PRINTED: 08/03/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	HAL047012		07/24/2015

NAME OF PROVIDER OR SUPPLIER: INTEGRITY OPEN ARMS

STREET ADDRESS, CITY, STATE, ZIP CODE: 612 HEALTH DRIVE, RAEFORD, NC 28376

(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
D 000	Initial Comments The Adult Care Licensure Section and the Hoke County Department of Social Services conducted an annual survey on 07/22/15 - 07/24/15.	D 000	RECEIVED AUG 25 2015 ADULT CARE LICENSURE SECTION RALEIGH	
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 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. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 5 staff (A) sampled was tested upon employment for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. The findings are: Review of Staff A's personnel file revealed: - She was hired as a personal care aide / medication aide / supervisor on 08/08/13. - Staff A had a negative tuberculosis (TB) skin test completed on 11/19/12. - Staff A had a negative TB skin test completed on 02/24/14. - There was no documentation of two step TB skin tests within 12 months of each other. Staff A was unavailable for interview on 07/24/15.	D 131	All employees files were re-checked after survey. The one employee who had 13 months between TB test was retested. See test results. 8/5/2015 Addendum: Facility purchases the serum from the supplier and gives supply to Health Department. It is set up with the Health Department for new employees to receive skin test by Health Department. The first skin test is given and read before employee can start working. LMAT 1/5/16	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Judy Epps Click — TITLE: Administrator — (X6) DATE: 8/20/2015

STATE FORM 6899 VM7V11 If continuation sheet 1 of 6

Approved LMAT 1/5/16

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D 131	Continued From page 1 Interview with the Director/Administrator-in-Training on 07/24/15 at 5:30 p.m. revealed: - The Business Office Manager was responsible for the personnel files but she was on leave this week. - She thought there was a shortage of TB serum when Staff A was hired in August 2013, which contributed to the delay in getting the TB test completed. - They overlooked Staff A's documented TB skin tests were not within 12 months of each other. - She reported they would start over and get two step TB skin test completed for Staff A as required. The Business Office Manager (BOM) was unavailable for interview during the survey from 07/22/15 - 07/24/15.	D 131	The second skin test is given and read 2-3 weeks after the first skin test was given. Secretary or Administrator monitors weekly for non-compliance of ~~TB's~~ HAT required TB skin test. HAT 1/5/16	
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult 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 record review and interview, the facility failed to assure 1 of 5 residents (#4) sampled	D 234	The resident files were re-checked. The one resident who had gone home between placement from SNF to AL was retested. See results. 8/13/05	

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D 234	Continued From page 2 was tested upon admission for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. The findings are: Review of Resident #4's current FL-2 dated 03/18/15 revealed diagnoses included diabetes mellitus type 2 without complications, neuropathy, hypertension, paranoid state, generalized pain, esophageal reflux, vascular insufficiency, glaucoma, urinary tract infection, and viral enteritis. Review of Resident #4's Resident Register revealed an admission date of 04/03/15. Review of Resident #4's record revealed: - A computer printed paper with Resident #4's name at the top of the page. - There was 3 typed entries with "PPD results". - The typed entries had a results/date column with 3 dates listed: 02/25/13, 03/11/13, and 03/12/14. - There was a third column for each entry that read negative. - There was no signature to indicate who placed or read the TB skin tests. - There was no documentation on the form to indicate where the TB skin tests were completed. - There was no documentation of any other TB skin tests in the resident's record. Interview with the facility's Medical Records Secretary on 07/22/15 at 4:30 p.m. revealed: - The TB information for Resident #4 was the information sent by a nursing home. - She thought the TB information from the nursing home was sufficient. - Resident #4 did not have a TB skin test upon admission.	D 234		

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D 234	Continued From page 3 - She would check with the nursing home to see if they had more information. Interview with the Administrator on 07/23/15 at 6:15 p.m. revealed: - Resident #4 had been at home with her family for a few days prior to being admitted to the facility. - Resident #4 was in a nursing facility prior to being at home with her family. - The TB information for Resident #4 was sent by the nursing facility. - They are checking with the nursing facility to get more information regarding the TB skin tests for Resident #4. Review of documentation provided by the facility on 07/24/15 revealed they had a TB skin test placed for Resident #4 on 07/24/15.	D 234		
D934	G.S. 131D-4.5B. (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (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 home medication aides established by the Commission pursuant to G.S. 131D-4.5	D934	The first infection control classes were taught on 8/13/2015. See certificate, checklist, and attendance record. The second classes will be held on 8/25/2015.	8/25/15

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D934	Continued From page 4 This Rule is not met as evidenced by: Based on interview, and record review, the facility failed to provide mandatory annual infection prevention training for 1 of 1 medication aides (A) sampled and employed for more than one year. The findings are: Review of Staff A's personnel file revealed: - She was hired as a personal care aide / medication aide / supervisor on 08/08/13. - She completed the medication aide clinical skills checklist on 05/22/14. - She passed the written medication aide exam on 05/20/14. - There was a test labeled as infection control exam with the words "passed 84" and it was dated 10/12/13. - There was no documentation the annual state approved infection control training had been completed. Staff A was unavailable for interview on 07/24/15. Interview with the Director/Administrator-in-Training on 07/24/15 at 5:30 p.m. revealed: - She was aware of the required annual state approved infection control training. - They had recently discussed this needed to be done for facility staff. - They had not done the state approved infection control training yet. Interview with the Administrator on 07/24/15 at 5:40 p.m. revealed:	D934		

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D934	Continued From page 5 - She was aware of the required annual state approved infection control training. - They printed the booklet from the state website and gave it to the employees to read at home. - The employees then take a written test the next day. - They grade the test and put the exam in the employee's file. - There was no hands on training provided as the staff person read the booklet for the training. - A registered nurse did not participate in the infection control training. Interview with the facility's Registered Nurse (RN) on 07/24/15 at 5:50 p.m. revealed: - She was aware of the required annual state approved infection control training. - They had talked about doing the state approved infection control training but they had not done it yet. - She would work with the facility to get the required training done.	D934		