

*Received via Email
11-23-2016 HRP*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/10/2016
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NAME OF PROVIDER OR SUPPLIER CLAPP'S ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4558 PLEASANT GARDEN ROAD PLEASANT GARDEN, NC 27313
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D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on November 9, 2016 and November 10, 2016.	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, record reviews and interviews, the facility failed to assure 2 of 6 sampled staff (Staff C and F) had no substantiated findings listed on the Health Care Personnel Registry (HCPR) prior to employment. The findings are: 1. Review of Staff C's personnel record revealed: -Staff C was hired on 9/27/07 as a cook. -Staff C was responsible for preparing meals and serving food to the residents. -No documentation a HCPR check had been completed prior to hire for Staff C. Telephone interview on 11/10/16 at 10:10 am with Staff C revealed: -She had been employed with the facility for 10 years. -She worked part-time as a cook on first and second shift. -She was unaware what the HCPR check was nor if the facility completed the HCPR check prior	D 137	D137 A HCPR check was completed and printed for both Staff C and Staff F on 11/11/2016, revealing no HCPR findings. All other employee files were reviewed to ensure HCPR was checked and printed for all unlicensed employees as required. The staff member responsible for completing all pre-employment requirements prior to hire was in-serviced on 11/14/16 related to the importance of completing all pre-employment requirements even when a current employee of a sister facility transfers to the Assisted Living. All employee files will be audited by the Administrator or designee prior to the employee's first day of work to ensure all pre-employment requirements have been completed and appropriate documentation is in the employee's personnel file. Audit will be conducted on all new hires x 3 months. If substantial compliance is found during the audit, audit will be discontinued and the yearly employee file audit will resume. This audit and any areas of concern will be addressed in the facility's quarterly Continuous Quality Improvement Program Meetings with the appropriate Committee Members. The completion date of this Plan of Correction will be 11/30/2016.	

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

Danielle Hollowell, LNHA, CALA

TITLE
Executive Director

(X6) DATE
11/23/16

*Reviewed and Accepted
12-5-2016 HRP*

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D 137	<p>Continued From page 1</p> <p>to her employment at the facility.</p> <p>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.</p> <p>Refer to the interview on 11/9/16 at 5:30 pm with the Executive Director.</p> <p>Refer to the interview on 11/9/16 at 5:45 pm with the Administrator.</p> <p>2. Review of Staff F's personnel record revealed: -Staff F was hired on 5/28/05 as the Activity Director. -Staff F was responsible for conducting activity for the residents. -No documentation a HCPR check had been completed prior to hire for Staff F.</p> <p>Interview on 11/10/16 at 10:00 am with Staff F revealed: -She had been employed with the facility 12 years. -She worked full time as the Activity Director. -Her activities included group exercise, nail care, arts and crafts and outing with residents. -She was unaware what the HCPR check was nor if the facility completed the HCPR check prior to her employment at the facility.</p> <p>Observation on 11/9/16 between 9:15 am and 11:00 am of Staff F revealed she had performed nail care for residents in the activity room.</p> <p>Refer to the interview on 11/9/16 at 5:30 pm with the Executive Director.</p> <p>Refer to the interview on 11/9/16 at 5:45 pm with</p>	D 137		

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D 137	<p>Continued From page 2</p> <p>the Administrator.</p> <hr/> <p>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.</p> <p>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.</p> <p>Review on 11/9/16 of Staff C and Staff F HCPR check completed on 11/9/16 revealed no substantiated findings.</p>	D 137		
D 139	<p>10A NCAC 13F .0407(a)(7) Other Staff Qualifications</p> <p>10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40;</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure a Criminal Background check was completed prior to hire on 1 of 6 sampled staff (Staff A).</p>	D 139	<p>D139</p> <p>After it was discovered that a background check had not been completed since Staff A's transfer of employment to the Assisted Living facility, authorization for a background check was attained by Staff A and a background was completed. Background check results were received on 11/16/16 and revealed no substantial findings. All other employee files were reviewed to ensure background checks had been completed</p>	

