

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G159	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2023
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NAME OF PROVIDER OR SUPPLIER CAROLINA LIVING AND LEARNING CENTER (CLLC)	STREET ADDRESS, CITY, STATE, ZIP CODE 325 RUSSET RUN PITTSBORO, NC 27312
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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) COMPLETION DATE
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W 340 NURSING SERVICES
CFR(s): 483.460(c)(5)(i) W 340

Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.

This STANDARD is not met as evidenced by:
Based on observations and interviews, the facility failed to ensure that staff were sufficiently trained in wearing face masks to prevent the spread of COVID-19. The finding is:

During observations in the home on 1/3/23 between 1:45pm to 2:30pm, the Staff Developer A (SDA) and Staff Developer B (SDB) both wore their face mask, loosely fitted across their nose, which allowed their nostrils to be repeatedly exposed when outside of the office. SDA was observed to constantly re-adjust his face mask by pulling it up to the bridge of his nose. SDB was observed wearing his mask underneath his chin, when giving client charts to the surveyor.

During additional observations in the home on 1/3/22 from 5:30pm to 6:00pm, revealed Staff E in the dining room and living room, interacting with staff and clients, with a face mask on her face. Staff E was observed repeatedly pulling down her face mask to converse with Staff B.

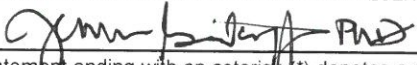
Interview on 1/4/23 with SDA revealed his face mask would slide down his face due to his beard and face sweating.

Interview on 1/4/22 with the Operations Compliance Manager (OCM) revealed the infection control policy and COVID-19 rules are

DHSR - Mental Health

JAN 23 2023

Lic. & Cert. Section

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Clinical Director	(X6) DATE 1/19/23
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER CAROLINA LIVING AND LEARNING CENTER (CLLC)		STREET ADDRESS, CITY, STATE, ZIP CODE 325 RUSSET RUN PITTSBORO, NC 27312		
(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) COMPLETION DATE
W 340	Continued From page 1 discussed with staff during orientation and standard precautions training. The OCM stated face masks should fully cover the face, with a tight pinch at the top of the nose and extend under the chin. The OCM revealed staff should not remove their masks unless in a client-free area.	W 340		
W 508	COVID-19 Vaccination of Facility Staff CFR(s): 483.430(f)(1)-(3)(i)-(x) § 483.430 Condition of Participation: Facility staffing. (f) Standard: COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. (1) Regardless of clinical responsibility or client contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its clients: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its clients, under contract or by other arrangement. (2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or	W 508		

Plan of Correction

Carolina Living and Learning Center (CLLC)

Deficiency: ID Prefix Tag W340 Nursing Services CFR(s): 483.460(c)(5)(i)

Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.

We will retrain all staff in the proper use of face masks, including the appropriate ways to don and doff them, as well as “tips” to help our surgical masks fit more tightly. We will require all staff to watch two videos from UNC Health: 1) New UNC Health Mask Policy (https://www.youtube.com/watch?v=Ypj_1pFD1kA); and 2) UNC Health: Pro Tip to Help Your Earloop Mask Fit More Tightly (<https://www.youtube.com/watch?v=UANi8Cc71A0>). We will take time to watch these videos during our weekly staff meetings, as well as provide opportunities for staff to watch them during breaks or on their own time. We will ask all staff to attest to having watched the videos and to affirm that they understand how to wear the face masks, how to don and doff them properly, and how to modify the earloops so that the masks fit closely. We will collect these attestations from all our staff prior to our deadline of March 5, 2023.

Deficiency: ID Prefix Tag W508 COVID-19 Vaccination of Facility Staff CFR(s): 483.430(f)(1)-(3)(i)-(x)

§ 483.430 Condition of Participation: Facility staffing.

(f) Standard: COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.

