Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED HAL066001 B. WING 01/13/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3277 HWY 35 PINE FOREST REST HOME WOODLAND, NC 27897 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 000 Initial Comments D 000 The Adult Care Licensure Section and the Northampton Department of Social Services conducted an annual survey on January 13, 2016. WE ALREADY HAVE IN PLACE D 131 10A NCAC 13F .0406(a) Test For Tuberculosis D 131 PROCEDURES TO GET THIS DONE 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care DUE TO THE FAUT THAT IT home, the administrator and all other staff and WAS LOST A CORRECTIVE any live-in non-residents shall be tested for tuberculosis disease in compliance with control ACTION WILL BE TO CHECK measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 FILES MONTHLY TO MAKE including subsequent amendments and editions. SURE ALL DOCUMENTS ARE Copies of the rule are available at no charge by contacting the Department of Health and Human IN STAFFS FILE. SERRE Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. WILL BE PESPONSIBLE FOR MAKESUALGOTED TIME IS 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 COPPECT (WITHIN 2) WEEKS compliance with TB control measuring using the 2-step method (Staff A, C). The findings are: 1. Review of Staff A's personnel record revealed: STAFF A'S 2nd TB TEST She was hired as a personal care aide on 4/23/14 WAS LOST ON STAFF A -Documentation of a TB skin test given on HAS ALREADY COMPLETED 10/21/13 and read on 10/23/13 as negative. 2-STEP METHOD SINGE Staff A was unavailable for interview. WE WERE AWARE THAT () Interview with the Resident Care Coordinator (RCC) on 1/13/16 at 3:00 p.m. revealed: WAS LOST COMPLETED ON 2-10-16 Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

"Reviewed and accepted with revisions"

DDE 4/22/16

ND PLAN	OF CORRECTION OF COR	(X2) MULTIPLE A. BUILDING: _ B. WING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AME OF P	PROVIDED OD SUPPLIED			01/13/2016
	REST REST HOME STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	
Paragraph (A)	WOODL	AND, NC 27897		
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D 131	Continued From page 1	D 131		
	-She could not find documentation of another TB skin test in Staff A's personnel recordShe was responsible for making sure Staff A had a 2-step TB skin testShe would make sure Staff A had a 2-step TB		ALL RECORDS ON A MONTHLY BASE	ex
	-The 1st step TB skin test should be done prior to		A MONTHLY BASI	75.
	hireThe 2nd step TB skin test should be done within 2 weeks of hire.			
	Interview with the Manager on 1/13/16 at 3:15 p.m. revealed he thought Staff A had a 2-step TB skin test.			
	Refer to interview with the Manager on 1/13/16 at 3:15 p.m.			
	Review of Staff C's personnel record revealed: She was hired as a medication aide on 12/06/13.			
-	-Documentation of a TB skin test given on 12/03/13 and read on 12/05/13 as negative.			
5	Staff C was unavailable for interview.			
s a to	nterview with the Resident Care Coordinator (RCC) on 1/13/16 at 3:00 p.m. revealed: She could not find documentation of another TB skin test in Staff C's personnel record. She was responsible for making sure Staff C had a 2-step TB skin test. The 1st step TB skin test should be done prior or hire.			
2	The 2nd step TB skin test should be done within weeks of hire.			
3:	Refer to interview with the Manager on 1/13/16 at :15 p.m.			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED HAL066001 B. WING 01/13/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3277 HWY 35 PINE FOREST REST HOME WOODLAND, NC 27897 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 131 Continued From page 2 D 131 Interview with the Manager on 1/13/16 at 3:15 p.m. revealed: -The Resident Care Coordinator was responsible for making sure staff had a 2-step TB skin test. -The facility's monitoring plan in place for staff's TB skin test was 1st step TB skin test prior to hire and 2nd step TB skin test within 2 weeks of hire. D 137 10A NCAC 13F .0407(a)(5) Other Staff D 137 Qualifications CORRECTIVE ACTION IS 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home RCC LOOK AT FILES shall: (5) have no substantiated findings listed on the ONCE A MONTH TO MAKE North Carolina Health Care Personnel Registry SURE FILES ARE CORPECT according to G.S. 131E-256; ALSO ADD THIS TO POLICY This Rule is not met as evidenced by: Based on personnel records and interview, the REQUIRED FOR NEW facility failed to assure 1 (Staff A) of 3 staff sampled had no substantiated findings on the HIRES. North Carolina Health Care Personnel Registry (HCPR) check. EUERHONE EMPLOYED The findings are: Review of Staff A's personnel record revealed: HAS BEEN CHECKED -She was hired as a personal care aide on 4/23/14 ON THE HEPR AND -No documentation a HCPR check had been completed. EVERTONE WAS OR. Staff A was unavailable for interview. COMPLETED ON Interview with the Resident Care Coordinator 1-16-16 (RCC) revealed: -She was not aware that Staff A needed to have a

