

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

PRINTED: 08/17/2023
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 C 08/16/2023	
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 000	INITIAL COMMENTS			W 000			
W 149	<p>A complaint survey was completed on August 16, 2023 for intake #NC00205844 and NC00205857. The complaints were substantiated and deficiencies were cited for intake #NC00205844.</p> <p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1)</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure it's policy to protect from harm or neglect was implemented for 1 of 2 audit client (#1). The finding is:</p> <p>Review on 8/16/23 of client #1's incident report dated 4/7/23 revealed a change in resident's skin condition "upon assessment, purple and blue bruise noted to resident's right eyelid crease only sclera intact and clear, no inflamed spider vessels noted to eye, surrounding eye structures intact with normal pallor and turgor, no physical signs of pain or discomfort when bruise palpated, first aid not required at this time."</p> <p>Further review of client #1's incident reported dated 4/9/23 revealed Nursing was notified of a new skin condition on resident. "upon assessment , purple and black bruise observed to [client #1] upper right skull near hairline. Skin surface intact with reddened area noted in the center of the bruise.</p> <p>Review on 8/16/23 of the facility's T-Log Details dated 4/9/23 at 1:16am revealed "11pm-7am- received report and was informed that [client#1]</p>			W 149			

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 149	Continued From page 1 has a bruise on right eye lid. I have checking on the site throughout shift. There is no signs of redness or swelling." Further review of T-Log Details dated 4/9/23 at 5:47pm revealed "7am-11pm Mother concerned about the bruised rt eyelid and a quarter size bruise noted on upper right side of forehead, just above the bruised eyelid, that happened last week. Bruises are purple in color skin intact..." Review on 8/16/23 of the facility's Protection from Harm, Abuse, Neglect, or Exploitation in All Programs Procedure "7. any employee of TLC who witnesses or has knowledge of a violation of abuse/neglect/exploitation or of an accidental injury to a client shall immediately report the violation/injury to their supervisor ..." Interview on 8/16/23 the Clinical Director of Nursing revealed she was aware that the Nurse's assessment of client #1 and documentation on incident report revealed "nurse was notified on 4/7/23 reported bruising to eyelid, nurse noted no observation for what caused injury, no signs of discomfort. [client #1] has been observed rubbing eyes. Staff subjectively assumed it may have caused bruising." Interview on 8/16/23 the Director of Residential Services revealed the incident was not abuse or neglect nothing was seen on video to implicate abuse or neglect and staff reported client #1 rubbing her eye that caused the bruising. The bruising may have been caused by the bed rails that are on her bed where she could have possibly hit her head.	W 149			
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)	W 154			

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W 154	<p>Continued From page 2</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to thoroughly investigate an injury of unknown origin for 1 of 2 audit clients (#1). The finding is:</p> <p>Review on 8/16/23 of the facility's internal investigations revealed no investigation for client #1 had been initiated since the injury was identified on 4/7/23 and 4/9/23.</p> <p>Review on 8/16/23 of client #1's incident report dated 4/7/23 revealed a change in resident's skin condition "upon assessment, purple and blue bruise noted to resident's right eyelid crease only sclera intact and clear, no inflamed spider vessels noted to eye, surrounding eye structures intact with normal pallor and turgor, no physical signs of pain or discomfort when bruise palpated, first aid not required at this time."</p> <p>Further review of client #1's incident reported dated 4/9/23 revealed Nursing was notified of a new skin condition on resident. "upon assessment , purple and black bruise observed to [client #1] upper right skull near hairline. Skin surface intact with reddened area noted in the center of the bruise.</p> <p>Interview on 8/16/23 the Director of Residential Services confirmed that he could not locate the investigation and was not sure if one had been completed.</p>	W 154			