

*Amended*

Division of Health Service Regulation

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**

(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 October 14-15, 2015.	D 000		
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 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.  The findings are:  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.  Staff B was unavailable for interview.	D 131	<i>Amended Statement of Deficiencies October 15, 2015 DA</i>	
			Staff B has been corrected with negative chest x-ray on 10/29/15. ED/designee will perform audit of staff TB tests on or before 12/31/15 and correct any staff that are out of compliance. All new hires are required to have negative 1 <sup>st</sup> step TB and/or chest x-ray prior to start date and scheduled 2 step test date within 1-3 weeks. Business office Manager is responsible for ensuring TB tests are in compliance upon hire. ED/designee will verify new hires are in compliance and will perform monthly new hire audit. Audits will be reviewed during CQI ongoing.	

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

TITLE

(X6) DATE

*James Zinn, ED*

*Executive Director*

*11/10/15*

STATE FORM

6899

WQ1Z11

If continuation sheet 1 of 2

*\* Resend 12/4/15 as requested \**

*approved 12/4/15*

*"Reviewed and Accepted"  
12/4/15  
DA*

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*James Zinn, ED*

*Executive Director*

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