

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

PRINTED: 02/08/2024
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 02/06/2024
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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W 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #19 had the right to dignity regarding the use of incontinence pads. This affected 1 of 6 audit clients. The finding is:</p> <p>During observations in the living room area of the Civitan Residence throughout the survey on 2/5 - 2/6/24, client #19 was seated in his wheelchair with an incontinence pad positioned underneath him. The incontinence pad was exposed and visible to anyone in the area.</p> <p>Interview on 2/6/24 with Staff F revealed the pad was likely in place because when client #19 urinates his urine "will be all over the floor."</p> <p>Review on 2/6/24 of client #19's Individual Program Plan (IPP) dated 12/6/23 revealed, "[Client #19] is totally dependent on staff to ensure all of his ADL's and all other needs are met, but also maintained daily...Due to [Client #19's] immobility, he requires repositioning and refreshing every 2 hours and/or as needed." Additional review of the client's Residential Client Assessment dated 12/18/23 noted, "[Client #19] is incontinent and unaware when he has to go or has gone. He currently wears attends diapers."</p> <p>Interview on 2/6/24 with the Shift Supervisor and</p>	W 125			

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 125	Continued From page 1			W 125			
W 130	<p>the Qualified Intellectual Disabilities Professional (QIDP) indicated the incontinence pad should not have been placed on the seat of client #19's wheelchair in this manner.</p> <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure that 1 of 6 audit clients (#3) was afforded privacy while receiving medications via gastronomy (G) tube. The finding is:</p> <p>During evening medication administration in Tucker Residence on 2/5/24 at 4:05pm, Nurse #2 approached client #3 in the day room to give his medications. Client #3 sat in a wheelchair, amongst 9 other clients and 3 staff. Nurse #2 pulled back the shirt of client #3 to expose his abdomen and 2 peg ports for feeding. Nurse #2 placed Clonazepam medication in the G tube to administer it.</p> <p>Record review on 2/5/24 of client #3's Individual Program Plan (IPP) dated 4/10/23 revealed he needed assistance to exercise his rights.</p> <p>Interview on 2/6/24 with Nurse #5 revealed she had not considered concerns for privacy when nurses gave medications on the floor.</p> <p>Interview on 2/6/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that she expected staff to take clients inside the</p>			W 130			

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W 130	Continued From page 2	W 130			
W 240	<p>medication room or their bedrooms when it was time to give their medications.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #10's Individual Program Plan (IPP) included specific information to address drooling. This affected 1 of 6 audit clients. The finding is:</p> <p>During observations throughout the survey in the Civitan Residence on 2/5 - 2/6/24, client #10 drooled heavily. Various staff were noted to repeatedly wipe the client's mouth without her assistance. Client #10 inconsistently wore a clothing protector secured around her neck as the drooling occurred.</p> <p>Interview on 2/6/24 with the Shift Supervisor (SS) revealed staff should be wiping client #10's mouth when she is drooling. The SS noted she can assist with wiping her mouth but will often pull away when prompted to do so. An additional interview indicated about a year ago client #10 began wearing bandana type cloths around her neck to address the drooling. The SS also noted the client was not required to wear a clothing protector to address her drooling.</p> <p>Review on 2/6/24 of client #10's IPP dated 4/21/23 did not reveal any information regarding her tendency to drool or interventions for staff to address the client's drooling.</p>	W 240			

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W 240	Continued From page 3	W 240			
W 249	<p>Interview on 2/6/24 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #10's IPP did not include specific information to address her drooling or interventions to be implemented.</p> <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</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 review and interview, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of self-help, leisure, and mealtime guidelines. This affected 3 of 6 audit clients (#4, #10 and #18). The findings are:</p> <p>A. During breakfast observations in Tucker Residence on 2/6/24 at 9:05am, client #4 consumed chunky grits for breakfast, although his diet was modified for pureed foods. Client #4 coughed throughout his meal, with Staff I, Staff N and Nurse #1 present at the table, while he ate. After client #4 consumed his meal, he sat in a recliner, where he laid in a contorted position.</p>	W 249			