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D 139	<p>Continued From page 3</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed: -Staff A was hired on 3/4/16 as a Personal Care Aide (PCA). -Staff A's responsibilities included providing personal care to residents. -Documentation a Criminal Background check was completed on 2/24/05.</p> <p>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. -She thought it was considered a transfer of employment. -She was unaware the facility was required to obtain another Criminal Background check on 3/4/16.</p> <p>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 were required to have a Criminal Background check completed. -She would immediately complete a Criminal Background check on Staff A.</p> <p>Interview on 11/9/16 at 5:45 pm with the Administrator revealed: -She was aware Criminal Background checks were to be completed on all staff. -She considered Staff A as a transfer from the other facility. -"It was an oversight."</p>	D 139	<p>on all employees either prior to hire or upon transfer from a sister facility to our Assisted Living. The Staff member responsible for completing all pre-employment requirements prior to hire was in-serviced on 11/14/16 related to the importance of completing pre-employment requirements even when a current employee of a sister facility transfers to the Assisted Living. All employee files will be audited by the Administrator or designee prior to employee's first day of work to ensure all pre-employment requirements have been completed and appropriate documentation is in the employee's personnel file. Audit will be conducted on all new hires x 3 months. If substantial compliance is found during the audit, audit will be discontinued and the yearly employee file audit will resume. This audit and any areas of concern will be addressed in the facility's quarterly Continuous Quality Improvement Program Meetings with the appropriate Committee Members. ✓</p> <p>The completion date of this Plan of Correction will be 11/30/2016.</p>	

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D992	Continued From page 4	D992	D992	
D992	<p>G.S. § 131D-45 (a) Examination and screening</p> <p>G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.</p> <p>(a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening.</p> <p>This Rule is not met as evidenced by:</p>	D992	<p>A Controlled Substance 10-panel urine test was performed on Staff A which revealed negative results on 11/18/2016. All other employee files were reviewed as well to ensure all employees had Controlled Substance testing. The Staff member responsible for completing all pre-employment requirements prior to hire was in-serviced on 11/14/16 related to the importance of completing pre-employment requirements even when a current employee of a sister facility transfers to the Assisted Living. All employee files will be audited by the Administrator or designee prior to employee's first day of work to ensure all pre-employment requirements have been completed and appropriate documentation is in the employee's personnel file. Audit will be conducted on all new hires x 3 months. If substantial compliance is found during the audit, audit will be discontinued and the yearly employee file audit will resume. This audit and any areas of concern will be addressed in the facility's quarterly Continuous Quality Improvement Program Meetings with the appropriate Committee Members. The completion date of this Plan of Correction will be 11/30/2016.</p>	

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D992	<p>Continued From page 5</p> <p>Based on interviews and record review, the facility failed to assure examination and screening for the presence of controlled substances were performed for 1 of 6 sampled staff (Staff A).</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed: -Staff A was hired on 3/4/16 as a Personal Care Aide (PCA). -Staff A's responsibilities included providing personal care to residents. -Documentation of a urine controlled substance exam and screening were completed on 2/14/15 and 10/26/15.</p> <p>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. -She had a urine controlled substance screening on 10/26/15 due to an injury she had at the other facility. -She had not completed a controlled substances screening since hire date of 3/4/16.</p> <p>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 were required to have a controlled substances screening completed upon hire. -She would immediately complete a controlled substances screening for Staff A.</p> <p>Interview on 11/9/16 at 5:45 pm with the Administrator revealed:</p>	D992		

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D992	<p>Continued From page 6</p> <p>-She was aware controlled substances screenings were to be completed on all staff upon hire.</p> <p>-She considered Staff A as a transfer from the other facility.</p> <p>-"It was an oversight."</p>	D992		

Peedin, Ray

From: Danielle Hollowell <DHollowell@ClappsNursingCenter.com>
Sent: Wednesday, November 23, 2016 10:14 AM
To: Peedin, Ray
Subject: Plan of Correction - Survey 11/9/16 - 11/10/16
Attachments: POC final - survey 11-9-16.pdf

Mr. Peedin,

Please see the attached signed Plan of Correction. Let me know if you need anything else. It was a pleasure working with you.

Have a Happy Thanksgiving!

*Danielle Hollowell, LNHA, CALA
Administrator
Clapp's Assisted Living*