

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/19/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE PLACE ADULT LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1372 EUFOLA ROAD STATESVILLE, NC 28677
---	--

(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) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow up survey on November 18-19, 2014.	D 000		
D 139	<p>10A NCAC 13F .0407(a)(7) Other Staff Qualifications</p> <p>10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40;</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on interview and record review, the facility failed to assure 1 of 5 sampled staff (Staff A) had a criminal background check in accordance with G.S. 114-19.10 and 131D-40.</p> <p>The findings are:</p> <p>Review of Staff A's personnel file on 11/19/14 revealed: -Staff A was hired as a Personal Care Aide on 10/8/14. -There was a signed consent for a criminal background check. -There was no documentation of a criminal background check having been completed.</p> <p>Interview with the Special Care Coordinator (SCC) on 11/19/14 at 9:55am revealed: -It was the facility's policy to conduct criminal background checks on all new hires before they started to work. -The facility contracted a service who performed urine drug screens and background checks on all new hires.</p>	D 139		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/19/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE PLACE ADULT LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1372 EUFOLA ROAD STATESVILLE, NC 28677
---	--

(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) COMPLETE DATE
D 139	<p>Continued From page 1</p> <p>- "I don't know if [name of contracted service] did a background check [on Staff A], because the drug test was positive."</p> <p>- After a brief telephone interview with the facility's contracted background check service, she stated "The service is telling me [the Administrator's name] told them not to do a background check" on Staff A after the service notified him of the positive drug screen result.</p> <p>- She stated she had asked the service to go ahead and run a background check on Staff A when she had spoken with them.</p> <p>- The SCC stated she had spoken with the Administrator after finding out the drug screen was positive and had recommended he go ahead and hire Staff A anyway.</p> <p>- "When I talked to [Staff A] about it she said she didn't do it."</p> <p>- "I did talk to [Administrator's name] about it and he thought she might have been at the wrong place at the wrong time."</p> <p>- "[Administrator's name] told me to pay close attention to her and terminate her if there were any problems" and that was why they scheduled Staff A to work on first shift when the SCC would be onsite.</p> <p>Interview with the SCC on 11/19/14 at 12:20pm revealed: - The background check on Staff A had been completed and there were no significant findings. - "It's hard to find good people and she's one of the best employees we have."</p> <p>Interview with the Administrator on 11/19/14 at 12:40pm revealed: - When asked why a criminal background check had not been obtained for Staff A, he stated "That was a decision I made. Her credentials were good. Her references were good. Initially we</p>	D 139		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/19/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE PLACE ADULT LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1372 EUFOLA ROAD STATESVILLE, NC 28677
---	--

(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) COMPLETE DATE
D 139	<p>Continued From page 2</p> <p>weren't going to hire her that's why the background check got missed." -He stated he had a hard time getting and keeping quality staff for several reasons including the rural location of the facility, pay scale for personal care aides, and the demands placed on staff working in healthcare. -"She's an excellent employee."</p> <p>_____</p> <p>The facility provided a plan of protection on 11/19/14 which included: -A criminal background check will be conducted and required before hiring employees.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 3, 2014.</p>	D 139		
D 299	<p>10A NCAC 13F .0904(d)(3)(A) Nutrition And Food Service</p> <p>10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to serve residents eight</p>	D 299		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/19/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE PLACE ADULT LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1372 EUFOLA ROAD STATESVILLE, NC 28677
---	--

(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) COMPLETE DATE
D 299	<p>Continued From page 3</p> <p>ounces of pasteurized milk at least twice daily.</p> <p>The findings are:</p> <p>The facility is licensed as an Alzheimer's / Dementia special care unit with a capacity of 40 residents.</p> <p>The facility census on 11/18/14 and 11/19/14 was documented as 37.</p> <p>The facility had two dining areas, the dining room and day room.</p> <p>Review of the facility's regular diet menu revealed milk was to be served with breakfast, lunch and dinner meals on 11/18/14 and 11/19/14.</p> <p>Interview with the Cook on 11/19/14 at 8:10am revealed: -Milk is not served to every resident. -"Not every resident wants milk". -At breakfast two residents were served milk in the dining room and three residents get milk "on the cart" (the cart was used to transport meals from the kitchen to the day room dining area and to resident's eating in their room). -He stated there is usually around 10 gallons of milk in the refrigerator and that milk was delivered once each week.</p> <p>Observation on 11/19/14 at 8:50am revealed 7 gallons of whole milk and 1 gallon of fat free milk in the kitchen refrigerator.</p> <p>Observation of the lunch meal on 11/18/14 from 11:45am to 12:30pm revealed: -One, six-ounce glass of milk on the cart. -Table settings included one, six-ounce glass of water and one, twelve-ounce glass of a beverage</p>	D 299		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/19/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE PLACE ADULT LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1372 EUFOLA ROAD STATESVILLE, NC 28677
---	--

