

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

PRINTED: 08/08/2022
FORM APPROVED
OMB NO. 0938-0391

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|---|--|--|--|--|--|
| 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 C 08/04/2022 |
| NAME OF PROVIDER OR SUPPLIER TAMMY LYNN CENTER/CHILDREN | | | STREET ADDRESS, CITY, STATE, ZIP CODE 743 & 745 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 000 | INITIAL COMMENTS A complaint survey was completed on August 4, 2022 for intake #NC0091536. The complaint was not substantiated, however a deficiency was cited. | W 000 | TLC acknowledges that we must ensure our nurses respond in a timely manner to all medical concerns reported by our residential staff. Our nurses will ensure that their interventions are timely and appropriate and that they communicate with the client's physicians and other healthcare professionals as required. TLC nurses will monitor every client's progress following illness or injury and document in our electronic health record, Therap for each shift they provide services. They will also communicate with oncoming nurses to a shift on any medical concerns that they have reported to a physician or Nurse on Call. These instructions have been emailed to all TLC nurses by the Director of Nursing on August 5, 2022. | | |
| W 331 | NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observations, records review and interviews, the facility failed to provide nursing services in accordance with the needs for 1 of 10 clients (#6) relative to assessment and documentation of a hip injury. The finding is: Review on 8/4/22 of an internal investigation completed by the facility dated 1/14/22 revealed direct care staff A discovered a large bruise on client #6's right hip on 1/13/22 about 6:45pm when he was preparing client #6 for a bath. Staff A immediately told the shift charge person and notified Nurse A. Further review of the incident report dated 1/13/22 and the investigation revealed Nurse A documented a large bruise on client #6's hip but there was no documentation of any assessment of client 6's pain, any possible causes of the bruise and no one else was notified on 1/13/22. Additional review of the facility's investigation revealed the following morning on 1/14/22, staff B discovered a large bruise on client #6's hip and staff B immediately notified Nurse B. Review of staff statements revealed Nurse B assessed client #6, took vital signs and immediately notified the physician who ordered a mobile x ray crew to come to the center to x ray client #6's hip. Review on 8/4/22 of the xray | W 331 | To monitor this, our Nursing Supervisor will ensure that each shift has documented in Therap, a daily treatment log (T-Log) and any injuries using Therap's General Event Record (GER). The Nursing Supervisor or the Director of Nursing will follow up with any nurses who failed to document daily. Once they enter their note, they will state "Late entry" in the subject line of the T-Log. All GERs are reviewed by the QDDP (house manager), Director of Nursing, and the QA/QI Manager, at a minimum, to ensure staff and nursing interventions are noted prior to approval. Pictures are uploaded for any applicable injuries. All GERs are summarized for the managers and leadership of TLC, monthly by the QA/QI Manager. Quarterly, these GERs (incidents) are also reviewed by the TLC Quality Improvement Committee (QIC) to determine if additional trainings are needed for staff along with any trends in the incidents being reported. Also quarterly, these GERs (all levels) are reported to the Human Rights Committee by the QA/QI Manager. | | |

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

TITLE

(X6) DATE

Katherine Perry Green, BS, MPA, MBA

QA/QI Mgr

8/18/2022

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 331 | <p>Continued From page 1</p> <p>report and hospital record confirmed a fracture of client #6's hip. Further review of the facility's internal investigation revealed following the x ray report, the physician ordered staff to call 911 and have client #6 transported to a local hospital where he was admitted for treatment of the fractured hip. The summation of the facility's internal investigation determined there was no evidence of abuse or neglect but recommendations were made to modify client #6's wheelchair so that he could not "throw his leg over the arm rest". Modifications to the wheelchair were completed. Documentation also confirmed physical therapy immediately re-evaluated client after his discharge from the hospital to help facilitate recovery from his fractured hip.</p> <p>Interview on 8/4/22 with Nurse B revealed she was immediately notified by staff B of the large bruise on client #6's right hip when she arrived at work on 1/14/22. Further interview revealed she was puzzled by a lack of documentation on 1/13/22 of this injury and saw only an incident report completed by staff and Nurse on 1/13/22 indicating client #6 had a large bruise. She stated there was no additional assessment of this injury that she could locate on 1/14/22. Further interview revealed her focus on 1/14/22 was to facilitate prompt, appropriate assessment of client #6 and notify his physician as soon as possible.</p> <p>Interview on 8/4/22 with staff B confirmed he saw the bruise on client #6 when he arrived at work and that it was "huge." Further interview confirmed that he immediately notified Nurse B and she immediately notified the physician.</p> <p>Interview on 8/4/22 with the Director of Nursing,</p> | W 331 | | | |

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| W 331 | Continued From page 2 Director of Quality Assurance and the Residential Director confirmed there was not adequate documentation on 1/13/22 of client #6's bruising to his hip by Nursing. Further interview confirmed there should have been an assessment to determine client #6's comfort level, if any additional notifications needed to be made and an overall assessment of client #6's physical status when this injury was discovered on 1/13/22. | W 331 | | | |

Lakisha Perry-Green

From: Marilyn Prelozny
Sent: Friday, August 5, 2022 2:40 AM
To: [REDACTED]
Subject: ICF NSG Tag 8-4-2022

On 8/4/22 nursing received a standard tag from ICF Survey related to a complaint in Tucker. Please make sure you are following up on all injuries including bruises. Nurses should assess the individual and document all findings in Therap. If the injury is significant or appears from any sort of possible abuse or negligence, it must be reported immediately. Also, remember to assess for any signs/symptoms of pain or discomfort that may require a PRN. If no sign/symptoms of pain or discomfort, document as such. Vital signs are sometimes the only indicator of pain for our individuals such as an increased heart rate or respirations. If an injury looks as though it would hurt you, then it probably hurts for our individuals also. They just may not be able to express the pain.

Any questions, just reach out. It is better to call and wake someone than to miss a serious injury or leave someone in pain.

Thank you all for everything that you do taking care of the individuals that live here. I look forward to seeing everyone in the near future.

Sincerely,
Marilyn



MARILYN PRELOZNY, RN
Director of Nursing

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IGNITING HOPE. EMBRACING POSSIBILITY.
TLC empowers individuals of all abilities to live their fullest life.

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