		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			B. WING			
		HAL041054			11/	10/2016
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST EASANT GARE			
CLAPP'S	ASSISTED LIVING		NT GARDEN, I			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 000	Initial Comments		D 000			
		ensure Section conducted an ovember 9, 2016 and S.				
D 137	10A NCAC 13F .04 Qualifications	07(a)(5) Other Staff	D 137			
	(a) Each staff pers shall:(5) have no substa	07 Other Staff Qualifications on at an adult care home ntiated findings listed on the Ith Care Personnel Registry 31E-256;				
	interviews, the facili sampled staff (Stat substantiated findin	ons, record reviews and ity failed to assure 2 of 6				
	The findings are:					
	-Staff C was hired c -Staff C was responserving food to the	a HCPR check had been				
	Staff C revealed: -She had been emp	v on 11/10/16 at 10:10 am with ployed with the facility for 10	ı			
	second shift.	me as a cook on first and				
		what the HCPR check was npleted the HCPR check prior	-			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		E SURVEY PLETED
		HAL041054	B. WING			11/10/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
CLAPP'S	SASSISTED LIVING		EASANT GARD NT GARDEN, N			
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D 137	Continued From pa	ige 1	D 137			
	to her employment	at the facility.				
	Observation on 11/9/16 at 12:10 pm of Staff C revealed; she pushed the food cart from the kitchen to the dining room and served the resident's plated lunch meal. Refer to the interview on 11/9/16 at 5:30 pm with the Executive Director.					
	Refer to the intervie the Administrator.	ew on 11/9/16 at 5:45 pm with				
		s personnel record revealed: 5/28/05 as the Activity				
	-Staff F was respor the residents. -No documentation	a HCPR check had been	r			
	completed prior to I	16 at 10:00 am with Staff F				
	revealed: -She had been emp years.	ployed with the facility 12				
	-She worked full tin -Her activities incluarts and crafts and -She was unaware	ne as the Activity Director. ded group exercise, nail care, outing with residents. what the HCPR check was mpleted the HCPR check prior at the facility.				
	11:00 am of Staff F	9/16 between 9:15 am and revealed she had performed nts in the activity room.				
	Refer to the intervie the Executive Direc	ew on 11/9/16 at 5:30 pm with ctor.				
	Refer to the intervie	ew on 11/9/16 at 5:45 pm with				

Division of Health Service Regulation						
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CLAPP'S ASSISTED LIVING		ASANT GAR IT GARDEN,				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 137	Continued From pa	ge 2	D 137			
	the Administrator.					
	Executive Director -She was hired on 6 Director of the facili -She was aware all were required to ha -She would immedi on both Staff C and Interview on 11/9/10 Administrator revea -She was unaware completed on all sta -She thought the cli required to have a l employment. Review on 11/9/16 check completed on substantiated findin 10A NCAC 13F .04 Qualifications 10A NCAC 13F .04 (a) Each staff perso (7) have a criminal accordance with G. This Rule is not me Based on record re facility failed to assi	REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 the Administrator. Interview on 11/9/16 at 5:30 pm with the Executive Director revealed: -She was hired on 6/13/16 as the Executive Director of the facility. -She was aware all staff in the facility prior to hire were required to have a HCPR check completed. -She would immediately complete a HCPR check on both Staff C and Staff F. Interview on 11/9/16 at 5:45 pm with the Administrator revealed: -She was unaware a HCPR check was to be completed on all staff prior to hire. -She thought the clinical staff were all that was required to have a HCPR check prior to employment. Review on 11/9/16 of Staff C and Staff F HCPR check completed on 11/9/16 revealed no substantiated findings. 10A NCAC 13F .0407(a)(7) Other Staff				

STATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		HAL041054	B. WING		11/	10/2016
AME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
CLAPP'S	SASSISTED LIVING		EASANT GAR			
(X4) ID	SUMMARY STA		ID ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	COMPLET DATE
D 139	Continued From pa	ige 3	D 139			
	The findings are:					
	Review of Staff A's	personnel record revealed:				
	-Staff A was hired o	on 3/4/16 as a Personal Care				
	Aide (PCA).	ilities included providing				
	-Staff A's responsibilities included providing personal care to residents.					
	-Documentation a Criminal Background check was completed on 2/24/05.					
	was completed on a	2/24/05.				
	Interview on 11/9/14 at 3:00 pm with Staff A					
	revealed: -She worked at another facility the company					
	owned since 2005.					
	-She came in March 2016 to help out at the facility and decided to transfer.					
		considered a transfer of				
	employment.					
		the facility was required to ninal Background check on				
	3/4/16.	j				
		6 at 5:30 pm with the				
	Executive Director	revealed: 6/13/16 as the Executive				
	Director of the facili					
	-She was aware all	staff in the facility were				
	completed.	Criminal Background check				
		ately complete a Criminal				
	Background check	on Staff A.				
		6 at 5:45 pm with the				
	Administrator revea	aled: iminal Background checks				
	were to be complet					
	-She considered St	aff A as a transfer from the				
	other facility. -"It was an oversigh	nt "				

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NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		10/2010	
CLAPP'S	ASSISTED LIVING			-			
(X4) ID	SUMMARY STA		NT GARDEN, N	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	COMPLET DATE	
D992	Continued From pa	ge 4	D992				
D992	G.S.§ 131D-45 (a)	Examination and screening	D992				
	the presence of cor	amination and screening for ntrolled substances required nployment in adult care					
	licensed under this conditioned on the examination and so substances. The ex- be conducted in acc Chapter 95 of the G procedure that utiliz may be used for the of applicants and m the results of the ap screening indicate t substance, the adu the applicant unless the adult care home applicant's prescrib controlled substance examination and so physician to treat th psychological condi physician shall inclu- substance, the pres- and the condition for prescribed. If the re- employee's examin the presence of a c care home may req	reening is prescribed by that le applicant's medical or ition. The verification from the ude the name of the controlled scribed dosage and frequency, or which the substance is soult of an applicant's or ation and screening indicates ontrolled substance, the adult ure a second examination erify the results of the prior					
	This Rule is not me	et as evidenced by:					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
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NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		10/2010
CLAPP'S	SASSISTED LIVING		EASANT GARD NT GARDEN, N			
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D992	Continued From pa	ige 5	D992			
	facility failed to assist for the presence of	s and record review, the ure examination and screening controlled substances were 6 sampled staff (Staff A).	3			
	The findings are:					
	-Staff A was hired of Aide (PCA). -Staff A's responsib personal care to res -Documentation of	personnel record revealed: on 3/4/16 as a Personal Care pilities included providing sidents. a urine controlled substance g were completed on 2/14/15				
	revealed:	4 at 3:00 pm with Staff A other facility the company				
	facility and decided -She had a urine co	h 2016 to help out at the to transfer. ontrolled substance screening an injury she had at the other				
	facility. -She had not comp screening since hire	leted a controlled substances e date of 3/4/16.				
	Executive Director -She was hired on (Director of the facili	6/13/16 as the Executive ity.				
	required to have a c screening complete	ately complete a controlled				
	Interview on 11/9/10 Administrator revea	6 at 5:45 pm with the aled:				

STATE FORM

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED			
	HAL041054	B. WING		11/1	0/2016		
NAME OF PROVIDER OR SUPPLIE			STATE, ZIP CODE				
CLAPP'S ASSISTED LIVING		ASANT GAR IT GARDEN,	RDEN ROAD NC 27313				
PREFIX (EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE		
screenings were hire.	ontrolled substances o be completed on all staff upon Staff A as a transfer from the	D992					
Division of Health Service Regulatic	n						