PRINTED: 06/05/2015 FORM APPROVED

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		NH0610	B. WING		C 05/14/2015	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE		
CAROLIN	A DEUAD CENTED OF D	3647 MILL	ER BRIDGE R	OAD		
CAROLIN	A REHAB CENTER OF B	CONNELL	Y SPG, NC 28	612		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
L 043	L 043 .2209(D) INFECTION CONTROL  10A-13D.2209 (d) The facility shall ensure communicable disease testing as required by 10 A 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		L 043		5/23/15	
	This Rule is not met a Based on a review of interviews the facility employees for tubercular employees hired after. The findings included. The facility's policy arror the prevention and stated in part: "g. Employees specific to tuberculosis their risk of developing the time of hire, all entwo-step PPD (skin testuberculosis). 6. Employees specific to tuberculosis).	as evidenced by: facility policy and staff failed to screen new closis for 4 of 4 new cod/08/15.  and procedure dated 02/01/15 d control of tuberculosis cloyee Counseling and time of hire, annually and as as will receive education as (TB), TB infection and ag active TB disease. 3. At apployees will have an initial ast used to screen for cloyees will receive an and TB screen following		The statements included are not an admission and do not constitute agreement with the alleged deficiencine herein. The plan of correction is completed in the compliance of state federal regulations as outlined. To rein compliance with all federal and stat regulations the center has taken or witake the actions set forth in the follow plan of correction. The following plan correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.  F441  How the corrective action will be accomplished for the resident(s) affective audits were completed for all stafficiencies and constitutes are not accomplished for the resident(s) affective audits were completed for all stafficiencies.	and main ee ill ing of	

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

06/03/15 **Electronically Signed** 

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TITLE

Division of Health Service Regulation

DIVISION	of fleatili Service Regu	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
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		NH0610	B. WING		05/1	4/2015
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NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	ATE, ZIP CODE		
		3647 MILL	ER BRIDGE R	OAD		
CAROLIN	A REHAB CENTER OF B	CONNELL	Y SPG, NC 28	612		
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(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
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						ı
L 043	Continued From page	e 1	L 043			
				determine what staff members had no	-	
		of employees hired after		received TB screening and first step F	PD	
	04/08/15 revealed Ho	ousekeeping Assistant #1		testing between the time of exit and	me of exit and	
	was hired on 04/22/15			5/18/15. Missing TB screening and P		
				first step testing occurred between 5/1		
	An interview was con	ducted with Housekeeping		and 5/20 to ensure that all staff memb		
		1/15 at 4:03 PM in the staff		currently employed had been screene	·u	
		Educational information		and tested per policy. The first step		
		skin testing was observed in		PPD¿s were completed by 5/20/15.		
		ole. Housekeeping Assistant		Second step of the 2-step process for		
	#1 confirmed he had	worked at the facility since		PPD¿s are still being completed per		
	his hire date on 04/22	2/15 and had not been		policy.		
	screened for risk of tu	uberculosis exposure.				
		st, or administered an initial		How corrective action will be		
	PPD skin test.	o., o. dao.o.o. da		accomplished for those residents with	the	
	TTD SKIII test.			1	uic	
	A = i = t = = : i = : : : : : : : t = t = =	Director of Number (DON)		potential to be affected by the same	415-04	
		Director of Nursing (DON)		practice. Any staff member identified	ınaı	
		PM revealed she assumed		had not received the required TB		
		M) was screening new		screening or first step PPD testing by		
	employees for tubero	ulosis exposure, previous		5/20/15 was not allowed to work until	they	
	PPD skin test, and ad	dministering an initial PPD		received their TB screening and PPD		
	skin if needed on the	first day of their orientation.		testing.		
	The interview further	revealed the DON could not				
	provide documentatio			Measures in place to ensure practices	s will	
	· ·	e, previous PPD skin test, or		not occur. The DON, Unit Manager at		
		nitial PPD skin test for			, iu	
				Human Resources Manager were		
	Housekeeping Assista	ant #1.		in-serviced by the Regional nurse		
				consultant on Infection Control Policie	s,	
		ducted with the UM on		including		
	05/14/15 at 4:20 PM.	The UM stated she did not		1) Policy 106 ¿ Employee Health,		
	recall being assigned	the task of screening new		2) Policy 108 - Student/Internship Hea	alth,	
		stering new employee's		3) Policy 1401 ¿ Prevention and Con		
		ne first day of orientation and		4) Policy 1402 ¿ Two-Step Mantoux		
		ed an initial PPD to a new		on May 19, 2015 regarding the practic	es	
		od all lillian i i b to a new		for TB screening and PPD testing for		
	employee.				ICW	
	A f-11			hires and yearly thereafter.		
	-	with the DON on 05/14/15 at				
		e had informed the UM in		After a job offer has been made and		
		t she would be responsible		accepted, but before the employee be		
	for screening new em	ployees and administering		any activities, the HR manager will en	sure	

