		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING: _	A. BUILDING:		IED
		HAL066001	B. WING		01/13	3/2016
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PINE FOR	EST REST HOME	3277 HWY				
			ID, NC 27897			
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D 000	Initial Comments		D 000			
		sure Section and the ment of Social Services survey on January 13,				
D 131	10A NCAC 13F .0406	6(a) Test For Tuberculosis	D 131			
	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 personnel records, the facility failed to assure 2 of 3 sampled staff were tested for tuberculosis (TB) disease in compliance with TB control measuring using the 2-step method (Staff A, C).					
	The findings are:					
	She was hired as a per- 4/23/14. -Documentation of a	TB skin test given on a 10/23/13 as negative.				
		sident Care Coordinator				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL066001	B. WING		01/13/2016	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE	,	
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FINE FOR	EST REST HOME	WOODLA	ND, NC 27897			
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D 131	Continued From page	e 1	D 131			
	-She could not find do skin test in Staff A's p -She was responsible a 2-step TB skin testShe would make sur skin testThe 1st step TB skin hireThe 2nd step TB skin 2 weeks of hire.  Interview with the Ma p.m. revealed he thouskin test.  Refer to interview with 3:15 p.m.  2. Review of Staff C's -She was hired as a r -Documentation of a 12/03/13 and read on Staff C was unavailable.  Interview with the Res (RCC) on 1/13/16 at 3-She could not find do skin test in Staff C's p -She was responsible a 2-step TB skin testThe 1st step TB skir to hireThe 2nd step TB skir 2 weeks of hire.	cocumentation of another TB lersonnel record. If for making sure Staff A had le Staff A had a 2-step TB lest should be done prior to in test should be done within larger on 1/13/16 at 3:15 light Staff A had a 2-step TB light Manager on 1/13/16 at light Staff A had a 2-step TB				
	-She was responsible a 2-step TB skin testThe 1st step TB skir to hireThe 2nd step TB skir 2 weeks of hire.	for making sure Staff C had				

Division of Health Service Regulation

STATE FORM 6899 E3UM11 If continuation sheet 2 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		) MULTIPLE CONSTRUCTION (X3) DA COI		
		HAL066001	B. WING		0.	1/13/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
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	T. T	WOODL	AND, NC 27897			
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D 131	Continued From pag	e 2	D 131			
	p.m. revealed: -The Resident Care ( for making sure staff -The facility's monito TB skin test was 1st	Coordinator was responsible had a 2-step TB skin test. ring plan in place for staff's step TB skin test prior to hire in test within 2 weeks of hire.				
D 137	10A NCAC 13F .040 Qualifications	7(a)(5) Other Staff	D 137			
	<ul><li>(a) Each staff person shall:</li><li>(5) have no substant</li></ul>	7 Other Staff Qualifications in at an adult care home tiated findings listed on the h Care Personnel Registry 1E-256;				
	facility failed to assur sampled had no subs	as evidenced by: records and interview, the re 1 (Staff A) of 3 staff stantiated findings on the th Care Personnel Registry				
	The findings are:					
	-She was hired as a 4/23/14No documentation a completed.	ersonnel record revealed: personal care aide on HCPR check had been				
	Staff A was unavailab	ole for interview.				
	(RCC) revealed:	sident Care Coordinator that Staff A needed to have a				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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D 137	Continued From page	3	D 137		
	have a HCPR checkShe completed a HC	dication aides needed to PR check on 1/13/16 on nted no substantiated			
	revealed: -He was not aware th been completed on S -The Resident Care C for the completion of t -The facility's monitor	nager on 1/13/16 3:15 p.m.  at a HCPR check had not taff A.  Coordinator was responsible the HCPR checks for staff. ing plan in place for staff's at HCPR checks should be			
D992	G.S.§ 131D-45 (a) Ex	amination and screening	D992		
		mination and screening for olled substances required sloyment in adult care			
	licensed under this Ar conditioned on the ap examination and scre substances. The example conducted in acco Chapter 95 of the Gerprocedure that utilizes may be used for the eof applicants and may the results of the applicanted the substance, the adult of the applicant unless the	rment by an adult care home ticle to an applicant is plicant's consent to an ening for controlled mination and screening shall rdance with Article 20 of neral Statutes. A screening is a single-use test device examination and screening in be administered on-site. If icant's examination and expresence of a controlled care home shall not employ the applicant first provides to written verification from the			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		HAL066001	B. WING		01/13/201	6
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
PINE FOR	EST REST HOME	3277 HWY				
			ND, NC 27897			
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D992	controlled substance examination and scre physician to treat the psychological condition physician shall includ substance, the prescribed and the condition for prescribed. If the result employee's examinat the presence of a concare home may requi	g physician that every identified by the sening is prescribed by that applicant's medical or on. The verification from the e the name of the controlled ribed dosage and frequency, which the substance is all of an applicant's or ion and screening indicates introlled substance, the adult are a second examination for the results of the prior	D992			
	facility failed to assure for the presence of coperformed for 2 of 2 safter 10/01/13 (Staff ATTHE findings are:  1. Review of Staff A's -She was hired as a part 4/23/14No documentation of	records and interview, the ele examination and screening ontrolled substance were sampled staff that were hired A, C).				
	Staff A was unavailab	le for interview.				
	(RCC) on 1/13/16 at 3	sident Care Coordinator 3:00 p.m. revealed: a controlled substance				

