## Statement of Deficiencies and Plan of Correction

### NAME OF PROVIDER OR SUPPLIER
CAROLINA REHAB CENTER OF BURKE

### STREET ADDRESS, CITY, STATE, ZIP CODE
3647 MILLER BRIDGE ROAD
CONNELLY SPG, NC 28612

### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>(X5) COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>L043</td>
<td>.2209(D) INFECTION CONTROL</td>
<td></td>
<td></td>
<td>5/23/15</td>
</tr>
</tbody>
</table>

10A-13D.2209 (d) The facility shall ensure communicable disease testing as required by 10A NCAC 41A, "Communicable Disease Control" which is incorporated by reference, including subsequent amendments. Copies of these Rules may be obtained at no charge by contacting the N.C. Department of Health and Human Services, Division of Public Health, Tuberculosis Control Branch, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. Screening shall be done upon admission of all patients being admitted from settings other than hospitals, nursing facilities or combination facilities. Staff shall be screened within seven days of the hire date. The facility shall ensure tuberculosis screening annually thereafter for patients and staff.

This Rule is not met as evidenced by:

Based on a review of facility policy and staff interviews the facility failed to screen new employees for tuberculosis for 4 of 4 new employees hired after 04/08/15.

The findings included:

The facility's policy and procedure dated 02/01/15 for the prevention and control of tuberculosis stated in part: "g. Employee Counseling and Screening. 1. At the time of hire, annually and as needed all employees will receive education specific to tuberculosis (TB), TB infection and their risk of developing active TB disease. 3. At the time of hire, all employees will have an initial two-step PPD (skin test used to screen for tuberculosis). 6. Employees will receive an annual one-step PPD and TB screen following their initial 2-step PPD at the time of hire."

The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>F441 How the corrective action will be accomplished for the resident(s) affected. File audits were completed for all staff to</th>
<th></th>
</tr>
</thead>
</table>

STATE FORM EYDF11

If continuation sheet 1 of 5
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>L 043</td>
<td>Continued From page 1</td>
<td>L 043</td>
<td>determine what staff members had not received TB screening and first step PPD testing between the time of exit and 5/18/15. Missing TB screening and PPD first step testing occurred between 5/18 and 5/20 to ensure that all staff members currently employed had been screened and tested per policy. The first step PPDs were completed by 5/20/15. Second step of the 2-step process for PPDs are still being completed per policy. How corrective action will be accomplished for those residents with the potential to be affected by the same practice. Any staff member identified that had not received the required TB screening or first step PPD testing by 5/20/15 was not allowed to work until they received their TB screening and PPD testing. Measures in place to ensure practices will not occur. The DON, Unit Manager and Human Resources Manager were in-serviced by the Regional nurse consultant on Infection Control Policies, including 1) Policy 106 Employee Health, 2) Policy 108 Student/Internship Health, 3) Policy 1401 Prevention and Control, 4) Policy 1402 Two-Step Mantoux on May 19, 2015 regarding the practices for TB screening and PPD testing for new hires and yearly thereafter. After a job offer has been made and accepted, but before the employee begins any activities, the HR manager will ensure</td>
<td></td>
</tr>
</tbody>
</table>
### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:**

NH0610

**Date Survey Completed:**

05/14/2015

**Name of Provider or Supplier:**

CAROLINA REHAB CENTER OF BURKE

3647 MILLER BRIDGE ROAD
CONNELLYSPG, NC 28612

### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Date</th>
<th>Complete Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>L 043</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Continued From page 2

**The initial PPD as needed the first day of orientation.**

b. Review of a list of employees hired after 04/08/15 revealed Nurse Aide (NA) #2 was hired on 05/05/15.

During an interview on 05/14/15 at 4:12 PM NA #2 stated she had not been screened for risk of tuberculosis exposure and previous PPD skin test during her orientation. NA #2 further stated no mentioned or administered an initial PPD skin test since she was hired. The interview further revealed the facility had contacted her today (05/14/15) and asked her to come in for a skin test and screening.

