

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL097015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/30/2016
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NAME OF PROVIDER OR SUPPLIER ROSE GLEN MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 INDEPENDANCE AVENUE NORTH WILKESBORO, NC 28659
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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
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D 000	Initial Comments The Adult Care Licensure Section and the Wilkes County Department of Social Services conducted an initial survey on September 28 - 29, 2016 with an exit conference via telephone on September 30, 2016.	D 000		
D 131	<p>10A NCAC 13F .0406(a) Test For Tuberculosis</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure 2 of 6 sampled staff (Staff D and Staff E) were tested upon employment for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>A. Review of Staff D's personnel record revealed: -A hire date of 9/08/16 as a Personal Care Aide (PCA). -A copy of a TB skin test on 11/12/15 read as negative. -No documentation of a second step TB skin test had been completed per facility policy.</p>	D 131	Pls see attached POC	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Angela Wheeler</i> STATE FORM 6899	TITLE Executive Director CEOY11	(X6) DATE 10/26/2016 If continuation sheet 1 of 2
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Reviewed & accepted JF 11/18/16

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D 131	<p>Continued From page 1</p> <p>B. Review of Staff E's personnel record revealed: -A hire date of 7/28/16 as a PCA. -A copy of a TB skin test on 10/23/15 read as negative. -No documentation of a second step TB skin test had been completed per facility policy.</p> <p>Review of the facility's TB Screening policy dated 7/10/16 revealed "If there is one documented negative TB skin test within the past 12 months, obtain a copy of the TB skin test for the chart and complete step two.</p> <p>Attempted interview with Staff D and Staff E on 9/29/16 at 3:30pm was unsuccessful.</p> <p>Interview on 9/29/16 at 3:50pm with the facility Nurse Consultant revealed: -She would have the second step TB skin test administered for the two identified staff immediately. -The facility's LHPs Registered Nurse was responsible for administering the TB skin test for all staff.</p> <p>Subsequent record review for Staff D and Staff E revealed a second TB skin test was performed for both staff on 9/29/16.</p> <p>Telephone interview on 9/30/16 at 2:58pm with the Executive Director (ED) revealed the ED and Office Manager were responsible for ensuring TB skin tests were administered for all employees.</p>	D 131	<i>Pls. see attached POC</i>	

Rose Glen Manor
License Number- HAL-097-015
DHSR Survey 9/30/2016

Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State law.

Regulatory Areas Cited:

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 Public Health 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.

Corrective Action:

Both identified staff members were administered TB skin tests immediately on 9/29/2016.

Business Office Manager re-trained by Executive Director on new hire requirements for TB skin test immediately on 9/29/2016.

Monitoring System

Executive Director and Business Office Manager, will monitor all potential new hires during onboarding process for compliance with control measures for TB skin tests per State Regulations.

9/30/2016 and ongoing

Executive Director and Business Office Manager, will audit employee files monthly to ensure guidelines for TB skin tests are being followed.

9/30/2016 and ongoing