

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/30/2015
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NAME OF PROVIDER OR SUPPLIER OAKVIEW COMMONS	STREET ADDRESS, CITY, STATE, ZIP CODE 565 BOYETTE ROAD FOUR OAKS, NC 27524
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(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 234	<p>10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio</p> <p>10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations</p> <p>(a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the 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, North Carolina 27699-1902.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure each resident had tuberculosis (TB) upon admission to the facility in compliance with the control measures adopted by the Commission for Health Service for 1 of 7 sampled residents. (Resident #7)</p> <p>The findings are:</p> <p>Review of Resident #7's Resident Register revealed date of admission was 5/7/12.</p> <p>Review of Resident #7's immunization record revealed documentation of a TB skin test dated as given on 5/4/12 and read as negative on 5/6/12.</p> <p>Based on record review and interview, Resident #1 was non-interviewable.</p> <p>Interview with the Memory Care Coordinator on 1/30/15 at 3:30 p.m. revealed: -She found documentation of only one TB skin test for Resident #7.</p>	D 234		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE (X6) DATE

2-20-2015

STATE FORM

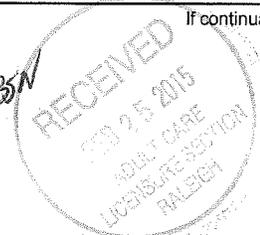
6899

GVJU11

If continuation sheet 1 of 6

** was on time sitting in mailbox (3-3-15)*

Received & approved S. [unclear] 3-4-15



 **OAKVIEW COMMONS**
A DePaul Senior Living Community

February 20, 2015

Ms. Susan Vincent RN, BSN, Nurse Consultant
Adult Care Licensure Section, DHSR
2708 Mail Service Center
Raleigh NC 27699-2708

Dear Ms. Vincent:

Enclosed you find the Plan of Correction for the Deficiencies that were found during the Annual State Survey that was completed on January 30, 2015. The Deficiencies for Oakview Commons, in Johnston County. HAL-051-036.

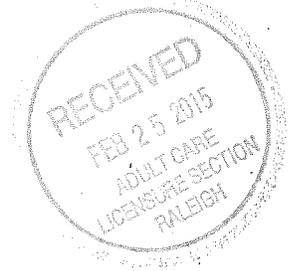
The Plan of Correction is for: 10A NCAC 13F. 703(a)- Tuberculosis Test, Medical Exam and Immunization
10A NCAC 13F.0909 – Resident Rights

If you have any questions please feel free to contact me at 919-963-2011.

Sincerely,


Terri- Ann Zimmerman
Administrator

Enclosures: Plan of Correction
Signed State form



Plan of Correction for Annual Survey completed January 30, 2015 for:

**Oakview Commons
HAL-051-036
Johnston County**

**10A NCAC 13F .703(a) – Tuberculosis Test, Medical Exam and Immunization
Tag # D 234**

All residents admitted to this facility will be required to submit proof of TB test #1 being administered. If the documentation is not present at the time of admission the resident will be transported to the Health Department or to their physicians' office to receive the test. The admission process will stop until this requirement is met.

The Administrative Assistant will review any documents brought to the admission and will inquire as to the proof of TB testing. The Administrator will review all admission paperwork to ensure the TB test documents are included and are current. The first test will be required to have been administered within the last 12 months with a negative result. (Or a negative chest xray within the last 6 months, in the event the resident is allergic to TB serum)

The Department Head of the unit receiving the new resident will also review the residents' paperwork to verify the first TB test has been administered. The Department Head will arrange for the test to be read within 72 hours of the date of administration, if necessary, to complete the first test and documentation. The Department Head will then arrange for the new resident to receive the second step of the TB test within 10 to 14 days after admission.

The Administrator will follow up with the Department Heads twice a month to ensure the process has been completed on all new residents.

The QA department will audit all new resident charts within 6 weeks of admission to verify this regulation has been satisfied.

Failure to comply will result in disciplinary measures.

Employees have been instructed in the above process and are aware of the expectations of follow through in regard to TB testing requirements.

Date of Completion: March 3, 2015

**10A NCAC 13F .0909 – Resident Rights
Tag # D 338**

On January 5, 2015 a mandatory all staff meeting was conducted by the facility administrator addressing Resident Rights and Respect. All staff members re-signed a copy of the Resident Bill of Rights as acknowledgement of their understanding of the document. The signed copy was placed in their personnel file as proof of attendance.

Residents' Rights training will be scheduled yearly for all staff to attend. All new employees will continue to receive this training upon hire.

Staff A has been reprimanded as a result of the recent resident complaint investigation conducted on January 30 and February 1, 2015.

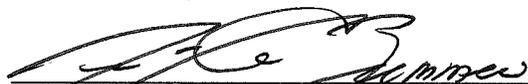


Resident Rights' discussion will be part of the agenda at monthly "All Staff" meetings as an ongoing awareness of their importance.

The Administrator will request to attend Resident Council meetings. This will give the residents an opportunity to voice any complaints, including Resident Rights' infractions, directly to the Administrator.

With initiation of the above plan it is the goal of this facility to protect and ensure the rights of the residents placed in our care.

Date of Completion: March 3, 2015



Terri-Ann Zimmerman, Administrator



Date