(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) COMPLETE DATE
D 299	<p>Continued From page 4</p> <p>of the residents' choice.</p> <p>-All beverages were on the table before the residents entered both dining areas.</p> <p>-There was no observation of milk being offered or served to the residents.</p> <p>Observation of the dinner meal on 11/18/14 at 4:55pm revealed:</p> <p>-Table settings included one, six-ounce glass of water and one, twelve-ounce glass of a beverage of the residents' choice.</p> <p>-There was no observation of milk being offered or served to the residents.</p> <p>Observation of the dining areas on 11/19/14 at 8:15am revealed:</p> <p>-The breakfast meal was completed and residents were being assisted out of the rooms by staff.</p> <p>-Table settings included one, six-ounce glass and one, twelve-ounce glass.</p> <p>-In the dining room one, twelve-ounce glass and three, six-ounce glasses had a small amount of milk remaining in the bottom of the glass.</p> <p>Interview with two Personal Care Aides (Staff A and Staff G) on 11/19/14 at 9:00am revealed:</p> <p>-They assist feeding residents at breakfast and lunch.</p> <p>-They would ask residents if they wanted milk.</p> <p>-"Usually we will serve everyone milk so they get their calcium".</p> <p>Interview with Medication Aide (Staff F) on 11/19/14 at 9:40am revealed:</p> <p>-She assists with the lunch meal.</p> <p>-Staff will "offer" milk to the residents, "we will ask if they want milk".</p> <p>-Staff will not force residents to drink milk because "we don't want to upset" the residents.</p>	D 299		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/19/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE PLACE ADULT LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1372 EUFOLA ROAD STATESVILLE, NC 28677
---	--

(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) COMPLETE DATE
D 299	<p>Continued From page 5</p> <ul style="list-style-type: none"> -About 10-12 residents regularly drink milk. -Staff know what residents drink milk. <p>Interview with the Resident Care Coordinator on 11/19/14 at 9:55am revealed:</p> <ul style="list-style-type: none"> -She assists with serving the residents at meal times. -"We know our residents and who wants milk". -She verbally indicted which residents were served milk, which meal they received milk and the amount of milk they were served. -She stated not all of the residents want milk and that the facility doesn't want to "pour out" the unused milk. -Staff will ask each resident if they want milk at each meal. -"We know our residents, what they like and don't like and they will tell you what they don't like". <p>Interview with the Special Care Coordinator (SCC) on 11/19/14 at 10:45am revealed:</p> <ul style="list-style-type: none"> -Milk is "offered" to the residents. -They used to give all the residents milk and would have to pour out a lot of milk and they did not want to waste it. -There were no resident's with special diet orders for withholding milk or lactose intolerant residents. <p>Interview with SCC on 11/19/14 at 11:25am revealed:</p> <ul style="list-style-type: none"> -She had spoken with the Administrator and they "will now put milk out at each meal for each resident". -Each resident will be served a six-ounce glass of milk at each meal. -She indicated the Administrator said they would dump out the unused milk. <p>Observation of the lunch meal at on 11/19/14 at</p>	D 299		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/19/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE PLACE ADULT LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1372 EUFOLA ROAD STATESVILLE, NC 28677
---	--

(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) COMPLETE DATE
D 299	Continued From page 6 11:45am revealed: -Five, six-ounce glass of milk on the cart. -At each table setting there was one, six-ounce glass of water, and one, twelve-ounce glass of a beverage of the residents' choice and one, six-ounce glass of milk. -All beverages were on the table before the residents entered both dining areas. -Staff were observed serving and coaxing the residents to drink milk.	D 299		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on record review, observations and interviews, the facility failed to assure residents received care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to criminal background checks and controlled substance examinations and screenings. The findings are: A. Based on interview and record review, the facility failed to assure 1 of 5 sampled staff (Staff A) had a criminal background check in accordance with G.S. 114-19.10 and 131D-40. [Refer to Tag 0139, 10A NCAC F .0407(a)(7) Other Staff Qualifications (Type B Violation)].	D912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/19/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE PLACE ADULT LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1372 EUFOLA ROAD STATESVILLE, NC 28677
---	--