See attached policies:

Environment, Health, and Safety Manual - Chapter 06.01: Clinical Safety - Occupational Health Requirements for University Employees Located in Healthcare Facilities (Modified and Effective 1/19/2023) <https://policies.unc.edu/TDClient/2833/Portal/KB/ArticleDet?ID=132505>

Environment, Health, and Safety Manual - Chapter 06.06: Clinical Safety - Policy on Immunization for University Employees Credentialed by UNC Health or Otherwise Performing Job Duties in Patient-Facing Settings within UNC Health or UNC SOM (Modified and Effective 1/19/2023) <https://policies.unc.edu/TDClient/2833/Portal/KB/ArticleDet?ID=132569>

Environment, Health, and Safety Manual – Chapter 06 Appendix A: Required Immunization Guidelines for Certain Positions Within UNC-Chapel Hill (Modified and Effective 1/19/2023) <https://policies.unc.edu/TDClient/2833/Portal/KB/ArticleDet?ID=132568>

All clinical medical faculty and staff employed by the University of North Carolina at Chapel Hill and credentialed by the UNC Health Care System to provide direct patient care or who otherwise perform job duties in a patient-facing setting within UNC Health or a UNC SOM facility, clinic, or program, must (a) receive all doses of a primary series of a COVID-19 vaccine authorized or approved in the United States, including: Pfizer-BioNtech (2 doses); OR Moderna (2 doses of vaccine); OR Johnson and Johnson's Janssen (1 dose of vaccine); OR Novavax (2 doses); (b) indicate whether any booster for vaccines listed in Section A above was received or not.

Employees must:

- A. Provide (1) certification and (2) proof of vaccination to Environment, Health & Safety. Proof of vaccination will require the employee to upload one of the following: (i) the employee's COVID-19 Vaccination Record Card, (ii) a copy of medical records documenting the vaccination, (iii) a copy of immunization records from a public or state immunization information system, or (iv) a copy of any other official documentation containing required data points (the required data points for such other official documentation are the type of vaccine administered, date(s) of administration, and the name of the health care professional(s) or clinic site(s) administering the vaccine(s).
- B. Indicate whether a booster for the vaccination was received or not. If a booster was received, upload proof of the booster consistent with A (i) through (iv) above for the vaccination.

Accommodations/Exemptions

- Medical and religious accommodations to immunization required by this Policy may be granted for employees who qualify. Employees claiming religious exemption must submit a request via <https://ehs.cloudapps.unc.edu/ClinicRegistration/covidcert>
- Employees requesting exemption due to medical contraindications must submit a request via <https://ehs.cloudapps.unc.edu/ClinicRegistration/covidcert> and may be required to provide proof of medical contraindications, such as a letter and medical records from their private physician.
- Exemptions for personal, non-religious beliefs will not be accepted. Standard criteria for medical exemption will be established based upon recommendations from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP).
- Each request for exemption, regardless of the reason, will be evaluated individually by the University. If exemption is granted, the employee will be notified promptly in writing.
- For further information about exemptions, please see <https://eoc.unc.edu/covid-19accommodations>.

Maintaining Immunization Records

The Department of Environment, Health, & Safety (EHS) will maintain a record of influenza and COVID-19 vaccination, as well as a list of employees with accommodations.

(1) Regardless of clinical responsibility or client contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility

and/or its clients:

- (i) **Facility employees;**
All Employees of UNC TEACCH Autism Program- Carolina Living and Learning Center are UNC SOM employees that must adhere to the above policy.
- (ii) **Licensed practitioners;**
Facility Nursing and other medical consultants are also employed by UNC SOM and must adhere to the above policy.
- (iii) **Students, trainees, and volunteers; and**
All students, trainees, and volunteers must adhere to the above policy.
- (iv) **Individuals who provide care, treatment, or other services for the facility and/or its clients, under contract or by other arrangement.**
Routine facility maintenance is performed by UNC Facility Services Department. Routine Life Safety testing is performed by UNC Life Safety Department. CLLC will maintain a log of UNC Facilities and Life Safety Staff members who enter the home to complete work orders. The log will be sent to EHS compliance manager on a monthly basis to monitor vaccination compliance.

(2) The policies and procedures of this section do not apply to the following facility staff:

- (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section; and
- (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section.

(3) The policies and procedures must include, at a minimum, the following components:

- (i) A process for ensuring all staff specified in paragraph (f)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its clients;

The 8 staff members identified as non-compliant at time of survey will be required to upload their vaccination status or acquire an exemption within 60 days.

