

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL092189</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/12/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JACKSON FAMILY CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>221 EAST BARBEE STREET ZEBULON, NC 27597</b>
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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 personnel records, the facility failed to assure 1 (Staff A) of 2 sampled staff were tested for Tuberculosis (TB) disease in compliance with Tuberculosis (TB) control testing using a 2-step testing method:</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed: -She was hired as a Supervisor-in-Charge (SIC) on 1/15/16. -Documentation of a TB skin test given on 2/19/15 and read on 2/22/15 as negative.</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	Continued From page 1  Interview with Staff A on 5/12/16 at 1:30 p.m. revealed: Her last TB skin test was read on 2/22/15. -No TB skin test since her rehire date on 1/15/16. -She would get her 1st step TB skin test next week. -The Administrator was responsible for making sure staff had completed a 2-step TB skin test. -The facility's monitoring plan in place for staff's TB skin test was 1st step prior to hire and 2nd step with 2 weeks of hire. -The Administrator had referred all questions to the SIC.	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 personnel records and interview, the facility failed to assure 1 (Staff A) of 2 sampled staff had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR) check.  The findings are:  Review of Staff A's personnel record revealed: -She was hired as a Supervisor-in-Charge (SIC) on 1/15/16. -Documentation a HCPR check had been	C 145		

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C 145	Continued From page 2  completed on 8/26/02.  Interview with Staff A on 5/12/16 at 1:30 p.m. revealed: -A HCPR check had not been completed on her since she was rehired on 1/15/16. -A HCPR check on 5/12/16 documented no substantiated findings on the North Carolina HCPR check on Staff A. The Administrator was responsible for making sure staff had a HCPR check completed, prior to hire. -The Administrator had referred all questions to the SIC.	C 145		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination  10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the 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, North Carolina 27699-1902.  This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure each resident had tuberculosis (TB) disease testing upon admission to the facility in compliance with the control measures adopted by the Commission for Health Services for 1 (Resident #1) of 3 sampled residents.	C 202		

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C 202	<p>Continued From page 3</p> <p>The findings are:</p> <p>Review of Resident #1's Resident Register revealed date of admission was 1/02/15.</p> <p>Review of Resident #1's record revealed documentation of a TB skin test read on 1/18/15 as negative.</p> <p>Interview with Resident #1 on 5/12/16 at 2:00 p.m. revealed he did not know the last time he had a TB skin test.</p> <p>Interview with the Supervisor in Charge (SIC) on 5/12/16 at 1:30 p.m. revealed: -She could not find documentation of a 2-step TB skin test for Resident #1. -The Administrator was responsible for making sure residents had a 2-step TB skin test. -The facility's monitoring plan in place for residents' TB skin test was 1st step prior to admission and the 2nd step within 30 days of admission. -The Administrator had referred all questions to the SIC.</p>	C 202		
C935	<p>G.S. § 131D-4.5B (b) ACH Medication Aides; Training and Competency</p> <p>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.</p> <p>(b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all</p>	C935		

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C935	<p>Continued From page 4</p> <p>of the following:</p> <p>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:</p> <ol style="list-style-type: none"> <li>a. The key principles of medication administration.</li> <li>b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.</li> </ol> <p>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.</p> <p>(3) Within 60 days from the date of hire, the individual must have completed the following:</p> <ol style="list-style-type: none"> <li>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:               <ol style="list-style-type: none"> <li>1. The key principles of medication administration.</li> <li>2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.</li> </ol> </li> <li>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.</li> </ol> <p>This Rule is not met as evidenced by: Based on interview and personnel record, the facility failed to assure 1 (Staff A) of 1 sampled medication aide had completed an additional 10-hour of medication administration training.</p> <p>The findings are:</p>	C935		
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C935	<p>Continued From page 5</p> <p>Review of Staff A's personnel record revealed: -She was hired as a Supervisor-in-Charge (SIC) on 1/15/16. -Documentation Staff A had completed 5 hours of medication administration training on 01/18/16. -No documentation Staff A had completed an additional 10- hour of medication administration training.</p> <p>Interview with Staff A on 5/12/16 at 1:30 p.m. revealed: -She thought she had completed an additional 10- hour of medication administration training. -She could not find documentation of an additional 10- hour of medication administration training in her record. -The Administrator was responsible for making sure medication aides completed the additional 10- hour of medication administration training -The Administrator had referred all questions to the SIC.</p>	C935		
C992	<p>G.S. § 131D-45 G.S. § 131D-45. Examination and screening for</p> <p>G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.</p> <p>(a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening</p>	C992		

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C992	<p>Continued From page 6</p> <p>of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening.</p> <p>This Rule is not met as evidenced by: Based on interview and personnel record, the facility failed to assure examination and screening for the presence of controlled substance was performed for 1 (Staff A) of 2 sampled staff that were hired after 10/01/13.</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed: -She was hired as a Supervisor-in-Charge (SIC) on 1/15/16. -Documentation of a controlled substances screen test completed on 1/16/15.</p> <p>Interview with Staff A on 05/12/16 at 1:30 p.m. revealed:</p>	C992		

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C992	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>-She was rehired at the facility on 1/15/16.</li> <li>-She thought another controlled substance screen test had been completed on her since 1/15/16.</li> <li>-She could not find documentation of another controlled substance screen test in her personnel record.</li> <li>-The Administrator was responsible for the completion of a controlled substance screen test for staff, prior to hire.</li> <li>-The Administrator had referred all questions to the SIC.</li> </ul>	C992		