

PRINTED: 08/16/2016  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL078083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/29/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RED SPRINGS ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1301 E. FOURTH AVENUE RED SPRINGS, NC 28377</b>
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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
D 000	Initial Comments  The Adult Care Licensure Section conducted an annual survey on July 28-29, 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 record review and interview, the facility failed to ensure that 1 of 3 sampled staff (Staff C) was tested upon employment for tuberculosis (TB) disease with the two-step TB skin test in compliance with control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of Staff C's personnel record revealed: -She was hired on 9/20/10 as a Supervisor-in-Charge (SIC). -She had two TB skin tests in 7/1/07 and 7/22/07 with readings of zero millimeter. -She did not have any TB skin test upon hire to the current facility.</p> <p>Interview with Business Office Manager (BOM) on 7/29/16 at 5:30 P.M. revealed: -She was responsible for making sure that all</p>	D 131	<p><i>"see attached"</i></p>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Constantina Dutch</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>8/29/16</i>
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STATE FORM 8590 VJDN11 # continuation sheet 1 of 4

~~POC not accepted~~  
9/6/16 -DDR  
POC accepted per addendum  
ind. reviewed. 11/9/16 DDR

Plan of Correction

- Resident received TB test as required 08/01/2016
- Results of 1<sup>st</sup> TB test will be obtained and reviewed prior to admission, per TB requirements.  
Prior to 08/30/16 & on-going
- Staff responsible for admissions received additional training regarding TB testing requirements 07/29/2016

Monitoring System

- Admin/designee will perform random weekly chart audits x1 month, then monthly x 4 months and randomly thereafter to ensure compliance per regulation & facility policy.  
09/01/16 & on-going
- Admin/designee will use admission checklists in resident charts to help ensure policies are followed and proper documentation is obtained, according to regulations and company policies  
09/01/2016 & on-going

Constantino Duter  
Signature / Executive Director

11-09-16  
Date

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D 234	<p>Continued From page 2</p> <p><b>Examination &amp; Immunizations</b> (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the 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, North Carolina 27699-1902.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure each resident had tuberculosis (TB) disease testing upon admission to the facility in compliance with the control measures adopted by the Commission for Health Services for 1 (Resident #5) of 5 sampled residents.</p> <p>The findings are:</p> <p>Review of Resident #5's Resident Register revealed date of admission was 1/11/12.</p> <p>Review of Resident #5's record revealed documentation of a TB skin test placed on 2/28/12 and read on 3/1/12 as negative.</p> <p>Interview with Resident #5 on 8/29/16 at 11:00 a.m. revealed she was non-interviewable due to diagnoses.</p> <p>Interview with the Executive Director (ED) on 8/29/16 at 4:00 p.m. revealed: -She could only find documentation of one TB skin test in Resident #5's record. -She thought Resident #5 had a 2-step TB skin test. -Resident #5 had been admitted to the facility,</p>	D 234	<p><i>"see attached"</i></p>	

10 NCAC 13F .0406(a) 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...

Plan of Correction

- Employee received TB test as required 08/30/2016
- Results of 1<sup>st</sup> TB test will be obtained and reviewed prior to employees beginning work 08/01/16 & on-going
- Prior to any new employee beginning work the ED/Office Manager/designee will assure that the employee has the new hire checklist completed which includes proof of TB test. 08/01/16 & on-going
- Managerial staff that are responsible for hiring were re-trained on TB requirements and new hire requirements. 07/29/16

Monitoring System

- Admin/designee will perform random weekly employee file audits x1 month, then monthly x 4 months and randomly thereafter to ensure compliance per regulation & facility policy. 09/01/16 & on-going
- Admin/designee will use employee file checklists in employee files to help ensure policies are followed and proper documentation is obtained for all employee files according to regulations and company policies 09/01/2016 & on-going

10 NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunization

- (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services...

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Monitoring System

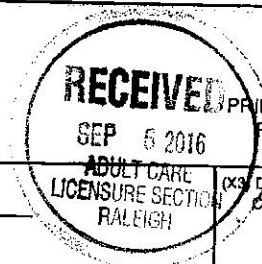
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Signature / Executive Director

11-09-16

Date



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*"see attached"*

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Constandina Dutch  
STATE FORM 6899

TITLE  
Executive Director  
VJDN11

(X6) DATE  
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If continuation sheet 1 of 4

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