New hires will receive notice of vaccination or exemption requirements as part of their conditions of employment. New hires will be required to upload their vaccination or exemption status at the date of hire. Any new hire who is waiting for an exemption or otherwise unable to complete the upload to the vaccine portal at date of hire will not begin any direct patient observation or training until EHS verification has been completed.

CLLC Operations and Compliance manager (or other designated Staff Development Administrator) will verify with EHS the staff member's compliance before direct patient contact is scheduled.

- (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the

transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;

When the CLLC Operations and Compliance manager is notified by UNC EHS that a staff member is covered by an exemption, the manager will require that staff member to wear N95 masks only and to submit to weekly COVID testing.

(iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (f)(1) of this section; (v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;

UNC EHS maintains a record of staff vaccination compliance. Staff members will receive a link to the compliance portal at hire. The compliance portal is the same website that can direct staff to submit a request for exemption.

All staff members will be sent an email monthly reminding them to update their vaccination record if applicable. CLLC Operations and Compliance Manager will be responsible for sending reminders. CLLC Operations and Compliance Manager will verify CLLC compliance with EHS on a monthly basis.

(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:

(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and

(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications; (ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and(x) Contingency plans for staff who are not fully vaccinated for COVID-19.

UNC EHS maintains a record of staff vaccination compliance. Staff members will receive a link to the compliance portal at hire. The compliance portal is the same website that can direct staff to submit a request for exemption. All exemptions are reviews by UNC EOC. UNC EOC will review requests and submit approved requests to the EHS compliance portal.

Environment, Health and Safety Manual - Chapter 06.01: Clinical Safety - Occupational Health Requirements for University Employees Located in Healthcare Facilities

[University-Policy](#) • [EHS---Environment-Health-and-Safety-Manual](#) • [Health-Record](#) • [BBP](#) • [Bloodborne-Pathogens](#) • [Medical-Surveillance](#) • [Immunization](#) • [Workplace-Safety](#)

Title

Environment, Health and Safety Manual - Chapter 06.01: Clinical Safety - Occupational Health Requirements for University Employees Located in Healthcare Facilities

Introduction

Working in a health care environment poses a risk for acquiring certain infectious diseases greater than that for the general public. To reduce the potential risk, employers are required to establish a medical surveillance program which documents immunity for some diseases, monitoring for others such as Tuberculosis, along with safety training on methods to prevent exposure and disease. These programs are to be provided at no cost to the employee in accordance with OSHA. The University has designated the University Employee Occupational Health Clinic (UEOHC) as the responsible party for providing the medical services component of the medical surveillance program and the Department of Environment, Health and Safety for administrative aspects as well as the general safety training.

Please note: employees whose position has them entering facilities where patient care is provided, whether in a patient care area or in an administration wing, must comply with the occupational medical surveillance and safety training requirements outlined in this policy.

Medical Surveillance

Immunization Review

To protect University Health Care employees from potential infectious diseases, all employees working in a health care environment are required to remain current on their immunizations. Employees are required to complete an immunization review within the first 10 days of appointment. A department, program, division or like can require a shorter time frame for the immunization review or prohibit patient/resident interaction until such review is successfully completed to comply with licensure, accreditation or other regulatory or administrative requirements. The immunization review will be based on the CDC/HICPAC Guideline for Infection Control in Health Care Personnel (see [Appendix A](#)). Employees may be required to have additional immunizations at a later date based on changes to this guideline. Documentation of immunizations can include a copy of medical notes, University student health record, or other types of documentation.

TB Screening

In accordance with the University and UNC Health Care Systems Tuberculosis Exposure Control Plan, all employees working in a healthcare environment are required to receive a skin test (TST) for tuberculosis screening within in the first 10 days of employment and is strongly recommended annually thereafter.

Initial

For employees who have no documentation of a TST within the last year, a 2-step TST screening procedure will be administered by the UEOHC to establish baseline results. Documentation of outside TST administration and reading may be accepted if the documentation is by a facility trained in public health/occupational medicine (i.e. Student Health Services, Public Health Department, Occupational Health Department of other healthcare facilities, private physician, military).

Annual

EHS will send notifications to employees reminding them that it is time for their annual Tuberculosis symptom review or screening options per CDC recommendations. For further details concerning tuberculosis, please refer to the Tuberculosis Control Plan (see attached file).

