

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092142 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/15/2015 |
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| NAME OF PROVIDER OR SUPPLIER FALLS RIVER VILLAGE ASSISTED LIVING COI | STREET ADDRESS, CITY, STATE, ZIP CODE 1110 FALLS RIVER AVENUE RALEIGH, NC 27614 |
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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 | 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: Based on interview and review of personnel record, the facility failed to assure 1 (Staff B) of 3 staff sampled were tested upon employment for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of Staff B's personnel record revealed: -She was hired as a personal care aide on 5/3/12. -Documentation of a TB skin test given on 10/14/11 and read on 10/17/11 as negative. -Documentation of another TB skin test given on 2/28/13 and read on 3/4/13 as negative. -No documentation of a 2-step TB skin test within 12 month period.</p> <p>Staff B was unavailable for interview.</p> | D 131 | | |

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

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| D 131 | Continued From page 1 Interview with the Executive Director (ED) on 10/15/15 at 3:30 p.m. revealed: -She could not find documentation of a 2-step TB skin test within 12 month period. -The Assisted Living Director (ALD) was responsible for making staff had a 2-step TB skin test. -The ALD no longer worked at the facility. -1st step TB skin test should be done prior to hire. -2nd step TB skin test should be done between 2-3 weeks after hire. -She would be responsible for making sure Staff B completed the 2-step TB skin test. | D 131 | | |