

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/26/2017
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NAME OF PROVIDER OR SUPPLIER ZEBULON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 551 PONY ROAD ZEBULON, NC 27597
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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 and follow-up survey on April 25-26, 2017.	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 reviews and interviews, the facility failed to ensure 1 of 6 sampled staff (Staff F) had been tested for Tuberculosis (TB) disease in compliance with TB control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of personnel record for Staff F revealed: -Staff F was hired on 6/5/15. -Staff F was hired as a personal care aide. -There was documentation of a negative TB test on 6/5/15 given by the facility. -There was no documentation of a second step TB test found.</p> <p>Interview with Staff F on 4/26/17 at 3:55pm revealed: -She had worked at the facility since 6/5/15. -She had one TB skin test completed upon hire.</p>	D 131		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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D 131	<p>Continued From page 1</p> <ul style="list-style-type: none"> -She had a TB test in at the beginning of January 2015 prior to hire when she attended nursing assistant school at the local college. -The facility accepted her prior to hire January 2015 negative TB test result as the first of two TB tests required for employment. <p>Interview with the Administrator on 4/26/17 at 4:15pm revealed:</p> <ul style="list-style-type: none"> -She could not find the January 2015 TB test result documentation which was prior to Staff F's hire date which she received on 6/5/15. -She had accepted the January 2015 TB test given 5 months prior to hire as the first step TB test. -The facility had accepted the January 2015 TB test when Staff F was in nursing assistant school as one of the two required TB tests. -Staff F had only one TB test since hired on 6/5/15. -She was unaware that TB test give 5 months prior to Staff F's employment was not acceptable as a 1st step TB test. -She would contact the nurse to schedule Staff F for a complete 2-step TB test since the 2015 test was no longer valid.. -She was responsible for ensuring that all staff received their 2-step TB test. -She was responsible for performing random audits of personnel records to ensure TB tests are completed. -The facility did not have time to initiate the new protocol for reissuing new 2-step TB tests to all employees without documentation of a first and second TB upon hire. -All staff records would be reviewed to determine those needing a new 2-step TB test would have appointments made immediately. 	D 131		