Hepatitis B Under the Bloodborne Pathogen Program

In accordance with OSHA "Occupational Exposure to Bloodborne Pathogens" (29 CFR Part 1910.1030), the University's Bloodborne Pathogen policy, the University's and UNC Health Care Exposure Control Plan, all employees with potential exposures to blood or human body fluids are to be offered the Hepatitis B vaccine. The Hepatitis B vaccine is a series of three shots (initial, 2nd one month later, 3rd 6 months later). If an employee declines the vaccination, then a declination must be completed and submitted to the UEOHC. If an employee has already received the Hepatitis B vaccination, then that information is to be provided to the UEOHC. For further details concerning bloodborne pathogens, please refer to the Exposure Control plan for Health Care workers (see attached file).

Community Practices and UNC TEACCH Facilities

Community Practices and UNC TEACCH centers located in Asheville, Charlotte, Greensboro, Greenville, Fayetteville, Henderson, and Wilmington may receive medical surveillance services through designated local care providers. Once medical surveillance is received, this information is to be forwarded to the UEOHC for the employee's occupational health record.

Employee Occupational Health Record

The UEOHC will maintain the employee's occupational health record. Employees needing a copy of their occupational health record should contact the UEOHC at 919-966-9119.

UEOHC Fees

A general fee for services is needed to maintain the University's medical surveillance program. All departments who have personnel working in or around healthcare facilities will be charged a nominal fee per employee each year for this program.

Safety Training

Safety training is a method used not only to inform employees of University policy and procedures, but understand the hazards associated with their work and ways to minimize or reduce potential exposure to those hazards. EHS has established both on-line and instructor led courses for employees to meet their required training such as: New Employee Clinic Orientation, Bloodborne Pathogens, Tuberculosis and Infection Control, Health Care Worker/JCAHO Safety Information, etc. All safety training records required by OSHA, JCAHO, and other regulatory agencies are to be maintained on EHS's Health and Safety Management Information System (HASMIS).

If University employees receive required annual safety training by means other than EHS sponsored training (i.e. UNC Dental School, Dorothea Dix, etc), it must be approved by EHS and the records are to be sent to EHS for entering into the system. Such records must contain the employee's name, PID identification number, signature of attendance (or post test), date of training, instructor's name, and a brief description or outline of the training.

Facility-Specific Medical Surveillance and Safety Training Requirements

The table below illustrates some of the requirements for specific facilities. Please note this matrix is not inclusive of all training and medical surveillance. Any department that needs assistance with job specific training and/or medical surveillance should contact EHS. Additionally, UNC-Chapel Hill students, faculty and staff that work, volunteer or are trainees participating in clinical rotations or patient-facing job responsibilities with outside health care providers or facilities, may be required to comply with applicable facility policies, including immunization policies. Consult your facility supervisor, sponsor, program director and/or trainer, as applicable, to request information about the facility's immunization policy requirements.

Specific Facilities Requirements

Facility	New Employee Safety Orientation	Required Annual Safety Training	Examples of Job Specific Safety Training
Administrative Staff working in a health care environment	Office	Tuberculosis JCAHO Fire Extinguisher	
UNC Health Care System, Hospital, and Community Practices	Clinic	Tuberculosis JCAHO Fire Extinguisher Where applicable: Bloodborne Pathogens Respiratory Protection	CPR, where applicable

Facility	New Employee Safety Orientation	Required Annual Safety Training	Examples of Job Specific Safety Training
Student Health Service	Clinic	Tuberculosis JCAHO Fire Extinguisher Where applicable: Bloodborne Pathogens Respiratory Protection	CPR, where applicable
Dental School	Clinic	Tuberculosis Fire Extinguisher Where applicable: JCAHO Bloodborne Pathogens Respiratory Protection	CPR, where applicable
TEACCH	Clinic	Tuberculosis Where applicable: Bloodborne Pathogens	
Other Facilities Dorthea Dix Hospital John Umstead Hospital New Hanover Hospital Wake Medical Ctr. Rex Hospital Etc.	Clinic	Tuberculosis JCAHO Fire Extinguisher Where applicable: Bloodborne Pathogens Respiratory Protection	Could be subject to site : requirements

Training available from EHS as either instructor-led or on-line self study:

- Office environment new employee safety orientation
- Clinic environment new employee safety orientation
- Tuberculosis
- Bloodborne Pathogens
- Respiratory Protection

Training available from EHS as instructor-led:

- Fire extinguisher

Training available from EHS as online self study:

- JCAHO

Departments are responsible for arranging CPR and other job specific safety training.

