

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

PRINTED: 06/03/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G039</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/03/2025</b>	
NAME OF PROVIDER OR SUPPLIER  <b>TAMMY LYNN CENTER-ADULT RESIDENTIAL</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>737 CHAPPELL DRIVE RALEIGH, NC 27606</b>			
(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 440	<p><b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(1)</p> <p>at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on review of fire drill reports and interviews, the facility failed to ensure fire evacuation drills were conducted at least quarterly for each shift. This potentially affected all clients (#1, #2, #3, #4, #5, #6, #7, #8, #9, and #10) residing in the home. The finding is:</p> <p>Review on 6/3/25 of the facility's fire drills revealed 2nd shift fire drills were completed for 2024 Quarter 1 (May, June, July) and Quarter 2 (August, September, October). No 2nd shift fire drills for Quarter 3 (November, December, January) and Quarter 4 (February, March, April) were completed.</p> <p>During an interview on 6/3/25, management staff confirmed there were fire drills missing for 2nd shift during Quarter 3 and Quarter 4 due to an administrative drill scheduling error.</p>			W 440			

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.