

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL040008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/04/2016
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NAME OF PROVIDER OR SUPPLIER SNOW HILL ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1328 S. E. SECOND STREET SNOW HILL, NC 28580
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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
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{D 000}	Initial Comments The Adult Care Licensure Section and the Greene County Department of Social Services conducted a follow-up survey on February 3, 2016 to February 4, 2016.	{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: Type B Violation</p> <p>Based on record review and interview, the facility failed to assure 3 out of 7 sampled staff (Staff A, Staff B, and Staff F) had not been tested for Tuberculosis (TB) disease in compliance with TB control measures (2 step Tuberculin skin test) adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>A. Review of Staff D's personnel record revealed: -Staff D's hire date was 01/11/16. -She was hire as a Certified Nursing Assistant. There was no step 1 or step 2 Tuberculosis (TB) test found in the personnel record.</p> <p>Refere to interview with Buiseness Office Manger</p>	D 131		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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D 131	<p>Continued From page 1 on 02/04/16 at 2:37 PM.</p> <p>Refer to interview with the Administrator on 02/04/16 at 2:51 PM.</p> <p>Interview with the Business Office Manager on 02/04/16 at 2:37 PM revealed Staff D did not get a TB test done yet because the Licensed Health Professional Support (LHPS) nurse was not coming to the facility until 02/05/16.</p> <p>Interview with the Administrator on 02/04/16 at 2:51 PM revealed Staff D had not had her step 1 TB test due to the LHPS nurse being unable to come to the facility last month.</p> <p>B. Review of Staff A's personnel record revealed: -Staff A's hire date was 10/21/15. -She was hired as a Medication Aide and a Certified Nursing Assistant. -She did have step 1 Tuberculosis (TB) test dated on 10/21/14. -The step 1 was read as negative on 10/23/16. -There was no step 2 TB test documented in the personnel record.</p> <p>Refer to interview with Buiseness Office Manger on 02/04/16 at 2:37 PM.</p> <p>Refer to interview with the Administrator on 02/04/16 at 2:51 PM.</p> <p>C. Review of Staff F's personnel record revealed: -Staff F's hire date was 10/22/15. -She was hired as a Medication Aide. -She did have a step 1 Tuberculosis (TB) test dated on 06/16/15. -The step 1 was read as negative on 06/19/15. -There was no step 2 TB test found in the personnel record.</p>	D 131		

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D 131	<p>Continued From page 2</p> <p>Refere to interview with Buiseness Office Manger on 02/04/16 at 2:37 PM.</p> <p>Refer to interview with the Administrator on 02/04/16 at 2:51 PM.</p> <hr/> <p>Interview with the Business Office Manager on 02/04/16 at 2:37 PM revealed:</p> <ul style="list-style-type: none"> -She would check with new staff when they are hired to see if they had a Tuberculosis (TB) test done. -If the staff have had a TB test done they are told to bring in a copy to the facility. -If the staff require a TB test they schedule an appointment with the LHPS nurse to have a TB test done. -They should have a TB test done within one to two weeks after being hired. -It was her understanding that she had 1-2 weeks to get the TB test done after the employee was hired. -It is her and the Administrator's responsibility to make sure the staff have their TB test. -She does an audit on the personnel files at the beginning of the year. <p>Interview with the Administrator on 02/04/16 at 2:51 PM revealed:</p> <ul style="list-style-type: none"> -It is the Business Office Managers (BOM) responsibility to make sure all paperwork is done for new hire employees. -The BOM is to notify the LHPS nurse if an employee needs a Tuberculosis (TB) skin test. -She believes that she has 30 days from date of hire to get the step 1 TB test done. -She waits 30 days after step 1 to have a step 2 TB test done on an employee. 	D 131		

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D 131	<p>Continued From page 3</p> <p>-The LHPS nurse is coming on 02/05/16 to make sure all staff have their TB skin test done.</p> <hr/> <p>Review of the Plan of Protection received from the facility on 02/04/16 revealed:</p> <ul style="list-style-type: none"> -Employees will be taken off schedule until first step tuberculosis skin test can be administered and read. -New hires will have first step of tuberculosis skin test upon hire. -The second step tuberculosis skin test will be done within 1-3 weeks of the step 1 tuberculosis test. -Administrator will be responsible to get results and maintain in staff records. <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 20, 2016.</p>	D 131		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER HAL040008 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/4/2016 Y3
NAME OF FACILITY SNOW HILL ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1328 S. E. SECOND STREET SNOW HILL, NC 28580	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix <u>D0270</u>	Correction	ID Prefix <u>D0282</u>	Correction	ID Prefix <u>D912</u>	Correction
Reg. # <u>10A NCAC 13F .0901(b)</u>	Completed	Reg. # <u>10A NCAC 13F .0904(a)</u> <u>(1)</u>	Completed	Reg. # <u>G.S. 131D-21(2)</u>	Completed
LSC _____	<u>12/16/2015</u>	LSC _____	<u>12/21/2015</u>	LSC _____	<u>12/16/2015</u>
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Maria A. Jones</i>	DATE <u>2/22/16</u>
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/25/2015		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO 		