

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
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NAME OF PROVIDER OR SUPPLIER AUTUMFIELD OF BELHAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1345 SEED TICK NECK ROAD PINETOWN, NC 27865
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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
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D 000 Initial Comments

The Adult Care Licensure Section and the Beaufort County Department of Social Services conducted an annual survey from 03/04/20 to 03/05/20.

D 000

D 234 10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunization

10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations
(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.

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This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to assure 2 of 5 sampled residents (#1, #4) were tested for Tuberculosis (TB) disease in compliance with the guidelines from the Commission for Public Health.

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Based on record reviews and interviews, the facility failed to assure 2 of 5 sampled residents (#1, #4) were tested for Tuberculosis (TB) disease in compliance with the guidelines from the Commission for Public Health.

The findings are:

1. Review of Resident #4's current FL-2 dated 10/01/19 revealed diagnoses included of Alzheimer's disease, osteoarthritis, urge incontinence of urine, hypercholesterolemia and vitamin B12 deficiency.

The facility's corrective action is as follows:

1. Facility has scheduled an appointment to have a Tuberculosis (TB) test administered to Resident #4 on 3/18/20 and to be read on 3/20/20. 3/20/20 Facility will schedule an appointment to have the second Tuberculosis test administered within 4 weeks of the first test.

Review of Resident #4's Resident Register

4/14/20

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Dawn M. Brookins

Administrator

3/18/20

STATE FORM

Reviewed and Accepted JAX 03/30/20

0899 OVG11

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D 234	<p>Continued From page 1</p> <p>revealed she was admitted to the facility on 10/14/19.</p> <p>Review of Resident #4's record revealed a TB skin test was not provided upon admission.</p> <p>Interview with the Health Care Director (HCD) on 03/04/20 at 3:45pm revealed: -Resident #4 was admitted from home. -The TB vaccine was not available at the local health department nor the primary care provider's office during Resident #4's admission. -She was not responsible to ensure TB skin tests were administered upon admission. -The Administrator was responsible to ensure TB skin tests were administered upon admission.</p> <p>Interview with the HCD on 03/05/20 at 8:53am revealed: -She conducted monthly record reviews to include ensuring TB skin tests were complete. -She was not aware Resident #4 needed a TB skin test.</p> <p>2. Review of Resident #1's current FL-2 dated 05/22/19 revealed diagnoses included chronic obstructive pulmonary disease, atrial fibrillation, hypertension, venous stasis lower extremities, tobacco dependent, and alcohol abuse.</p> <p>Review of Resident #1's Resident Register revealed an admission date of 06/19/19.</p> <p>Review of Resident #1's Tuberculosis (TB) Screening form revealed: -There was documentation of a TB skin test administered to Resident #1 on 05/22/19 and read as negative on 05/24/19. -There was no documentation of any other TB skin testing.</p>	D 234	<p>HCD has established a new System to insure that all new admissions receive both parts of the 2-Step TB-skin test which is in compliance with guidelines for the commission for Public Health.</p> <p>The resident's name (each new admission) shall be added to the "Second TB Skin Test" Listing. The HCD has color-coded dots for both the 1st and 2nd TB tests. Each dot will be placed next to the name on the list with the date that it is read.</p> <p>The HCD is responsible for keeping up with and completing this system.</p> <p>2. Facility scheduled an appointment to have a second Tuberculosis test administered to Resident #1 on 3/16/20 and to be read on 3/18/20.</p>	<p>3/16/20</p> <p>3/18/20</p>
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Division of Health Service Regulation

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D 234

Interview with the Health Care Director (HCD) on 03/05/20 at 11:05am revealed:

- She was responsible for ensuring Resident #4 had a two-step TB skin test completed.
- She was not aware that Resident #4 did not have a two- step TB skin test.
- She had a system for tracking FL-2s but not TB skin tests.
- She would add TB skin test to her tracking schedule.
- There was no log to track when residents had TB skin tests completed.
- She audited charts every month but may have missed a month due to an abundance of paperwork that month.

Interview with Resident #4's Primary Care Provider (PCP) on 03/05/20 at 11:17am revealed:

- He was not aware Resident #4 did not have a two-step TB skin test.
- He had signed the FL-2 dated 05/22/19 with a note at the bottom portion that stated Purified Protein Derivative (PPD) placed 05/22/19.
- His office could complete the second step if needed.
- He was aware there was a recent shortage but did not recall it being lifted.
- Resident #4 had several hospitalizations and chest scans and the hospital would have picked up any concerns for TB for Resident #4.