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		NH0610	B. WING		C <b>05/14/2015</b>	
	ROVIDER OR SUPPLIER  A REHAB CENTER OF B	3647 MIL	LER BRIDGE R	OAD		
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L 043	the initial PPD as need orientation.  b. Review of a list of 04/08/15 revealed Notion 05/05/15.  During an interview of #2 stated she had not tuberculosis exposured during her orientation mentioned or adminissince she was hired. revealed the facility he (05/14/15) and asked test and screening.  An interview with the on 05/14/15 at 4:03 Fithe Unit Manager (UNemployees for tuberce PPD skin test, and askin if needed on the The interview further provide documentation tuberculosis exposure administration of an in #2.  An interview was con 05/14/15 at 4:20 PM. recall being assigned employees or adminisinitial PPD skin test thad never administer employee.  A follow up interview 4:39 PM revealed she	eded the first day of  employees hired after urse Aide (NA) #2 was hired  on 05/14/15 at 4:12 PM NA at been screened for risk of e and previous PPD skin test a. NA #2 further stated no stered an initial PPD skin test The interview further had contacted her today at her to come in for a skin  Director of Nursing (DON) PM revealed she assumed M) was screening new sulosis exposure, previous dministering an initial PPD first day of their orientation. revealed the DON could not	L 043	the employee will complete the portion the MFNC Employee PPD or Chest > Form. This may be done on any day to orientation or on the day of orientation.  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 enthat all new hires have received the required TB Screening or PPD testing not contraindicated. This documente information will be shared with the Q/C committee monthly for 6 months and revisions to practice made if needed ensure compliance.	K-Ray prior tion  ure r sure g if d A/QI	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		NH0610	B. WING		l l	C / <b>14/2015</b>	
	ROVIDER OR SUPPLIER  A REHAB CENTER OF B	STREET AD  3647 MILL	DRESS, CITY, STA LER BRIDGE RO LY SPG, NC 286	DAD	00	14/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
L 043	the initial PPD as need orientation.  c. Review of a list of 6 04/08/15 revealed Howas hired on 04/22/18  An interview with Hou 05/14/15 at 4:15 PM is screened for risk of tuprevious PPD skin test during orient Assistant #2 stated sl PPD skin test today (in An interview with the on 05/14/15 at 4:03 Pithe Unit Manager (Unit	employees and administering eded the first day of employees hired after pusekeeping Assistant #2 5.  Isekeeping Assistant #2 on revealed she was not aberculosis exposure, st, or administered a PPD reation. Housekeeping he was administered the 05/14/15).  Director of Nursing (DON) PM revealed she assumed PM was screening new alministering an initial PPD first day of their orientation. The unitial PPD skin test, or notial PPD skin test for each provided with the UM on The UM stated she did not the task of screening new employee's ne first day of orientation and the dan initial PPD to a new	L 043				
	4:39 PM revealed she February of 2015 that	with the DON on 05/14/15 at e had informed the UM in the the would be responsible uployees and administering					

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED				
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		NH0610	B. WING		05/14/2015			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZIP CODE	-			
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CAROLIN	CAROLINA REHAB CENTER OF BURKE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612							
0/10/15	SLIMMADV ST	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	1 0/5)	$\dashv$		
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L 043	Continued From page	e 4	L 043					
	the initial PPD as nee orientation.	eded the first day of						
	d. Review of a list of 6 04/08/15 revealed NA	employees hired after A #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.							
	05/14/15 at 4:20 PM. recall being assigned employees or adminisinitial PPD skin test the	ducted with the UM on The UM stated she did not the task of screening new stering new employee's ne first day of orientation and ed an initial PPD to a new						
	4:39 PM revealed she February of 2015 that	with the DON on 05/14/15 at the had informed the UM in the the would be responsible uployees and administering the the first day of						

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