

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2016
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NAME OF PROVIDER OR SUPPLIER WEST WINDS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1241 GOINS ROAD PEMBROKE, NC 28372
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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 observation, interview, and record review, the facility failed to assure that 1 of 3 staff sampled (Staff B) completed a two step Tuberculosis (TB) skin test to determine if Staff B was free of tuberculosis as adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of the personnel record for Staff B revealed: -Staff B was hired as a Personal Care Aide (PCA)</p>	C 140		

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

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C 140	<p>Continued From page 1</p> <p>on 4/21/16.</p> <p>-Staff B had a tuberculosis (TB) skin test administered on 2/16/15.</p> <p>-The TB skin test was read on 2/18/15 with the results being negative.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 4/27/16 revealed:</p> <p>-Staff B's first day at work was 4/21/16.</p> <p>-Staff B had worked continuously in the facility until 4/25/16 at 10:00am.</p> <p>-The SIC was unaware that Staff B did not have the required TB skin test because Staff B was presently employed with another facility in the county.</p> <p>Interview with Staff B on 4/27/16 at 6:00pm revealed:</p> <p>-She was presently employed with another facility in the county and they told her they had lost her TB skin test results.</p> <p>-Staff B brought the TB skin test dated 2/18/15 which was the only one she could find.</p> <p>Telephone interview with the Administrator on 4/27/16 at 6:05pm revealed:</p> <p>-The Administrator was unaware that Staff B did not have the two step TB skin test because Staff B was actively employed as a PCA for another facility in the county.</p> <p>-Staff B would obtain a negative TB skin test before returning to work.</p>	C 140		
C 145	<p>10A NCAC 13G .0406(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall:</p>	C 145		

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C 145	<p>Continued From page 2</p> <p>(5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure 1 of 3 staff sampled (Staff B) had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR) by not checking the registry before hire.</p> <p>The findings are:</p> <p>Review of the personnel record for Staff B on 4/27/16 revealed: -Staff B was hired as a Personal Care Aide (PCA) on 4/21/16. -There was no documentation or confirmation that a HCPR verification had been completed on Staff B upon hire.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 4/27/16 revealed: -Staff B's first day of work was on 4/21/16. -Staff B had worked continuously in the facility until 4/25/16 at 10:00am.</p> <p>Telephone interview with the Administrator on 4/27/16 at 6:05pm revealed the Administrator did not check the North Carolina HCPR upon hiring Staff B.</p>	C 145		