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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G124	A. BUILDING ______ B. WING ______	02/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAMMY LYNN CENTER/CHILDREN	743 745 & 753 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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) 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 interview, the facility failed to ensure clients were afforded privacy during medication administration. This affected 1 of 5 audit clients (#17). The findings is: During observation on 2/16/26 at 5:00pm, Staff A gave client #17 their Miralax at the dinner table in living area with no privacy screen. Interview with 1st Nursing Supervisor on 2/17/26 (NS) revealed staff should have used the privacy screen or gave the client medication in their room.	W 130		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 5 audit clients (#4 and #9) received a continuous active treatment program consisting of needed	W 249		

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 249	Continued From page 1	W 249		

interventions and services as identified in the Individual Program Plan (IPP) in the area of adaptive dining equipment. The findings are:

A. During snack time observations in the home on 2/16/26 at 3:34pm, client #4 was observed eating his snack. Further observations revealed there was not a dycem mat underneath client #4's bowl. At no time was client #4's dycem mat provided for him.

During dinner time observations in the home on 2/16/26 at 6:00pm, client #4 did not have a dycem mat underneath his plate while he was eating dinner. A dycem mat was placed underneath client #4's plate by Staff B after the surveyor asked questions.

Review on 2/16/26 of client #4's IPP dated 10/1/25 revealed he utilizes a dycem mat during his meals.

Review on 2/16/26 of client #4's diet card dated 1/28/26 revealed he utilizes a dycem mat during his meals.

B. During snack time observations in the home on 2/16/26 at 3:34pm, client #9 was observed eating her snack. Further observations revealed there was not a dycem mat underneath client #9's bowl. At no time was client #9's dycem mat provided for her.

Review on 2/16/26 of client #9's IPP dated 3/27/25 revealed she utilizes a dycem mat during her meals.

Review on 2/26/26 of client #9's diet card dated 1/28/26 revealed she utilizes a dycem mat during

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W 249	Continued From page 2 her meals. During an interview on 2/16/26, Staff B revealed both clients #4 and #9 are to have dycem mats underneath their plates and/or bowls. During an interview on 2/16/26, the Qualified Intellectual Disabilities Professional (QIDP) stated clients #4 and #9 are to have dycem mats underneath their plates while they are eating.	W 249		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) 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 observations and interviews, the facility failed to ensure nursing staff were sufficiently trained in the locking of the medication cart when not in use. The finding is: During observations in the home on 2/16/26 from 5:31pm until 5:36pm, the two medication carts behind the nurses' station were unlocked. During that time the nurse was assisting with clients during dining and the medication technician was walking around the unit was one of the clients. During an interview on 2/17/26, the first shift nursing supervisor stated the medication carts are to be locked all times when not in use. Further interview revealed the nursing staff have been trained on this process.	W 340		