

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL009020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2016
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NAME OF PROVIDER OR SUPPLIER A & C FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3012 BURNEY ROAD BLADENBORO, NC 28320
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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 The Adult Care Section and the Bladen County Department of social services completed an annual on 7/20/16.	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 record review and interview, the facility failed to assure 1 of 2 sampled staff (Staff A) had 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>Review of Staff A's personnel record revealed: - The staff's hire date was 10/07/10. - The staff's position was supervisor-in-charge (SIC and medication aide (MA).</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> <ul style="list-style-type: none"> - There was documentation of tuberculosis (TB) testing on 9/20/10 and 8/22/13. <p>Interview with the Administrator on 7/20/16 at 3:00pm revealed:</p> <ul style="list-style-type: none"> - Staff A had been working at the facility since 2010 as a MA/SIC. - Staff B had a TB skin test when she started working at the facility and another TB skin test in 2013. - Staff a should have completed a 2 step TB skin test last year (2015), but there was no documentation of a 2 step TB test. - The Administrator will contact Staff A as soon as possible and if she received 2 -Step TB testing last your, will have her bring a copy of report to facility to keep in her personnel record. - If the TB testing was not done, Staff A will complete a 2-step TB testing immediately. <p>Staff A was not available for interview.</p>	C 140		
C 934	<p>G.S.131D-4.5B (a) ACH Infection Prevention Requirements</p> <p>G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements</p> <p>(a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care</p>	C 934		

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C 934	<p>Continued From page 2</p> <p>home medication aides established by the Commission pursuant to G.S. 131D-4.5</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 2 of 2 staff (Staffs A and B) had completed annual state infection control training.</p> <p>The findings are:</p> <p>1. Review of Staff A's personnel record revealed: - The staff's hire date was 10/07/10. - The staff's position was supervisor-in-charge (SIC and medication aide (MA)). -There was no documentation Staff A had completed the annual state infection control training.</p> <p>Staff A was not available for interview.</p> <p>Refer to Administrator interview on 7/20/16 at 3:00pm.</p> <p>2. Review of Staff B's personnel record revealed: - Staff B started to work at the facility on 2/09/09 as a SIC and MA. -There was no documentation Staff B had completed the annual state infection control training. -There was no documentation Staff B had completed the annual state infection control training.</p> <p>Interview with Staff B on 7/20/16 at 2:40pm revealed: - He did not remember receiving infection control</p>	C 934		

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C 934	<p>Continued From page 3</p> <p>training. - He only received yearly training on blood borne pathogens.</p> <p>Refer to Administrator interview on 7/20/16 at 3:00pm</p> <p>_____</p> <p>Interview with the Administrator on 7/20/16 at 3:00pm revealed: - She did not if the staff received the annual infection control training in 2015 or 2016. - She will contact the facility's registered nurse, who did the staff training, as soon as possible and schedule the state required infection control training.</p>	C 934		