Failure to Comply

The University has instituted an Enforcement of Training and Medical Surveillance policy. This policy requires supervisors to ensure that employees receive medical surveillance within the specified time period and attend the required safety training. Failure to timely comply with medical surveillance requirements required under this policy manual, including completion of required vaccination schedule, may lead to disciplinary action up to an including termination. See [Chapter 01.11: EHS Management System - Enforcement of Training and Medical Surveillance](#)

Contact Information

Policy Contact

Environment, Health & Safety
1120 Estes Drive
Campus Box #1650

Chapel Hill, NC 27599-1650
Phone: 919-962-5507

[Back to Chapter 05.23 - Lead-Based Paint Hazard Policy](#)

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Details

Article ID: 132505

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Tue 4/13/21 12:02 AM

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Thu 1/19/23 11:03 AM

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09/01/2026 12:00 AM

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04/01/2012 12:00 AM

Responsible Unit ⓘ

Environment, Health and Safety

Attachments (2)

Sort By: Name Date

[Exposure Control Plan for Bloodborne Pathogens v 04-01-2013.pdf](#)



Wed 7/28/21 3:55 PM

Tuberculosis Control Plan v 08-01-2015.pdf

Wed 7/28/21 2:51 PM



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Environment, Health and Safety Manual - Chapter 06.06: Clinical Safety - Policy on Influenza Immunization for UNC-Chapel Hill Employees Credentialed by UNC Health or Otherwise Performing Job Duties in Patient-Facing Settings within UNC Health or the UNC-Chapel Hill School of Medicine

[University-Policy](#) • [EHS---Environment-Health-and-Safety-Manual](#) • [Immunization](#) • [COVID-19](#) • [Influenza](#) • [Patient-Facing-Settings](#)

Title

Environment, Health and Safety Manual - Chapter 06.06: Clinical Safety - Policy on Immunization for UNC-Chapel Hill Employees Credentialed by UNC Health or Otherwise Performing Job Duties in Patient-Facing Settings within UNC Health or the UNC-Chapel Hill School of Medicine

Purpose

Support the UNC Health and University of North Carolina at Chapel Hill (UNC-Chapel Hill) School of Medicine (SOM) strategy for providing a safer environment for health care personnel and patients through influenza and COVID-19 vaccination, while also meeting applicable regulatory requirements.

Rationale

To protect patients, employees, employees' family members, and the community from infection through (1) annual influenza vaccination; and (2) a primary series of the COVID-19 vaccination of UNC-Chapel Hill faculty and staff who are credentialed by UNC Hospital (e.g., Physicians, Nurses, Physician Assistants, etc.) or who otherwise perform job duties in patient-facing settings within UNC Health or UNC-Chapel Hill SOM facilities, clinics, or programs (e.g., front desk staff).

Applicability

This Policy applies to UNC-Chapel Hill SHRA and EHRA (Faculty and Non-Faculty) employees who are credentialed by UNC Health or who otherwise perform job duties in patient-facing settings within UNC Health or UNC-Chapel Hill SOM community-based clinics, centers, institutes, and programs enrolled in Medicare/Medicaid-certified provider and supplier types.

Policy

Annual Influenza Immunization

All clinical medical faculty and staff employed by UNC-Chapel Hill and credentialed by UNC Health to provide direct patient care or who otherwise perform job duties in a patient-facing setting within UNC Health or UNC-Chapel Hill SOM community-based clinics, centers, institutes, and programs enrolled in Medicare/Medicaid-certified provider and supplier types, must be immunized against influenza each year. Influenza vaccine is available free of charge to all UNC-Chapel Hill employees. The vaccination program is coordinated through the UNC-Chapel Hill Employee Occupational Health Clinic (UEOHC) and UNC Health Occupational Health group beginning September 1 (pending availability of the vaccine). Immunizations must be completed by January 15 unless on leave (e.g., sick leave, pregnancy, Workers Compensation). If returning from leave that includes January 15, employees will have one (1) month to become compliant.

