times using hand-over-hand assistance to scoop the food and bring the spoon to her mouth, and at other times scooping the food and putting the spoon in her mouth. Staff E was also observed to bring client #4's cup to her mouth to drink from and use a napkin to wipe client #4's mouth. Review on 2/16/21 of client #4's IPP dated 7/1/20 revealed client #4 is supported with mealtime guidelines. These guidelines state, "Prompt [Client #4] to feed herself, if necessary. She is independent from there on. [Client #4] is independent in drinking from a regular cup or glass." Interview on 2/16/21 with the QIDP confirmed that staff should follow client #4's mealtime guidelines at each meal. I. During observations in the home on 2/16/21 at 8:54am, Staff E was observed to stand beside client #6's wheelchair and feed him or use hand-over-hand assistance to scoop his food and bring the spoon to his mouth. Review on 2/15/1 of client #6's IPP dated 3/14/20 revealed client #6 feeds himself independently with intermittent verbal prompts to continue without assistance. Additional review of client	W 249		

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W 249	Continued From page 9 #6's IPP revealed he is supported by mealtime guidelines. These guidelines state, "Given verbal prompts, [Client #6] will feed himself. He is capable of scooping food and getting it to his mouth." Interview on 2/16/21 with the QIDP confirmed that staff should follow client #6's mealtime guidelines at each meal.	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. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure client #10's data relative to Individual Program Plan (IPP) objectives was documented as indicated. This affected 1 of 5 audit clients. The finding is: Review on 2/16/21 of client #10's IPP dated 9/1/20 revealed, "[Client #10] wears a hand splint on both hands for 2 hours in the morning and 2 hour in the afternoon." Additional review of data collection sheets for the hand splints revealed the following days of documentation: 06/20 - 8 days 07/20 - 6 days 08/20 - 0 days 09/20 - 0 days 10/20 - 0 days	W 252	TLC will ensure that data relative to accomplishment of the criteria specified in the client's individual program plan objectives are documented in measurable terms. The QIDP has updated the monitoring schedule of the hand splints of Client# 10. This updated schedule has been added to the accountability book for this client of easy and quick access. To ensure proper documentation has taken place, each shift supervisor will check to ensure completion. The QA/QI Manager will send a monthly email to the QIDP and supervisors to ensure that each date was properly documented on and any deviation of usage is also documented.	4/16/2021

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W 252	Continued From page 10 11/20 - 1 day 12/20 - 18 days 01/21 - 0 days 02/21 - No data sheet available Interview on 2/16/21 with Staff G revealed all data for objectives is documented by direct care staff in the facility's electronic system (Therap); however, some things are written on sheets located in the individual client's training books. Interview on 2/16/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the use of client #10's hand splints should be documented in the morning and afternoon.	W 252		
W 454	INFECTION CONTROL CFR(s): 483.470(I)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the potential for cross-contamination was prevented. This potentially affected all clients residing in the home. The findings are: A. During observations throughout the survey in the home on 2/15 - 2/16/21, client #4 was observed to repeatedly spit in common areas of the home (hallways, den), on railings, door frames, dining tables that were set up for dining, a kitchen counter with adaptive dining equipment laying on it, and in other clients bedrooms. During these times, the areas were not cleaned or sanitized before others in the home used them.	W 454	TLC will ensure that all facilities are maintaining a sanitary environment to avoid sources and transmission of infections. Staff will ensure that the facility prevents cross contamination for all clients residing in the home. Staff and our housekeeping personnel will ensure that all common areas (dining, kitchen counter, day rooms, etc.) receive updated sanitizing before usage due to Client #4 repeatedly spitting. Staff has secured spray disinfectant that will be used. For hallways and railings, housekeeping staff have been instructed to wipe down these areas to avoid cross contamination.	4/16/2021

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

PRINTED: 02/17/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G039	A. BUILDING _____ B. WING _____	02/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAMMY LYNN CENTER-ADULT RESIDENTIAL	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 454	Continued From page 11 Review on 2/16/21 of the facility's COVID-19 protocols revealed, "We continue to ask employees to cooperate in taking steps to reduce the transmission of communicable diseases in the workplace by doing the following...Clean frequently touched surfaces..." Interview on 2/16/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed that staff in the home should have cleaned and sanitized all areas of the home that were affected. Additionally, the QIDP confirmed that the dining table should have been cleaned and the adaptive dining equipment should have been replaced and rewashed. B. During observations in the home on 2/15/21 at 12:23pm, client #4 was observed walking down the hallway. Staff A was observed standing in the laundry closet doorway. On the floor near the laundry closet and bathroom door were pieces of cut up fruit that was served during lunch. Client #4 sat on the floor and began eating the fruit off the floor. Staff A was observed to say "Don't pick stuff up off the floor." Staff A did not prompt client #4 to stop eating the pieces of fruit nor did she clean the fruit up off the floor. Interview on 2/26/21 with the QIDP revealed that client #4 is known to try to pick food up off the floor and eat it. The QIDP confirmed that staff should have stopped client #4 from eating the fruit, and either immediately cleaned the area or removed client #4 from the area until it could be cleaned.	W 454	Going forward, the QA/QI Manager and Medical Records Manager will conduct monthly observations (in person) of all homes and record reviews on each shift (rotating a home and shift monthly). Feedback will be given in writing to the QIDP and supervisors for implementation. This will continue for the remainder of 2021	4/16/2021

tlc
founded as Tammy Lynn Center
739 Chappell Drive, Raleigh, NC 27606 | Telephone (919) 832-3909 | Fax (919) 832-8475 | nctlc.org

ADMINISTRATION
FAX TRANSMITTAL

TO: NC DEPARTMENT OF HEALTH AND HUMAN SERVICES •DHSR **FAX:** 919-715-8078

RE: Provider Number: 34G039 MHL Number: MHL092-011

FROM: Lakisha Perry-Green

DATE: February 26, 2021

NUMBER OF PAGES INCLUDING COVER SHEET: 14

COMMENTS: Please accept this Plan of Correction. Originals have been placed in the mail.

tlc
Igniting Hope. Embracing Possibility.

February 26, 2021

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 2/16/2021
(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

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

Enclosures