

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL085001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  02/11/2015
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NAME OF PROVIDER OR SUPPLIER  GRACELAND LIVING CENTER I	STREET ADDRESS, CITY, STATE, ZIP CODE 1290 DENNY ROAD KING, NC 27021	County: Stokes
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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 000	Initial Comments  The Adult Care Licensure Section conducted an annual survey on February 11, 2015.	D 000	See Attached letter (1 pg.)	
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis  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.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure 2 of 3 staff (Staff A & C) had been tested for Tuberculosis (TB) disease in compliance with TB control measures (2 step Tuberculin skin test) adopted by the Commission for Health Services. The findings are: A. Review of Staff C's personnel record revealed: -Staff C was hired on 3/4/13 as a Nursing Assistant (NA) and Medication Aide (MA). -Documentation of a TB test on 2/27/13 read as negative results. -No documentation of a 2 step TB skin test.  Interview on 2/11/15 at 11:30 am with Staff C revealed: -She thought there were 2 TB skin tests in her personnel file. -Staff C stated she would provide copies of her 2 step TB.	D 131		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Lisha Smith</i>	TITLE  Adm. 3-9-2015	(X6) DATE
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POC Approved with Addendum  
 per B. Moore  
 03-25-2015

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  <b>GRACELAND LIVING CENTER I</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1290 DENNY ROAD KING, NC 27021</b>		
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D 131	Continued From page 1  B. Review of Staff A's personnel record revealed: -Staff A was hired on 10/5/11 as a Nursing Assistant (NA) and Medication Aide (MA). -Documentation of TB tests on 10/6/11 and 3/20/13 read as negative results. -No documentation of 2 TB skin test within 12 months of either TB test.  Interview on 2/11/15 at 3:05 pm with Staff A revealed: -She had several TB tests in the past. -She thought there were 2 TB skin tests in her personnel file. -Staff A contacted primary care physician to obtain faxed copies of 2 step TB skin test.  Interview on 2/11/15 at 3:15 pm with Administrator revealed: -She was responsible for assuring a 2 step TB skin test was completed and documented in staff personnel records. -She thought Staff A and Staff C had completed the 2 step TB skin test.	D 131		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications  10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;  This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled staff (Staff	D 137		

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D 137	<p>Continued From page 2</p> <p>B) had no substantial findings listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hire according to G.S. 131E-256.</p> <p>The findings are:</p> <p>Review of Staff C personnel records revealed: -Staff C was hired 3/17/14 as Housekeeper. -Her daily responsibilities included housekeeping and laundry. -No documentation of a completed HCPR check in Staff C personnel record.</p> <p>Interview on 2/11/15 at 2:35 pm with Administrator revealed: -She was responsible for completing a HCPR check on each new employees. -She stated she did not complete a HCPR check on Staff C because she was not hired as a Nursing Assistant or Medication Aide. -She stated she would complete a HCPR on Staff C today.</p> <p>Review of a HCPR check on 2/11/15 submitted by the Administrator during the survey revealed Staff C had no substantiated findings listed on the HCPR.</p>	D 137		

**Tuttle & Associates**

1025 Lamb Road, Lexington, NC 27265  
336-853-7570 phone [tuttlat@tuttlat.com](mailto:tuttlat@tuttlat.com)  
336-553-7671 fax

MAR 11 2015

March 9, 2015

NC Department of Health and Human Services  
Division of Health Services Regulation  
Adult Licensure Section  
Bonnie Moore, RN  
12 Barbetta Drive  
Asheville, NC 28806

Ref: Graceland Living Center I - HAL085001

Dear Ms. Moore:

I am writing this letter in response to your annual survey date of visit 02/11/2015.

Prefix Tag - D 131

Violation Area - Test for Tuberculosis

Correction - The director was able to locate a copy staff C two step TB and provide a copy on 2/12/2015. Staff A received addition TB testing on 2/12/2015 and 2/25/2015 with clear results. In consultation with the surveyor there was a more clear interpretation of the time frame between two step results, this immediate education and training will result in better compliance.

Time Frame - completed immediately 2/12/2015

Prefix Tag- D 137

Violation Area - Other Staff Qualifications

Correction - HCPR was obtained immediately with clear record for Staff C. In consultation with the surveyor there was a more clear interpretation of HCPR process for all staff, this immediate education and training will result in better compliance.

Time Frame - completed immediately 2/11/2015

Sincerely,

Tisha Tuttle



Administrator

*Per telephone conversation on 3/25/15 at 10:40 AM with Ms. Tisha Tuttle the following addendum is submitted:  
All current personnel files will be audited by the Director or designee to ensure two step and HCPR checks in place*

*for all current employees - Bonnie Moore, RN*

*3/24/15 8:24 AM  
message left T.T.'s vm  
3/25/15 8:33 AM  
message  
3/25/15 9:16 AM  
message left J.H.'s vm*

## Shook, Linda

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**From:** Moore, Bonnie  
**Sent:** Wednesday, March 25, 2015 11:44 AM  
**To:** 'kchildress@co.stokes.nc.us'  
**Cc:** Shook, Linda  
**Subject:** Plan of Correction For Graceland Living Center I  
**Attachments:** Graceland Living Center I 2015-02-11 POCA 1FX011.pdf

Please find attached to this email the approved Amended Plan of Correction for Graceland Living Center, HAL-085-001, Stokes County.

Thank you,

Bonnie Moore, RN  
N.C. Department of Health and Human Services  
Facility Survey Consultant - Division of Health Service Regulation  
Adult Care Licensure Section  
12 Barbetta Drive  
Asheville, NC 28806  
Phone: 336-341-8130  
Fax: 828-260-5040  
[Bonnie.moore@dhhs.nc.gov](mailto:Bonnie.moore@dhhs.nc.gov)  
[www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr)

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