

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL057007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2015
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NAME OF PROVIDER OR SUPPLIER HOT SPRINGS FAMILY CARE HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 311 #1 NORTH SURPINTINE ROAD HOT SPRINGS, NC 28743
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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
C 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on March 05, 2015 with a telephone exit on March 09, 2015.	C 000		
C 145	<p>10A NCAC 13G .0406(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family 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 record review and staff interview, the facility failed to assure there were no findings listed on the North Carolina HCPR (Health Care Personnel Registry) for one of one staff. (Staff A.)</p> <p>The findings are:</p> <p>Review of personnel files for Staff A, (Supervisor in Charge) revealed:</p> <ul style="list-style-type: none"> - A hire date of 10/13/13. - No current HCPR check was available in Staff A's personnel file. <p>Interview with Staff A on March 05, 2015 at 12:00pm revealed:</p> <ul style="list-style-type: none"> - Staff A had recently worked at the facility but had left for about six months. - She had recently returned to work at the facility unsure of exact date and did not know if a recent HCPR check had been done. <p>Telephone interview with the facility's SW dated March 09, 2015 at 8:30am revealed:</p>	C 145		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 145	<p>Continued From page 1</p> <ul style="list-style-type: none"> - Staff A had left employment at the facility March 2014 and returned to work at the facility 01/01/15. - The SW stated she did not think about doing a HCPR check because Staff A had worked at the facility in the past and was still available for "relief" work if needed. - The SW had done a HCPR check in August 2011 (with no substantiated findings) but should have done a HCPR check when Staff A returned to the facility January of this year. - SW would check the HCPR for Staff A's this morning and send results to the surveyor. <p>Review of the HCPR check done for Staff A on 03/09/15 revealed no substantiated findings listed.</p>	C 145		
C992	<p>G.S. § 131D-45 G.S. § 131D-45. Examination and screening for</p> <p>G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.</p> <p>(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</p>	C992		

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C992	<p>Continued From page 2</p> <p>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 and screening to verify the results of the prior examination and screening.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure an examination and screening for the presence of controlled substances was performed for 1 of 1 sampled staff (Staff A) hired after 10/01/13 before the employee began working at the facility.</p> <p>The findings are:</p> <p>Review of personnel files for Staff A, (Supervisor in Charge) revealed: - A hire date of 10/13/13. - No controlled substance screening was available in Staff A's personnel file.</p> <p>Interview with Staff A on March 05, 2015 at 12:00pm revealed: - Staff A had recently worked at the facility but had left for about six months. - She had recently returned to work at the facility unsure of exact date and did not know if a recent</p>	C992		

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C992	<p>Continued From page 3</p> <p>controlled substance screen had been done.</p> <p>Telephone interview with the facility's SW dated March 09, 2015 at 8:30am revealed:</p> <ul style="list-style-type: none"> - Staff A had left employment at the facility in March 2014 and returned to work at the facility 01/01/15. - The SW stated she did not think about doing a controlled substance screen because Staff A had worked at the facility in the past and was still available for "relief" work if needed. - SW would get a controlled substance screen done today for Staff A. 	C992		