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(٧2) ١	0.0		M APPROVE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(X3) DATE COMP	SURVEY	
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D 137	Continued From pa	ge 3	D 137			7	
	HCPR check.						
	-She only thought m	nedication aides needed to					
	-She completed a H Staff A which docum findings on the HCP	CPR check on 1/13/16 on ented no substantiated R check.					
		anager on 1/13/16 3:15 p.m.					
10	been completed on S	hat a HCPR check had not Staff A.					
	-The Resident Care	Coordinator was responsible		2			
	for the completion of	the HCPR checks for staff					
	- The facility's monito	ring plan in place for staff's					
	done, prior to hire.	nat HCPR checks should be					
		kamination and screening	D992	WARRECTIVE ACT	710N FS		
(G.S. § 131D-45, Exa	mination and screening for					
1	he presence of contr	olled substances required	UP	FE ANY NEW 141	MES TO		
F	or applicants for emplomes.	ployment in adult care		MAUE SCREENING CONTROLLED SUBS	FOR		
(a) An offer of employ	ment by an adult care home	100	CONTROLLED SUBS	TANCES		
111	cerised under this Ar	ticle to an applicant is		DONE BEFORE H	unint		
e	examination and screen	plicant's consent to an		DONE BEFORE A	AMAINS.		
S	ubstances. The exam	nination and screening shall		a will at			
D	e conducted in accor	dance with Article 20 of		RCC WILL 1312			
) Pi	rocedure that utilizes	ieral Statutes. A screening a single-use test device		RCC WILL BE LESPONSIBLE FOI	n		
III	lay be used for the e	xamination and screening	1	E-) FONS/184-			
0	applicants and may	be administered on-site. If cant's examination and		TH15			
SC	creening indicate the	presence of a controlled					
St	ibstance, the adult ca	are home shall not employ					
u	e applicant unless th	e applicant first provides to					
th	e adult care home w	ritten verification from the					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
INE FOR	REST REST HOME	3277 HW	Y 35			
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D992	Continued From page 4		D992			
	controlled substance examination and scree physician to treat the psychological condition physician shall include substance, the prescribed. If the rescribed. If the rescribed if the prescribed if the prescribed if the prescribed in condition for prescribed in the	pening is prescribed by that applicant's medical or on. The verification from the let the name of the controlled ribed dosage and frequency, which the substance is alt of an applicant's or ion and screening indicates at trolled substance, the adult are a second examination by the results of the prior ening.		STAFF A & B HI BEEN GIVEN AR SUBSTANCE SCA AND EVERYTHING FINE WITH BOTH THIS WAS COMPO ON 1-27-16	u was	
	facility failed to assure for the presence of co	ecords and interview, the examination and screening entrolled substance were ampled staff that were hired				
	The findings are:					
	-She was hired as a p 4/23/14. -No documentation of	personnel record revealed: ersonal care aide on a controlled substance ening test was found in Staff				
	Staff A was unavailabl	e for interview.				
	Interview with the Res (RCC) on 1/13/16 at 3 -Staff A did not have a	ident Care Coordinator :00 p.m. revealed: controlled substance				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	(X3) DATE SURVEY COMPLETED			
NAME OF I	200,4055	HAL066001	B. WING		01	13/2016
	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		10/2010
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D992	Continued From pag	je 5	D992			
3.7	examination and scr recordShe had not comple examination and scre because she was hir -She thought the req	eening test in her personnel eted a controlled substance eening test for Staff A e, prior to October 2014.	5332			23
	October 2014. -She was unaware the controlled substance test began October 2 -She would be response.	on and screening test began the requirement for a				
	Refer to interview with 3:15 p.m.	n the Manager on 1/13/16 at				
-	 No documentation of 	personnel record revealed: nedication aide on 12/06/13. a controlled substance ening test was found in Staff				
S	Staff C was unavailabl	e for interview.				
e	RCC) on 1/13/16 at 3: Staff C did not have a xamination and scree ecord.	controlled substance ning test in her personnel				
bi -S si O -S	ecause she was hire, She thought the require ubstance examination ictober 2014.	prior to October 2014. Tement for a controlled and screening test began requirement for a samination and screening				

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		COMPLETED 01/13/2016		
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D992	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 controlled and screening test for they were hired, prior-He thought the requisubstance examination October 2014He was unaware the substance examination October 2013The RCC was response a controlled substance screening test for statance october 2013The facility's monito controlled substance	th the Manager on 1/13/16 at anager on 1/13/16 at 3:15 Coordinator (RCC) had not ed substance examination or Staff A or Staff C because to October 2014. Irement for a controlled on and screening test began are requirement for a controlled on and screening test began a	D992				

AMMENOED FORM

RULE # DI31

ADDED IST STEP TB TEST DONE
PRIOR TOHIRE, 2nd Step done
within 2 WEEKS.

MONITERED MONTHLY BY RCL AND

CHECKED BY MANAGER

ALSO WORKERS ACREADY HERE RECORDS

WERE CHECKED AND IN COMPLIANCE

RULE 0137

NORTH CAROLINA REGISTRY HEATH CARE

PERSONNAL RECORD WILL BE CHECKED

BEFORE HIRE + MONITERED BY RCC

AND ALSO BY MANAGER

PULE 0992

DONE PRIOR TO HIRING AND
MONITERED BY RCC & MANAGER

PINE FOREST REST HOME Luther Jorker 4-22-16