Employees who are vaccinated through services other than UNC Health Occupational Health (e.g. private physician office, public clinics) must provide proof of immunization to the UEHC. Proof of flu immunization may include a physician's or pharmacist's note or a receipt.

COVID-19 Vaccination and Booster

All clinical medical faculty and staff employed by UNC-Chapel Hill and credentialed by UNC Health to provide direct patient care or who otherwise perform job duties in a patient-facing setting within UNC Health or UNC-Chapel Hill SOM community-based clinics, centers, institutes, and programs enrolled in Medicare/Medicaid-certified provider and supplier types, must (a) receive all doses of a primary series of a COVID-19 vaccine authorized or approved in the United States, including: Pfizer-BioNtech (2 doses); OR Moderna (two doses of vaccine); OR Johnson and Johnson's Janssen (one dose of vaccine); OR Novavax (two doses); (b) indicate whether any booster for vaccines listed in Section A above was received or not.

Employees must:

- A. Provide (1) certification; and (2) proof of vaccination to UNC-Chapel Hill Department of Environment, Health & Safety (EHS) "[COVID-19 Vaccine Certification](#)" webpage. Proof of vaccination will require the employee to upload one of the following: (i) the employee's COVID-19 Vaccination Record Card, (ii) a copy of medical records documenting the vaccination, (iii) a copy of immunization records from a public or state immunization information system; or (iv) a copy of any other official documentation containing required data points (the required data points for such other official documentation are the type of vaccine administered, date(s) of administration, and the name of the health care professional(s) or clinic site(s) administering the vaccine(s).
- B. Indicate whether a booster for the vaccination was received or not. If a booster was received, upload proof of the booster consistent with A (i) through (iv) above for the verification.

Accommodations/Exemptions

- Medical and religious accommodations to immunization required by this Policy may be granted for employees who qualify. Employees claiming religious exemption must submit a request on the EHS "[Medical Contraindication Declination Certification Application](#)" webpage.
- Employees requesting exemption due to medical contraindications must submit a request on the EHS "[Religious Declination Certification Application](#)" webpage and may be required to provide proof of medical contraindications, such as a letter and medical records from their private physician.
- Exemptions for personal, non-religious beliefs will not be accepted. Standard criteria for medical exemption will be established based upon recommendations from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP).
- Each request for exemption, regardless of the reason, will be evaluated individually by UNC-Chapel Hill. If an exemption is granted, the employee will be notified promptly in writing.
- For further information about exemptions, please see UNC-Chapel Hill's [Equal Opportunity and Compliance website](#).

Maintaining Immunization Records

EHS will maintain a record of influenza and COVID-19 vaccination as well as a list of employees with accommodations.

Dates of Flu Immunization

Flu vaccinations will begin September 1 (pending availability of the vaccine). "Designated" UNC-Chapel Hill employees must be vaccinated annually or granted an exemption prior to January 15.

Influenza Vaccine Shortage

In the event of an influenza vaccine shortage, the situation will be evaluated at the UNC Health level for the entire organization. Influenza vaccine will be offered to credentialed UNC-Chapel Hill employees and UNC-Chapel Hill employees operating in a patient-facing role based on job function and risk of exposure to influenza. Priority will be given to those who provide direct hands-on patient care with prolonged face-to-face contact with patients and/or have highest risk of exposure to patients with influenza and as recommended/required by CDC, ACIP, US Food and Drug Administration (FDA), Society for Healthcare Epidemiology of America (SHEA), and the NC Department of Health and Human Services.

Compliance

It is the responsibility of designated employees to comply with this Policy. It is the responsibility of the Supervisor/Department Head/Division Director to ensure all employees in their area(s) of responsibility are aware of this Policy. Failure to timely comply with the requirements of this Policy, including completion of the required vaccination schedule or otherwise obtaining a religious or medical exemption, may lead to disciplinary action up to and including termination. See [Chapter 01.11: EHS Management System - Enforcement of Training and Medical Surveillance](#).

