

Division of Health Service Regulation

PRINTED: 05/05/2017
FORM APPROVED

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 27697
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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)	(X6) 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	10A NCAC 13F.0406 Test for Tuberculosis	
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 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. 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. The findings are: 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. 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.	D 131	Responses to be cited deficiencies do not constitute an admission of 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. If staff can show proof of a negative TB skin test in the past 12 months prior to employment, then they need to complete only 1 TB skin test at employment. If staff have not had a TB skin test in the past 12 months, they need the 1st test upon employment and the 2nd test administered approximately 2 weeks after the 1st TB test is read. If staff have a new positive reading upon employment, they should be sent to the local health department for evaluation possible treatment. Facility should obtain guidance from the HD if person had contact with other staff and residents. If staff have previously tested positive they need to have a Record of TB Screening completed at employment with documentation of a negative chest x-ray which states it was completed to rule out TB. (Best practice would be to get proof of the positive TB, local health departments are notified of positive results)	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Charlene Burkett* TITLE: Administrator

STATE FORM 6899 SRKH11 (X6) DATE: 5-24-17

If continuation sheet 1 of 2

Reviewed and Accepted
Charlene Clark
Facility Survey Consultant
5/25/17

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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
NAME OF PROVIDER OR SUPPLIER ZEBULON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 561 PONY ROAD ZEBULON, NC 27597		
(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 131	Continued From page 1 -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. Interview with the Administrator on 4/26/17 at 4:15pm revealed: -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	After employee is hired the ED and/or designee will conduct random staff file audit weekly to ensure that TB has been completed within time frame of last TB. During orientation written instruction on the process to obtain TB skin test will be provided to employee. TB skin test for staff F will be administered and read. ED will in-services Resident Care Manager, Memory Care Manager and BOM process to obtain TB skin test timely. A perpetual Staff log will be completed for each employee. ED and BOM will review all new hire paperwork for completion. ED will perform random staff file audits to ensure compliance. Initial TB skin test will be requested and placed in file prior to hiring new employee. BOM/RCM/SCM will be inserviced on process.	5/31/17 5/31/17 5/31/17 5/31/17 5/31/17	