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W 249	<p>Continued From page 4</p> <p>Client #4 was not observed to sit upright for 30 minutes after he consumed his meal.</p> <p>Record review on 2/6/24 of client #4's Mealtime Program, dated 7/13/23 revealed he was on a pureed diet and must remain upright for 30 minutes after meal and should not lie down.</p> <p>Interview on 2/6/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #4 needed to sit up after eating to avoid risks of aspiration. The QIDP revealed clients who are at risk should sit up for 30 minutes after meal.</p> <p>B. During observations in the Civitan Residence on 2/5/24 from 3:35pm - 5:17pm and on 2/6/24 from 7:49am - 8:28am and 8:40am - 9:30am, client #18 did not actively participate with any leisure activities. During this time, client #18 sat on the floor away from other clients and staff or sat on the couch unengaged. The client was not prompted or encouraged to participate in meaningful activities.</p> <p>Interview on 2/6/24 with Staff F revealed there is nothing client #18 likes to do except sit on the couch or on the floor in the corner. The staff stated, "What you see [Client #18] do is what he do all day." An additional interview indicated they have not been told of any activities the client likes.</p> <p>Review on 2/6/24 of client #18's IPP dated 5/7/23 revealed, "[Client #18] makes choices by reaching for objects or people...Can follow some one step directions." Additional review of the plan noted, "[Client #18] likes activities that keep him moving such as walking and outside activities. [Client #18] likes to manipulate objects with his</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>hands and visual stimulating activities ...[Client #18] likes one-on-one interaction from staff." Further review of the IPP revealed an objective to engage in a tabletop activity for 5 minutes 20% of trials for 6 consecutive months.</p> <p>Interview on 2/6/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #18 likes one-on-one attention from staff and tambourines and he should be offered activities to do even if he refuses them.</p> <p>C. During morning observations in the Civitan Residence on 2/6/24, Staff E set client #10's place setting, served her food onto her plate and poured her drink. Although the client was seated at the table as the staff completed these tasks, she was not prompted or assisted to participate. After consuming her meal, client #10 was not prompted to clear her place setting.</p> <p>Interview on 2/6/24 with Staff E revealed client #10 cannot assist with any of the tasks performed by the staff and this is the way they were trained.</p> <p>Review on 2/6/24 of client #10's IPP dated 4/21/23 revealed an objective to bring her dinner items to the table for 30% of trials for 6 consecutive months (implemented 5/22/23). Additional review of the client's Comprehensive Functional Assessment (CFA) dated 4/21/23 noted she requires full physical assistance to serve herself from a container, set the table and empty trash. The CFA indicated no independence with pouring liquids from a pitcher.</p> <p>Interview on 2/6/24 with the QIDP confirmed client #10 can perform all tasks which were completed by the staff given hand-over-hand</p>	W 249			

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W 249	Continued From page 6 assistance.	W 249			
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to administer medications as ordered for 1 of 6 audit clients (#3). The finding is: During evening observations in Tucker Residence on 2/5/24 at 4:05pm, Nurse #2 administered 1 vial of Refresh Eye Drops placing a drop in each eye of client #3. Record review on 2/6/24 of Physician's Orders from 12/1/23 for client #3 revealed no order for Refresh Eye Drops. Interview on 2/6/24 with the Nurse Manager and Nurse #5 revealed client #3's was previously prescribed Artificial Tears but the order was discontinued on 11/30/23. Neither nurse could locate the discontinued artificial tears order or the new order to start Refresh Eye Drops on 12/1/23. The nurses noted the pharmacy had placed it on the electronic medication administration record (EMAR) based on the order they received.	W 369			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by:	W 382			

