

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL032129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/20/2015
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NAME OF PROVIDER OR SUPPLIER  
**TOWER OF BLESSING A REFUGE TO SEEK #:**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**2309 ELLINGTON STREET  
DURHAM, NC 27704**

(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 Licensure Section conducted an annual and follow-up survey on February 20, 2015.	C 000	ADMIN. (RACHEL FORBES) WILL GET A LIST OF ALL NECESSARY TRAINS REQUIRED FOR AN ADULT FAMILY CARE HOME. EACH TRAINING WILL BE SCHEDULED FOR STAFF & ADMIN. TO TAKE. ALL REQUIRED TRAININGS WILL BE DONE ANNUALLY AS REQUIRED BY THE RULES.	3/7/15
C 934	G.S. 131D-4.5B (a) ACH Infection Prevention Requirements  G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements  (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5  This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 2 of 2 Staff (B, C) completed the state annual infection control training.  The findings are:  A. Review of Staff B's personnel file revealed: -Staff B was hired as a Medication Aide (MA)/Supervisor-in-Charge (SIC) on 7/13/13. -Staff B passed the MA testing on 7/3/07. -There was no documentation of the state annual	C 934	THE INFECTION CONTROL TRAINING HAS BEEN SCHEDULE FOR MARCH 7. THE NURSE WILL BE GIVEN THE TRAINING.	

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

*Rachel Forbes*

TITLE

ADMIN.

(X6) DATE

3/2/15

*✓ 1/8 3/5/15*

Division of Health Service Regulation

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C 934	<p>Continued From page 1</p> <p>infection control training.</p> <p>Interview with Staff B on 2/20/15 at 5:15 p.m. revealed she was a MA and had not completed the state annual infection control training.</p> <p>Refer to interview with the Administrator on 2/20/15 at 5:36 p.m.</p> <p>B. Review of Staff C's , personnel file revealed: -Staff C was hired as a MA/SIC on 1/24/13. -Staff C passed the MA testing on 4/25/13. -There was no documentation of the state annual infection control training.</p> <p>Interview with Staff C on 2/20/15 at 11:00 a.m. revealed she was a MA and had not completed the state annual infection control training.</p> <p>Refer to interview with the Adminsitrator on 2/20/15 at 5:36 p.m.</p> <p>Interview with the Administrator on 2/20/15 at 5:36 p.m. revealed: -The Administrator kept-up with staff personnel files. -The Administrator checked staff personnel files every two months and was last checked December 2014. -Staffs B, C and the Administrator are the only MA's at the facility. -Staffs B, C and the Administrator had not completed the state annual infection control training program, because the Administrator was not aware the training was required. -The Administrator will contact someone as soon as possible to complete the training for the MAs.</p>	C 934		

## Herring, Belverly G

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**From:** Gant, Kimberly  
**Sent:** Thursday, March 05, 2015 12:53 PM  
**To:** khooker@dconc.gov  
**Cc:** Oakley, Eva; Herring, Belverly G  
**Subject:** FW: Tower of Blessing A Refuge To Seek #2 2-20-15  
**Attachments:** Tower of Blessing A Refuge To Seek #2 2015-03-15 POC DSE211.pdf

I apologize. I forgot to attach the POC.

Kimberly Gant, MS, RD, LDN  
N.C. Department of Health and Human Services  
Division of Health Service Regulation  
Adult Care Licensure Section  
Facility Survey Consultant I  
805 Biggs Drive  
Raleigh, NC 27603  
Phone: 919 855-3765  
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[www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr)

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**From:** Gant, Kimberly  
**Sent:** Thursday, March 05, 2015 12:39 PM  
**To:** 'Rachel Forbes'  
**Subject:** RE: Tower of Blessing A Refuge To Seek #2 2-20-15

Good Evening,  
Your will need visit the web at [www.ncnova.org](http://www.ncnova.org) to get information on the ncnova program.