Division of Health Service Regulation

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_ ` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		HAL066001	B. WING		01	/13/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
PINE FOR	EST REST HOME	3277 HW				
	Т		AND, NC 27897			
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D992	Continued From page	5	D992			
	recordShe had not complet examination and scree because she was hireShe thought the requisubstance examination October 2014She was unaware the controlled substance test began October 2-She would be respondent of the state of Staff A.  Refer to interview with 3:15 p.m.  2. Review of Staff C's -She was hired as a respondent of the staff and th	e, prior to October 2014.  uirement for a controlled on and screening test began e requirement for a examination and screening				
	Staff C was unavailab	ble for interview.				
	(RCC) on 1/13/16 at 3 -Staff C did not have examination and scre recordShe had not complet examination and scre because she was hire-She thought the requisibstance examination October 2014She was unaware the	a controlled substance bening test in her personnel  and a controlled substance bening test for Staff C be, prior to October 2014.  Uirement for a controlled ben and screening test began  be requirement for a				
		examination and screening				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			SURVEY PLETED	
		HAL066001	B. WING		01	/13/2016
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT	E, ZIP CODE		
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D992	-She would be respor controlled substance test for Staff C.  Refer to interview with 3:15 p.m.  Interview with the Map.m. revealed: -The Resident Care Completed a controlle and screening test for they were hired, prior-He thought the requisubstance examination October 2014He was unaware the substance examination October 2013The RCC was responsa controlled substance screening test for staft - The facility's monito controlled substance	nsible for the completion of a examination and screening in the Manager on 1/13/16 at mager on 1/13/16 at mager on 1/13/16 at 3:15 Coordinator (RCC) had not disubstance examination in Staff A or Staff C because to October 2014. The ment for a controlled on and screening test began made in and screening test began made in and screening test began insible for the completion of the examination and streening test began insible for the completion of the examination and streening test began insible for the completion of the examination and streening test began insible for the completion of the examination and streening test began insible for the completion of the examination and streening test began insible for the completion of the examination and streening test began insible for the completion of the examination and streening test began insible for the completion of the examination and streening test began insible for the completion of the examination and streening test began insible for the completion of the examination and streening test began insible for the completion of the examination and streening test began insible for the completion of the examination and streening test began insible for the completion of the examination and streening test began insible for the completion of the examination and streening test began insible for the completion of the examination and streening test began insible for the completion of the examination and streening test began insible for the completion of the examination and streening test began insible for the completion and the examination and	D992			

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