(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) COMPLETE DATE
D912	Continued From page 7 B. Based on record review and interview, the facility failed to assure 1 of 1 sampled staff (Staff A) who had tested positive for the presence of a controlled substance on the pre-employment drug screening had obtained written verification from the applicant's prescribing physician that the controlled substance identified by the examination and screening was prescribed by that physician to treat the applicant's medical or psychological condition. [Refer to Tag 992, G.S. 131D-45 Examination and Screening (Type B Violation)].	D912		
D992	G.S. § 131D-45 Examination and screening G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that	D992		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/19/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE PLACE ADULT LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1372 EUFOLA ROAD STATESVILLE, NC 28677
---	--

(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) COMPLETE DATE
D992	<p>Continued From page 8</p> <p>physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on record review and interview, the facility failed to assure 1 of 1 sampled staff (Staff A) who had tested positive for the presence of a controlled substance on the pre-employment drug screening had obtained written verification from the applicant's prescribing physician that the controlled substance identified by the examination and screening was prescribed by that physician to treat the applicant's medical or psychological condition.</p> <p>The findings are:</p> <p>Review of Staff A's personnel file on 11/19/14 revealed: -Staff A was hired as a Personal Care Aide on 10/8/14. -A controlled substances exam was performed on 10/8/14 documented as "non-negative for THC."</p> <p>Interview with the Special Care Coordinator (SCC) on 11/19/14 at 9:55am revealed: -It was the facility's policy to perform urine drug</p>	D992		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/19/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE PLACE ADULT LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1372 EUFOLA ROAD STATESVILLE, NC 28677
---	--

(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) COMPLETE DATE
D992	<p>Continued From page 9</p> <p>screens on all new hires before they started to work.</p> <p>-The facility contracted a service who performed urine drug screens on all new hires.</p> <p>-She had been aware Staff A's urine drug screen had come back positive for THC (the main ingredient found in the cannabis plant).</p> <p>-The SCC stated she had spoken with the Administrator after finding out the drug screen was positive and had recommended he go ahead and hire Staff A anyway.</p> <p>-"When I talked to [Staff A] about it she said she didn't do it."</p> <p>-"I did talk to [Administrator's name] about it and he thought she might have been at the wrong place at the wrong time."</p> <p>-"[Administrator's name] told me to pay close attention to her and terminate her if there were any problems."</p> <p>-"I wouldn't picture her doing that."</p> <p>-"I have never picked up on anything since she started working."</p> <p>-She stated she had planned to perform another random drug screen, but she hadn't gotten it yet since the employee had just started working on 10/8/14.</p> <p>Interview with the SCC on 11/19/14 at 12:20pm revealed:</p> <p>-"It's hard to find good people. She's one of the best employees we have."</p> <p>-She had been unaware of the general statute passed in October 2013 which would not allow hiring an individual who had tested positive on pre-employment drug screen without a physician stating the drug was prescribed for the person.</p> <p>-She stated if she had been aware of the general statute she would never have asked the Administrator to hire Staff A.</p> <p>-"I just didn't know."</p>	D992		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/19/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE PLACE ADULT LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1372 EUFOLA ROAD STATESVILLE, NC 28677
---	--

(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) COMPLETE DATE
D992	<p>Continued From page 10</p> <p>Interview with the Administrator on 11/19/14 at 12:40pm revealed:</p> <ul style="list-style-type: none"> -He was unaware of the general statute passed which would not allow hiring an individual who had tested positive on pre-employment drug screen. - "Her credentials were good. Her references were good. Initially we weren't going to hire her..." -He stated he had a hard time getting and keeping quality staff for several reasons including the rural location of the facility, pay scale for personal care aides, and the demands placed on staff working in healthcare. -He stated he had asked the SCC to make sure Staff A worked on day shift, so the SCC could monitor her performance. -There had been no problem with Staff A's performance. - "She's an excellent employee." <p>_____</p> <p>A plan of protection was obtained from the facility on 11/19/14 and included:</p> <ul style="list-style-type: none"> -The facility will conduct drug screening prior to hiring of all applicants. -Should facility receive a positive test result will require a physician order to determine legitimacy of the test or a prescription for the drug tested positive. <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 3, 2014.</p>	D992		