Thanks,  
Kim Gant

Kimberly Gant, MS, RD, LDN  
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**From:** Rachel Forbes [<mailto:towerofblessing35@gmail.com>]  
**Sent:** Monday, March 02, 2015 11:57 AM  
**To:** Gant, Kimberly  
**Subject:** Re: Tower of Blessing A Refuge To Seek #2 2-20-15

Good day,

Quick question what was the name of the group that you were speaking of NOVA. Could you send me the proper name. Alot shows up on Google.

Thank you

Rachel

On Mon, Mar 2, 2015 at 10:35 AM, Rachel Forbes <[towerofblessing35@gmail.com](mailto:towerofblessing35@gmail.com)> wrote:

Good Morning,

I filled out the plan of correction and gave the date the nurse said that she would come out. Please let me know if you need anything else.

Rachel

On Mon, Mar 2, 2015 at 8:22 AM, Gant, Kimberly <[kimberly.gant@dhhs.nc.gov](mailto:kimberly.gant@dhhs.nc.gov)> wrote:

Dear Ms. Forbes:

Please find the Statement of Deficiencies and accompanying letter for the annual and follow-up survey on February 20, 2015 attached to this e-mail. If the Statement of Deficiencies includes citations or violations for which a plan of correction is required, please read the attached letter carefully for instruction on completing the plan of correction. PLEASE NOTE: WE WILL NOT ACCEPT A FAXED PLAN OF CORRECTION! We are unable to accept faxed reports at this time; therefore, a copy must be mailed to our office or e-mailed to the survey team leader. Please make sure the copy you mail or e-mail to us is SIGNED AND DATED or it will not be accepted. A response to the plan of correction will be sent ONLY if the plan of correction is not approved. Please retain a copy for your files.

The attached letter also contains information regarding your right to request an Informal Dispute Resolution (IDR) of any cited deficiencies or violations. For more information about the IDR process please visit our website at <http://www.ncdhhs.gov/dhsr/acls/idr.html>.

If you have any questions regarding the information provided in or attached to this email, please call our office at [\(919\) 855-3765](tel:9198553765). Please be aware that information sent via electronic mail is immediately available for release to the public. Therefore, the information contained in and attached to this e-mail is now public information.

Sincerely,



Kimberly Gant, MS, RD, LDN, Licensure Consultant

Adult Care Licensure Section

Division of Health Service Regulation

**\*STAR RATING\***

If the Statement of Deficiencies attached to this email is a result of an annual, follow-up or complaint inspection a star rating certificate and worksheet will be issued within 45 days of the date of this email. If you would like to know more information about the NC Star Rated Certificate Program or view facility ratings, please visit the star rating website at <http://www.ncdhhs.gov/dhsr/acls/star/index.html>. If you have questions about this facility's star rating or the rating program in general, please send an email with your questions to the star rating customer service email address at [DHSR.AdultCare.Star@lists.ncmail.net](mailto:DHSR.AdultCare.Star@lists.ncmail.net).

**\*\*CUSTOMER SERVICE SURVEY\*\***

In an ongoing effort to improve the inspection process with the providers we serve, we would like you to complete a Customer Service Survey. The Survey can be accessed at the web site below. Your opinion is important to us, and will assist us in developing new and better ways to do our job. The survey has been designed to address key expectations of our surveyors and our division regarding the survey process.

Please note: Because the survey is confidential, your identity will not be known to the Division of Health Service Regulation or the North Carolina Department of Health and Human Services.

Thank you for participating in this confidential survey as we strive to improve the services we provide to licensed health care providers across the state of North Carolina. Should you wish to have a confidential discussion regarding this survey or your interaction with the Division of Health Service Regulation, please feel free to contact Drexdal Pratt, Director at [919-855-3750](tel:919-855-3750) or email at [drexdal.pratt@dhhs.nc.gov](mailto:drexdal.pratt@dhhs.nc.gov).

Customer Service Survey web site: <http://www.ncsurveymax.com/TakeSurvey.aspx?SurveyID=18K0515>

(Survey Max does not work well with all browsers, please access survey with Internet Explorer)

Kimberly Gant, MS, RD, LDN

N.C. Department of Health and Human Services

Division of Health Service Regulation

Adult Care Licensure Section

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Rachel Forbes, President  
Tower of Blessing a Refuge to Seek, Inc.  
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