

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2015
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NAME OF PROVIDER OR SUPPLIER PLEASANT GROVE RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 49N 4516 BURLINGTON, NC 27217
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D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on February 10, 2015.	D 000		
D 131	<p>10A NCAC 13F .0406(a) Test For Tuberculosis</p> <p>10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902.</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 2 of 5 Staff (C,D) were tested for tuberculosis (TB) in compliance with control measures using the 2 Step TB Skin Test.</p> <p>The findings are:</p> <p>A. Review of Staff C's, Supervisor-in-Charge (SIC), personnel file revealed: -Staff C was hired to work at the facility on 10/10/14. -A TB test was placed on 7/13/12 and documented as negative on 7/16/12. -There was no documentation of any other TB tests.</p> <p>Interview with Staff C on 2/10/15 at 3:24 p.m. revealed:</p>	D 131		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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D 131	<p>Continued From page 1</p> <ul style="list-style-type: none"> -Staff C was hired to work at the facility on 10/10/14. -Staff C had a TB test completed July 2012. Staff C went to a health department in 2013 to have another TB test completed, but she was told there was a shortage in Tubersol (used to help diagnose TB). -Staff C had not had any other TB tests completed. <p>Interview with one of the Administrator's on 2/10/15 at 1:44 p.m. revealed Staff C was first hired to work at the facility on 10/10/14.</p> <p>Further interview with the same Administrator on 2/10/15 at 2:25 p.m. revealed:</p> <ul style="list-style-type: none"> -The Administrator was responsible for keeping up with staff personnel files. -The first step TB test is completed before staff are hired. -The second step TB test is completed within one month after the first step is completed. -The Administrator was aware Staff C only had documentation of the TB test completed on 7/16/12. She thought the TB test was a Step 1. She was not aware Staff C needed to start over with a step 1 TB test. <p>B. Review of Staff D's, Supervisor-in-Charge (SIC), personnel file revealed:</p> <ul style="list-style-type: none"> -There was no documentation of a hire date. -A TB test was read as negative on 1/10/01. -Another TB test was read as negative on 10/25/02. -There was no documentation of when the TB tests were placed. -There was no documentation of any other TB tests. <p>Interview with one of the Administrator's on</p>	D 131		

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D 131	<p>Continued From page 2</p> <p>2/10/15 at 2:20 p.m. revealed: -Staff D was hired to work at the facility July 2002. -The two TB tests which were read as negative on 1/10/01 and on 10/25/02 were the only TB tests for Staff D. -There was no documentation when the tests were placed.</p> <p>Further interview with the same Administrator on 2/10/15 at 2:25 p.m. revealed: -The Administrator was responsible for keeping up with staff personnel files. -The first step TB test is completed before staff are hired. -The second step TB test is completed within one month after the first step is completed. -The Administrator was aware both TB tests for Staff D were not 2 Step TB tests.</p> <p>Staff D was not available for interview.</p> <p>The facility submitted a Plan of Protection dated 2/10/15 which revealed: -By 2/16/15 Staffs C and D will have a Step 1 TB test placed and read within 48-72 hours. -The second Step TB test will be completed within one month after the first step is completed. -The Administrator will check all staff personnel files to make sure staff have documentation of the 2 Step TB testing. -If staff do not have the 2 Step TB test completed, staff will have the tests completed. -The Administrator will check staff personnel files every 6 months to make sure staff have documentation of requirements.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 27, 2015</p>	D 131		

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D 137	Continued From page 3	D 137		
D 137	<p>10A NCAC 13F .0407(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall:</p> <p>(5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure 1 of 5 Staff (C) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (NCHCPR) before hired.</p> <p>The findings are:</p> <p>Review of Staff C's, Supervisor-in-Charge (SIC), personnel file revealed: -Staff C was hired to work at the facility on 10/10/14. -A HCPR check was completed on 4/18/13 .</p> <p>Interview with Staff C on 2/10/15 at 3:24 p.m. revealed she did not recall having a HCPR check completed before hired to work at the facility.</p> <p>Interview with a resident on 2/10/15 at 11:02 a.m., a second resident on 2/10/15 at 11:10 a.m. and a third resident on 2/10/15 at 11:19 a.m. revealed the residents did not have a problem with staff at the facility.</p> <p>Interview with one of the Administrator's on 2/10/15 at 1:44 p.m. revealed: -Staff C was first hired to work at the facility on</p>	D 137		

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D 137	Continued From page 4 10/10/14. -The only HCPR check for Staff C was completed on 4/18/13 by Staff C's prior employee. -The Administrator did not check the HCPR for Staff C before she was hired to work at the facility. Further interview with the same Administrator on 2/10/15 at 2:25 p.m. revealed: -The Administrator was responsible for keeping up with staff personnel files. -The HCPR registry checks are completed before staff are hired to work at the facility. -The Administrator was not aware she could not use the HCPR check for Staff C completed on 4/18/13.	D 137		
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 observation, interview and record review, 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 staff tuberculosis (TB) skin tests The findings are: Based on interview and record review, the facility failed to assure 2 of 5 Staff (C,D) were tested for	D912		

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D912	Continued From page 5 tuberculosis (TB) in compliance with control measures using the 2 Step TB Skin Test. [Refer to Tag D131, 10A NCAC 13F .0406 (a). (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 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	D992		

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D992	<p>Continued From page 6</p> <p>and screening to verify the results of the prior examination and screening.</p> <p>This Rule is not met as evidenced by: Based on observation and review of staff personnel files, the facility failed to assure 1 of 1 Staff (C) hired after 9/30/13 received a drug screening prior to working at the facility.</p> <p>The findings are:</p> <p>A. Review of Staff C's, Supervisor-in-Charge (SIC), personnel file revealed: -Staff C was hired to work at the facility on 10/10/14. -There was no documentation of a drug screening consent or test being done.</p> <p>Interview with Staff C on 2/10/15 at 3:24 p.m. revealed she did not have a drug screening completed or consent to a drug screening upon hired at the facility.</p> <p>Interview with one of the Administrator's on 2/10/15 at 2:15 p.m. revealed Staff C was the only staff hired after 9/30/13.</p> <p>Further interview with the same Administrator on 2/10/15 at 2:25 p.m. revealed: -The Administrator was responsible for keeping up with staff personnel files. -A control substance screening had never been completed on Staff C. -The Administrator was not aware a control substance screening was required. -The Administrator would get a control substance screening on Staff C on 2/16/15.</p>	D992		