

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

PRINTED: 10/10/2024
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 C 10/10/2024
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	W 000			
W 340	<p>A complaint survey was completed on October 10, 2024 for intake #NC00221706. The complaint was substantiated and a deficiency was cited.</p> <p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on record review and interview, nursing services failed to ensure staff were sufficiently trained on following physician's orders as written for 1 of 1 audit client (#1). The finding is:</p> <p>Record review on 10/10/24 revealed client #1 was admitted to the facility on 10/28/21. Client #1 had a diagnosis of obstructive sleep apnea and used a BiPAP machine at night.</p> <p>Record review of physician's orders revealed on 5/24/24 an order was written for client #1 to receive oxygen via nasal cannula until BiPAP is usable. Further record review of physician's orders dated 8/19/24 revealed an order for "BiPAP- BiPAP 17, EPAP 10, Leak 25%. Have staff document how many times resident takes off BiPAP at HS".</p> <p>Interview on 10/10/24 with the nurse revealed the facility had gotten a new doctor who was uncomfortable writing orders for the BiPAP without having a sleep study and orders were</p>	W 340			

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 340	Continued From page 1 written to monitor client #1's oxygen levels at night and use a nasal cannula while sleeping. Interview on 10/10/24 with the nurse supervisor revealed that the BiPAP machine has not been used since she started at the facility in June 2023. The nurse supervisor also revealed the order written on 8/19/24 must have been missed by nursing. The nurse supervisor confirmed that staff should have been using the BiPAP machine	W 340			