

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

PRINTED: 11/20/2023  
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  C <b>11/20/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TAMMY LYNN CENTER/CHILDREN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>743 &amp; 745 CHAPPELL DRIVE RALEIGH, NC 27606</b>
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(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
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W 000	INITIAL COMMENTS  A complaint survey was completed on November 20, 2023 for intake #NC00209529. This complaint was unsubstantiated. However, a deficiency was cited.	W 000		
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)  The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to thoroughly investigate an injury of unknown origin for 1 of 1 audit client (#1). The finding is:  Review on 11/20/23 of the facility's internal investigations revealed an investigation was initiated on 10/31/23 for an injury of unknown origin for client #1 after it was confirmed that he sustained a closed fracture on the distal end of the left tibia. The investigation concluded the injury was a result of an accident occurring while either being wheeled in or out of a local restaurant on 10/26/23 following a trip to the zoo. The investigation revealed statements from 4 staff who were present during the trip as well as the staff who noticed the swelling and bruising to client #1's left ankle on 10/31/23.  Further review on 11/20/23 of T-Logs completed on 10/31/23 revealed at 5:54pm, staff A saw and notified the nurse of client #1's left ankle being swollen and bruised. The nurse began to follow protocol and make notifications.  Further review on 11/20/23 revealed a body check sheet for client #1 completed by staff A on	W 154	Senior Director [REDACTED] will review guidelines, to ensure all documentation is reviewed, during an investigation. SD will train managers, Q/A specialist, and HR staff how to ensure appropriate review of documentation happens any time an incident occurs. We will create an investigation check off sheet to ensure all parts of the investigation are reviewed and completed. This will also be changed in our investigation policy to add these processes. Copies of all documentation will be kept with investigation.  <b>DHSR - Mental Health</b>  <b>DEC 06 2023</b>  <b>Lic. &amp; Cert. Section</b>	1/19/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Jeffrey Galagher* TITLE: *Senior Director Programs* (X6) DATE: *12/1/23*

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 154	Continued From page 1 10/31/23 at 6:30pm and staff A documented "nothing new".  Interview on 11/20/23 with the ICF Supervisor for Tucker and Civitan Residence revealed that body checks are completed and documented daily on 3rd shift in the morning and 2nd shift in the evening during baths or changing. The ICF Supervisor was unsure as to why staff A documented "nothing new" shortly after discovering bruising and swelling to client #1's left leg.  Interview on 11/20/23 with the Associate Director of ICF revealed they had not noticed during the investigation that staff A documented "nothing new" on 10/31/23 at 6:30pm following the discovery of the client's injury.	W 154			