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W 382	Continued From page 7 Based on observation, record review and interview, the facility failed to ensure the medication cabinet remained locked when staff were not present. The finding is: During afternoon medication administration in Tucker Residence on 2/5/24 at 4:05pm, Nurse #2 was observed to gather the medications for client #3 in a basket and walk out of the medication room to the day room. Nurse #2 did not lock the medication cabinet or lock the door to the primary medication room. The nurse manager was sitting inside of another office in the medication room suite, with her back to the door. Review on 2/6/24 of the facility's Medication Policy revealed all medication shall be locked in a securely locked cabinet. Interview on 2/6/24 with Nurse #5 revealed the medication cabinet should be kept locked. Interview on 2/6/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed medications should be secured in a locked cabinet behind a locked door.	W 382			
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff used safe hand hygiene techniques to prevent cross contamination. This affected 1 of 6 audit clients (#3). The findings are:	W 455			

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W 455	Continued From page 8 A. During school observations on 2/5/24 at 1:05 pm, Staff M was observed wearing gloves to change client #3's soiled incontinence brief. Staff M placed the soiled brief in the trash. Staff M continued to wear the gloves when he assisted Staff L to operate the lift to get another client up from her bed and transferred onto an adaptive equipment. Staff M and Staff L assisted to get client #3 up from bed into a wheelchair, using the lift. Staff M and Staff L were observed lifting client #3 out of wheelchair to reposition his body, wearing the same pair of gloves. Interview on 2/6/24 with Qualified Intellectual Disabilities Professional (QIDP) revealed staff should toss out gloves after incontinence care. Interview on 2/6/24 with the Administrator revealed there have been multiple conversations with the school staff to adhere to the policies and procedures of the facility for the safety of the clients. B. During evening medication observations in Tucker Residence on 2/5/24 at 4:05pm, Nurse #2 was observed popping a tablet of Clonazepam prescribed for client #3 into her bare left palm. Nurse #2 slid the tablet into a plastic sleeve and began to crush the medication. Interview on 2/6/24 with Nurse #5 revealed the nurses should not place pills in their bare hands. Interview on 2/6/24 with the QIDP revealed nurses should pop pills into a cup, not their hands.	W 455			
W 460	FOOD AND NUTRITION SERVICES	W 460			

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W 460	<p>Continued From page 9 CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the modified diets were prepared to the proper consistency. This affected 2 of 6 audit clients (#4 and #6). The findings are:</p> <p>A. During morning observations in Tucker Residence on 2/6/24 at 9:05am, Staff N assisted client #4 eat scrambled eggs and grits. The eggs were smoothly blended, but the grits were in noticeable chunky pieces. Staff N ensured client #4 received a small quantity of milk between bites. Staff N acknowledged to client #4 that his grits were not creamy and was heard to question if client #4 was getting a cold, when he continued to cough throughout his meal.</p> <p>An additional observation revealed Nurse #1 coming to the table to give another client a supplement in her drink, who was also prescribed a pureed diet. The nurse was present when client #4 was coughing but did not check on him.</p> <p>Record review on 2/6/24 of client #4's Diet Card placed next to his plate revealed he was on a pureed diet and food should be smooth, without lumps or chunks.</p> <p>B. During morning observations in Tucker Residence on 2/6/24 at 9:25am, Staff G was observed to transfer a large stiff piece of grits</p>			W 460			

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W 460	<p>Continued From page 10</p> <p>from a divided plate and transfer into a bowl. Staff G took a fork and mashed the grits into smaller bite size pieces before reheating the plate. At 9:35am, Staff N assisted client #6 eat scrambled eggs and grits. The eggs were blended smoothly, the grits were chunky. Client #6 ate the grits without noticeable complications.</p> <p>Record review on 2/6/24 of client #6's Diet Card placed next to her plate revealed she was on a pureed diet and food should be smooth, without lumps or chunks.</p> <p>Interview on 2/6/24 with Staff G, Staff I and Staff N confirmed the grits were always served in bite sized pieces because the texture hardened after being delivered from the kitchen.</p> <p>Interview on 2/6/24 with Nurse #1 revealed she was aware client #4 received a pureed diet but she did not pay any attention to his plate when she sat at the table.</p> <p>Interview on 2/6/24 with Nurse #5 revealed the nurse should verify the clients have received their modified diet when giving medications with meals, especially if the client was coughing while eating.</p>	W 460			