An interview with the Director of Nursing (DON) on 05/14/15 at 4:03 PM revealed she assumed the Unit Manager (UM) was screening new employees for tuberculosis exposure, previous PPD skin test, and administering an initial PPD skin if needed on the first day of their orientation. The interview further revealed the DON could not provide documentation of screening for tuberculosis exposure, previous PPD skin test, or administration of an initial PPD skin test for NA #2.

An interview was conducted with the UM on 05/14/15 at 4:20 PM. The UM stated she did not recall being assigned the task of screening new employees or administering new employee’s initial PPD skin test the first day of orientation and had never administered an initial PPD to a new employee.

A follow up interview with the DON on 05/14/15 at 4:39 PM revealed she had informed the UM in February of 2015 that she would be responsible

**How the facility plans to monitor ensure correction is achieved and sustained.**

SDC/Infection Control Nurse, DON or Designee will do a weekly audit to ensure that all new hires have received the required TB Screening or PPD testing if not contraindicated. This documented information will be shared with the QA/QI committee monthly for 6 months and revisions to practice made if needed to ensure compliance.
### L 043

**Continued From page 3**

For screening new employees and administering the initial PPD as needed the first day of orientation.

c. Review of a list of employees hired after 04/08/15 revealed Housekeeping Assistant #2 was hired on 04/22/15.

An interview with Housekeeping Assistant #2 on 05/14/15 at 4:15 PM revealed she was not screened for risk of tuberculosis exposure, previous PPD skin test, or administered a PPD skin test during orientation. Housekeeping Assistant #2 stated she was administered the PPD skin test today (05/14/15).

An interview with the Director of Nursing (DON) on 05/14/15 at 4:03 PM revealed she assumed the Unit Manager (UM) was screening new employees for tuberculosis exposure, previous PPD skin test, and administering an initial PPD skin if needed on the first day of their orientation. The interview further revealed the DON could not provide documentation of screening for tuberculosis exposure, previous PPD skin test, or administration of an initial PPD skin test for Housekeeping Assistant #2.

An interview was conducted with the UM on 05/14/15 at 4:20 PM. The UM stated she did not recall being assigned the task of screening new employees or administering new employee’s initial PPD skin test the first day of orientation and had never administered an initial PPD to a new employee.

A follow up interview with the DON on 05/14/15 at 4:39 PM revealed she had informed the UM in February of 2015 that she would be responsible for screening new employees and administering...
**Division of Health Service Regulation**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH0610</td>
<td>A. BUILDING:</td>
</tr>
<tr>
<td></td>
<td>B. WING:</td>
</tr>
</tbody>
</table>

**DATE SURVEY COMPLETED**

| C | 05/14/2015 |

**NAME OF PROVIDER OR SUPPLIER**

CAROLINA REHAB CENTER OF BURKE

**STREET ADDRESS, CITY, STATE, ZIP CODE**

3647 MILLER BRIDGE ROAD
CONNELLY SPG, NC 28612

**ID PREFIX TAG**

<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER’S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>L 043</td>
<td>Continued From page 4</td>
<td>L 043</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

the initial PPD as needed the first day of orientation.

d. Review of a list of employees hired after 04/08/15 revealed NA #3 was hired on 05/05/15.

An interview with NA #3 on 05/14/15 at 4:27 PM revealed she was not screened for risk of tuberculosis exposure, previous PPD skin test, or administered a PPD skin test during orientation. NA #3 stated she was administered the PPD skin test today (05/14/15).

An interview with the Director of Nursing (DON) on 05/14/15 at 4:03 PM revealed she assumed the Unit Manager (UM) was screening new employees for tuberculosis exposure, previous PPD skin test, and administering an initial PPD skin if needed on the first day of their orientation. The interview further revealed the DON could not provide documentation of screening for tuberculosis exposure, previous PPD skin test, or administration of an initial PPD skin test for NA #3.

An interview was conducted with the UM on 05/14/15 at 4:20 PM. The UM stated she did not recall being assigned the task of screening new employees or administering new employee's initial PPD skin test the first day of orientation and had never administered an initial PPD to a new employee.

A follow up interview with the DON on 05/14/15 at 4:39 PM revealed she had informed the UM in February of 2015 that she would be responsible for screening new employees and administering the initial PPD as needed the first day of orientation.