| Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL085003 | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE C | | (X3) DATE SURVEY COMPLETED | |
|---|---|--|----------------------|--|-------------------------------|--|
| | | DENTIFICATION NOMBER. | A. BUILDING: | | | |
| | | HAL085003 | B. WING | | R 08/28/2019 | |
| NAME OF PR | ROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | , ZIP CODE | | |
| | N VALLEY LIVING CENT | 1135 TA | YLOR ROAD | | | |
| | | WESTFI | ELD, NC 27053 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE COMPLET | |
| {D 000} | Initial Comments | | {D 000} | | | |
| | The Adult Care Licer follow-up survey on (| nsure Section completed a 08/28/19. | | | | |
| {D 132} | 10A NCAC 13F .0406(b) Test For Tuberculosis | | {D 132} | | | |
| | 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 FOLLOW-UP TO TY | • | | | | |
| | The Type B Violation was abated. Non-compliance continues. | | | | | |
| | facility failed to assur | iews and interviews the re that 3 of 3 sampled staff ere tested for tuberculosis ire. | | | | |
| | The findings are: | | | | | |
| | revealed: | Aide (PCA) personnel record | | | | |
| | negative results was | ntation of a TB skin test with read on 07/05/18. | | | | |
| | - There was no docur skin test after Staff A | nentation of a second TB was hired. | | | | |
| | 11:44am revealed: | rector on 08/28/19 at | | | | |
| | test were completed | sponsible to ensure TB skin for all employees. ector when Staff A was hired. | | | | |
| | alth Service Regulation | SUPPLIER REPRESENTATIVE'S SIGNATU | | TITLE | (X6) DATE | |

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| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CO | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|---|----------------------------|---|-------------------------------|-------------------------|
| | | | A. BUILDING: | | | |
| | | HAL085003 | B. WING | | 08 | R / 28/2019 |
| IAME OF PF | ROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | , ZIP CODE | | |
| IOUNTAII | N VALLEY LIVING CENT | rer 🛛 | YLOR ROAD ELD, NC 27053 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY) | N SHOULD BE E APPROPRIATE | (X5) COMPLET DATE |
| {D 132} | Continued From page 1 | | {D 132} | | | |
| | -She thought Staff A had the required TB skin tests. | | | | | |
| | -She did not check staff records to ensure the required TB skin tests were completed. | | | | | |
| | Interview with Staff A on 08/28/19 at 1:30pm revealed: | | | | | |
| | -Staff A worked at the facility as a MA/PCA. -She had two TB skin tests prior to being hired at the facility and thought those tests were sufficient | | | | | |
| | for employment. -No one at the facility had informed her that she needed a second TB skin test. | | | | | |
| | The Administrator was not available for interview. | | | | | |
| | 2. Review of Staff B's, Medication Aide (MA)/Personal Care Aide (PCA) personnel record revealed: | | | | | |
| | negative results was | ntation of a TB skin test with read on 09/02/17. | | | | |
| | -There was no docur after Staff B was hire | mentation of a TB skin test ed. | | | | |
| | am revealed: | rector on 04/10/19 at 10:15 | | | | |
| | -The Director was re test were completed -Staff B worked as a | | | | | |
| | Director. | ior to her becoming the the at Staff B needed a second | | | | |
| | TB skin test. -She ensured that St | aff B would obtain a second | | | | |
| | TB skin test as soon | | | | | |
| | Staff B was not avail | | | | | |
| sion of Hea | The Administrator wa | as not available for interview. | | | | |

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| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CO | (X3) DATE SURVEY COMPLETED R | | |
|--------------------------|--|--|----------------------------|---|--|--|
| | | | A. BUILDING: | | | |
| | | HAL085003 | B. WING | | 08/28/2019 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET | DDRESS, CITY, STATE, | ZIP CODE | | |
| NOUNTAI | N VALLEY LIVING CEN | TFR | YLOR ROAD ELD, NC 27053 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE | E ACTION SHOULD BE CC D TO THE APPROPRIATE CC | |
| {D 132} | Continued From page 2 | | {D 132} | | | |
| | personnel record rev -Staff C was hired of -There was document negative results was -There was no document skin test after Staff E Interview with the Di 11:46am revealed: -She was responsible test were completed -Staff C worked as a -She hired Staff C in -Staff C had not obtain -Staff C had not obtain -Staff C had been so skin test last week, b money to obtain the -Staff C was resched skin test this afterno Interview with Staff C 10:48am revealed: -She worked at the f 2019. -She had a TB skin the facility. -She was aware that skin test. -She was scheduled | n 07/15/18. ntation of a TB skin test with a read on 02/28/19. mentation of a second TB 3 was hired. rector on 08/28/19 at le to ensure Staff C's TB skin PCA. July 2019. ained a second TB skin test. he had thirty days after Staff C he second TB skin test. cheduled to get a second TB but Staff C did not have the test. duled to obtain the second TB on after work. C, PCA on 08/28/19 at facility as a PCA since July test prior to being hired at the t she needed a second TB I to obtain a second TB skin | | | | |
| | | oney to obtain the TB skin test ng the test done until today. | | | | |
| | The Administrator wa | | | | | |

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