

RECEIVED

PRINTED: 04/30/2019  
FORM APPROVED

Division of Health Service Regulation

MAY 21 2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL085003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>ADULT CARE LICENSURE SECTION RALEIGH</b> B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/12/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>MOUNTAIN VALLEY LIVING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1135 TAYLOR ROAD WESTFIELD, NC 27053</b>
--	--

(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 April 10 and April 11, 2019, with an exit conference via telephone on April 12, 2019.	D 000	<i>See Attached letter</i>	
D 132	10A NCAC 13F .0406(b) Test For Tuberculosis  10A NCAC 13F .0406 Test For Tuberculosis (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others.  This Rule is not met as evidenced by: TYPE B VIOLATION  Based on record reviews and interviews the facility failed to assure that 2 of 3 sampled staff (Staff A and Staff B) were tested for tuberculosis (TB) disease upon hire.  The findings are:  1. Review of Staff A, Medication Aide (MA)/Personal Care Aide's (PCA) personnel record revealed: -Staff A was hired on 11/25/17. -There was no documentation of a TB skin test.  Interview with the Director on 04/10/19 at 10:15 am revealed: -She thought Staff A's personnel record was accurate and contained all the required documentation. -Staff A worked as a MA/PCA.  Interview with Staff A on 04/10/18 at 10:30 am revealed:	D 132	<i>See file copy for corrective Action Pages 2-22</i>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Joshua Tuttle</i>	TITLE <i>Adm.</i>	(X6) DATE <i>5-16-2019</i>
--	----------------------	-------------------------------

*Reviewed and Acknowledged 05/24/19 DKP, RN*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL085003	(X2) MULTIPLE CONSTRUCTION A. BLDG NO. _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/12/2019
NAME OF PROVIDER OR SUPPLIER  MOUNTAIN VALLEY LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1135 TAYLOR ROAD WESTFIELD, NC 27053		
(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 132	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-Staff A worked at the facility as a MA/PCA.</li> <li>-Staff A thought she remembered having two TB skin tests completed upon employment at the facility.</li> <li>-The records of the TB skin tests should be in her personnel record at the facility.</li> </ul> <p>Interview with the Administrator on 04/10/19 at 2:15 pm revealed she did not know the TB skin test results were missing from Staff A's employee record.</p> <p>Refer to the interview with the Director on 04/10/19 at 10:15 am.</p> <p>Refer to the interview with the Administrator on 04/10/19 at 2:15 pm</p> <p>2. Review of Staff B, Medication Aide (MA)/Personal Care Aide's (PCA) personnel record revealed:</p> <ul style="list-style-type: none"> <li>-Staff B had worked at the facility in the past.</li> <li>-Staff B was rehired as a MA/PCA on 04/06/18.</li> <li>-There was documentation of a negative TB skin test on 04/05/06.</li> <li>-There was documentation of a negative TB skin test on 05/23/07.</li> <li>-There was documentation of a negative TB skin test on 01/28/09.</li> <li>-There was no documentation of any additional TB skin tests completed after 01/28/09.</li> </ul> <p>Interview with the Director on 04/10/19 at 10:15 am revealed:</p> <ul style="list-style-type: none"> <li>-Staff B worked as a MA/PCA.</li> <li>-She did not know rehires needed to repeat TB skin tests.</li> <li>-She did not send Staff B to complete a TB skin test when Staff B was rehired.</li> <li>-"I did not know that needed to be re-done, I</li> </ul>	D 132	<p>See Attached letter</p>	

# Mt. Valley Living Center

1025 Lamb Road, Lexington, NC 27295  
336-853-7670 phone  
336-853-7671 fax

May 16, 2019

Darleena Kaye Parsons, RN, Licensure Consultant  
NC Department of Health and Human Services  
2708 Mail Service Center  
Raleigh, NC 27699-2708

Dear Ms. Parsons:

This letter is in response to your corrective action visit dated 4/12/2019.

**Violation:** D132- TB test

**Corrective Action:** Staff A will have first tb test read on 5/15/2019. Staff A will have second tb test appointment with two weeks. Staff B will have two tb test completed. There was a tb test done at rehire for Staff member B on 4/18/2018 but a second one was not completed within 12 months. The plan of protection will be followed and states that rehires will follow new hire guidelines. The current director is retiring on May 31, 2019. The new director will be responsible for compliance in this rule area and will check the records for compliance once a month for 3 months

**Time Frame:** 5/ 25/2019

**Violation :** D137 - Other staff qualifications- Health Care personal registry checks

**Corrective Action:** Staff member A and B were checked on the Health Care personal registry and no negative action was found on 4/11/2019. All rehires will follow new hire guidelines for compliance. The current director is retiring on May 31, 2019. The new director will be responsible for compliance in this rule area and will check the records for compliance once a month for 3 months.

**Time Frame:** 4/11/2019

**Violation :** D139- Other staff qualifications – criminal background check

**Corrective Action:** The plan of protection will be followed and states that rehires will follow new hire guidelines and criminal records will be completed at rehire. The current director is retiring on May 31, 2019. The new director will be responsible for compliance in this rule area and will check the records for compliance once a month for 3 months

**Time Frame:** 4/11/2019

**Violation:** D344 – Medication Orders

**Corrective Action:** Clarification was completed from the physician. The current director is retiring on May 31, 2019. The new director will be responsible for compliance in this rule area and will check the records for compliance once a month for 3 months

**Time Frame:** 5/20/2019

**Violation:** D912 – Residents rights

**Corrective Action:** In correction of the above violations, the facility will be in compliance of resident's right to receive care and services that are adequate to rules and regulations. The current director is retiring on May 31, 2019. The new director will be responsible for compliance in this rule area and will check the records for compliance once a month for 3 months.

May 16, 2019

Violation : D934 – Infection Prevention Requirements

Corrective Action: In further review a sign up sheet was found in our records for staff attendance and all staff had completed the infection control training on 9/26/2019. Certificates were not verified with a signature of trainer on that date but the nurse has reviewed sign up sheet currently and does recall the training and all certificates have been updated with signatures. All The records were reviewed and the infection control course approved by the state was taught and billed to the facility by the nurse for preparation for class and hours teaching the class. All staff had signed the initial state required infection control training in the employee manual and the nurse taught the class on 9/26/2019 and billed for teaching. The nurse is available in the facility routinely for other task of oversight and training in regards to infection control. The current director is retiring on May 31, 2019. The new director will be responsible for compliance in this rule area and will check the records for compliance once a month for 3 months

Time Frame: 5/13/2019

Violation: D992 – Examination and screening

Corrective Action: Staff member A and B will have drug screens done. All rehires will follow new hire guidelines for compliance. The current director is retiring on May 31, 2019. The new director will be responsible for compliance in this rule area and will check the records for compliance once a month for 3 months

Time Frame: 5/25/2019

Sincerely,



Tisha Tuttle  
Administrator