STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL067023	A. BUILDING: _____ B. WING _____	C 12/05/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ONSLOW HOUSE	34 MCDANIEL DRIVE JACKSONVILLE, NC 28546

(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 he Adult Care Licensure Section conducted an annual survey and complaint investigation on December 2, 3, 4, and 5, 2014.	D 000		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult 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 observations, interviews, and record reviews, the facility failed to ensure 1 of 6 sampled staff (Staff A) had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR) according to G.S. 131E-256. The findings are: Review of Staff A, Medication Aide/Supervisor-in-Charge personnel file revealed: -Staff A was hired to work at the facility on 10/9/2013. -No documentation of a HCPR check in Staff A's personnel record. Random observation on 12/2/2014 from 4:30pm to 5:30pm revealed Staff A approached residents to administer medications. Interview with Staff A on 12/3/2014 at 5:35pm revealed:	D 137		

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D 137	Continued From page 1	D 137		

-Staff A had worked at the facility since 10/2013.
-Staff A worked at the facility as a Medication Aide/Supervisor-in-Charge.
-Staff A worked on the 3pm - 11pm shift and the 11pm - 7am shifts.
-Staff A provided personal care to residents at the facility when needed.

Interview with the Business Office Manager (BOM) on 12/3/2014 at 11:20am revealed:
-The BOM could not find the original HCPR check for Staff A.
-The BOM knew she had done a previous HCPR check for Staff A.
-The BOM had recently moved offices and thought the original HCPR check for Staff A had been misplaced during the move.

Further interview with the BOM on 12/3/2014 at 11:55am revealed:
-HCPR checks were filed in the employee personnel file.
-The BOM was responsible to complete HCPR checks.
-The BOM's procedure was to complete the HCPR checks when applications for employment were received.

Review of Staff A's HCPR check dated 12/3/2014 revealed no substantiated findings of resident abuse, resident neglect or misappropriation of resident property in a nursing facility.

Interview with the Regional Director for the facility on 12/4/2014 at 1:30pm revealed:
-The RD had contacted a representative at HCPR.
-A HCPR check had been done for Staff A prior to 12/3/2014.
-The RD did not have proof that a HCPR check

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D 137	Continued From page 2 done prior to 12/3/2014 had been done by the facility. Telephone interview with a HCPR representative on 12/4/2014 at 2:40pm revealed: -A HCPR check had been done via the HCPR website for Staff A on 7/11/2013. -A HCPR check had been done via the HCPR website for Staff A on 11/7/2013. -The HCPR checks done 7/11/2013 and 11/7/2013 could not be linked to having been completed by this facility. No additional information was provided by the end of the survey.	D 137		