

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL074041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2016
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NAME OF PROVIDER OR SUPPLIER CLEMMIE'S FAMILY CARE HOME II	STREET ADDRESS, CITY, STATE, ZIP CODE 110 PEARL DR GREENVILLE, NC 27834
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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
C 000	Initial Comments	C 000		
C 140	<p>10A NCAC 13G .0405(a)(b) Test For Tuberculosis</p> <p>10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, 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. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others.</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 2 sampled staff were tested for Tuberculosis (TB) disease in compliance with Tuberculosis (TB) control testing using the 2-step testing method:</p> <p>The findings are:</p> <p>Review of Staff B's personnel record revealed: -She was hired as a personal care aide on 12/19/14. -Documentation of a TB skin test given on 12/17/14 and read as negative on 12/19/14.</p>	C 140		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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C 140	Continued From page 1 Interview with Staff B on 4/26/16 at 130 p.m. revealed she thought she had a 2-step TB skin test. Interview with the Administrator on 4/26/16 at 4:30 p.m. revealed: -She thought Staff B had a 2-step TB skin test. -She could only find documentation of only one TB skin test in Staff B's record. -The facility's monitoring plan in place for TB skin tests for staff was 1st step prior to hire and 2nd step within 2 weeks of hire. -The Administrator was responsible for the completion of the 2-step TB test for staff.	C 140		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family 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 interview and review of personnel records, the facility failed to assure 1 (Staff B) of 2 staff sampled had no substantiated findings on the North Carolina Health Care Personnel Registry. The findings are: Review of Staff B's personnel record revealed: -No documentation of a Health Care Personnel Registry check was found in Staff B's record.	C 145		

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C 145	<p>Continued From page 2</p> <p>Interview with Staff B on 4/26/16 at 1:30 p.m. revealed she did not know if a Health Care Personnel Registry check had been completed on her.</p> <p>Interview with the Administrator on 4/26/16 at 4:30 p.m. revealed: -She thought a Health Care Personnel Registry (HCPR) check had been completed on Staff B. -She could not find documentation of a HCPR check in Staff B's personnel record. -She completed a HCPR check on 4/26/16 which documented no substantiated findings on the North Carolina HCPR check on Staff B. -She was responsible for the completion of the HCPR checks for staff, prior to hire.</p>	C 145		