

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

PRINTED: 12/21/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/17/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>TAMMY LYNN CENTER/CHILDREN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>743 &amp; 745 CHAPPELL DRIVE</b> <b>RALEIGH, NC 27606</b>		
(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 194}	<p><b>STAFF TRAINING PROGRAM</b> CFR(s): 483.430(e)(4)</p> <p>Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, direct care staff failed to demonstrate specific skills in positioning. This affected 3 of 4 audit clients (#5, #6 and #11). The finding is:</p> <p>A. During record review on 12/17/21 of client #5's "Position Change Schedule Summary" form that contains prefilled time slots every two hours, no data was filled out for 12/6/21 from 7:00am to 2:00pm, or 12/12/21 from 7:00am to 2:00pm, or 12/15/21 from 7:00am to 2:00pm.</p> <p>B. During record review on 12/17/21 of client #6's "Position Change Schedule Summary" form that contains prefilled time slots every two hours, no data was filled out for 12/3/21 from 7:00am to 1:00pm, 12/6/21 from 7:00am to 1:00pm, or 12/13/21 from 7:00am to 2:00pm.</p> <p>C. During record review on 12/17/21 of client #11's "Position Change Schedule Summary" form that contains prefilled time slots every two hours, no data was filled out for 12/2/21 from 7:00am to 1:00pm, 12/10/21 from 7:00am to 2:00pm, or 12/15/21 from 7:00am to 3:00pm.</p> <p>Interview on 12/17/21 with the Quality Assurance/Quality Improvement Manager confirmed clients should be repositioned every two hours and position changes should be</p>	{W 194}			

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

TITLE

(X6) DATE

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 194}	Continued From page 1	{W 194}			
{W 435}	<p>documented on the "Position Change Schedule Summary" form by the end of each shift. She also confirmed that the shift supervisors are responsible for making sure the information is filled out for each client by the end of each shift.</p> <p><b>SPACE AND EQUIPMENT</b> CFR(s): 483.470(g)(1)</p> <p>The facility must provide sufficient space and equipment in dining, living, health services, recreation, and program areas (including adequately equipped and sound treated areas for hearing and other evaluations if they are conducted in the facility) to enable staff to provide clients with needed services as required by this subpart and as identified in each client's individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure leisure activities were appropriate for clients identified needs. This affected 1 of 4 audit clients (#6). The finding is:</p> <p>During morning observations in the Tucker Home on 12/17/21 at 10:50 AM, Client #6 sat in a wheelchair, with an attached tray that held a multi-cup container of craft items. Client #6 had contractures in hands and was not able to handle the craft items. The craft materials were untouched during the observation.</p> <p>Review on 9/20/21 of client #6's individual program (IPP) plan dated 7/16/21 revealed he has diagnoses of Profound intellectual Disability, Cerebral Palsy, Spastic Quadriplegia and</p>	{W 435}			

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{W 435}	Continued From page 2 Microcephaly. Further review of the IPP confirmed client #6 is non-verbal and depends on staff for all of daily living and active treatment needs.  Interview on 12/17/21 with the Business Office manager revealed the Occupational Therapist placed an order for mostly sensory supplies on 10/11/21 for the clients. A list of the shipment was provided and included sensory blankets, pillows, mats, toys and a touch and match board. It could not be determined if any of the sensory items had been received and utilized in the dayroom since the Occupational Therapist was absent.	{W 435}			
{W 441}	Interview on 12/17/21 with the Quality Assurance/Quality Improvement Manager revealed that she did not know if the Occupational Therapist had introduced the new leisure activities to the clients to use. <b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(1)  The facility must hold evacuation drills under varied conditions.  This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure fire drills were conducted at varying times and conditions. This potentially affected all clients residing in the home (client's #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10). The finding is:  Review on 12/17/21 of facility fire drill reports for October 2021- December 2021 revealed the following:	{W 441}			

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{W 441}	Continued From page 3  10/15/21: 6:00pm (2rd shift) 11/29/21: 11:00pm (3rd shift)  Further record review revealed no evidence of revised staff training on conducting 3rd shift drills during deep sleep hours.  Interview on 12/17/21 with the Quality Assurance/Quality Improvement Manager acknowledged the fire drills should be varied throughout the shift and no drills were conducted during deep sleeping hours from 1:00am to 4:00am.	{W 441}		