Additionally, on an annual basis, EHS will provide the appropriate UNC-Chapel Hill and UNC Health administrators a list of personnel who are non-compliant with the vaccination requirements of this Policy on January 15. Employees who are non-compliant with the vaccination requirements as of January 15, 2023 may have their UNC Health privileges and/or UNC-Chapel Hill SOM clinical care duties suspended until either they become compliant or for flu vaccinations until the end of the influenza season.

(usually around May 30) for the flu vaccine requirement. EHS will provide compliance reports to Supervisors/Department Heads/Division Directors upon request including without limitation any request for licensure or accreditation purposes. UNC Health administrators will determine the date after which employees who have not received their vaccination in accordance with this Policy may resume their privileges and/or clinical care duties. This deadline may be extended at the discretion of the UNC-Chapel Hill UEOHC Medical Director and Executive Director of EHS at the request of the UNC Health Chief Operating Officer or their designee.

**PLEASE NOTE: UNC-Chapel Hill students, faculty, and staff that work, volunteer, or are trainees participating in clinical rotations or patient-facing job responsibilities with outside health care providers or facilities, may be required to comply with applicable facility policies, including immunization policies. Consult your facility supervisor, sponsor, program director and/or trainer, as applicable, to request information about the facility's immunization policy requirements.

Contact Information

Policy Contact

Environment, Health and Safety

1120 Estes Drive
Campus Box #1650
Chapel Hill, NC 27599-1650
Phone: 919-962-5507

[Back to Chapter 06.05 - Waste Anesthetic Gas](#)

[Proceed to Chapter 06.07 - Healthcare Personnel Who Are Infected With Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus](#)

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Details

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Wed 4/14/21 11:49 PM

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Attachments (0)

No attachments found.

Environment, Health and Safety Manual - Chapter 06 Appendix A: Required Immunization Guidelines for Certain Positions Within UNC-Chapel Hill

[University-Policy](#) • [EHS---Environment-Health-and-Safety-Manual](#) • [Immunization](#) • [Vaccination](#)

Title

Environment, Health and Safety Manual - Chapter 06 Appendix A: Required Immunization Guidelines for Certain Positions Within UNC-Chapel Hill

General

School of Medicine or Employees with Job Duties in Health Care Facilities

Vaccine	Demonstration of Immunity	Notes
Hepatitis B	Laboratory evidence of immunity or Prior receipt of three doses of vaccine with appropriate scheduled or Signed OSHA declination	
Measles	Physician diagnosed disease or Laboratory evidence of immunity or Prior receipt of vaccine (2 doses of live vaccine on or after first birthday)	Now required to have: 2 Measles, 2 Mumps, and 1 Rubella or Positive Titers for all or 2 MMR Vaccines
Mumps	Physician diagnosed disease or Laboratory evidence of immunity or Prior receipt of vaccine	See Measles Note
Rubella	Physician diagnosed disease or Laboratory evidence of immunity or Prior receipt of vaccine	See Measles Note
Tetanus-diphtheria (Tdap)	None available	All current employees must demonstrate compliance for vaccine (via Tdap) by June 30, 2008
Varicella	Personal history of VZV infection or Laboratory evidence of immunity (if history negative or uncertain) or Prior receipt of 2 doses of vaccine separated by at least 1 month	
Tuberculosis (TST)	Two steps within first 10 days of employment and Annual Options: Symptom Review or Screening	

Vaccine	Demonstration of Immunity	Notes
Influenza Vaccine	Required annually	
COVID-19	<p>Requires all doses in a primary series of a COVID-19 vaccine authorized or approved in the United States, including:</p> <p>Pfizer-BioNtech (2 doses of vaccine); OR Moderna (2 doses of vaccine); OR Johnson & Johnson's Janssen (1 dose of vaccine); OR Novavax (2 doses of vaccine)</p> <p>Booster recommended for individuals >50 years old. Must also report whether a booster was received or not.</p>	

Dental School

Vaccine	Demonstration of Immunity	Notes
Hepatitis B	<p>Laboratory evidence of immunity</p> <p>or</p> <p>Prior receipt of three doses of vaccine with appropriate scheduled</p> <p>or</p> <p>Signed OSHA declination</p>	
Tuberculosis (TST)	<p>Two steps within first 10 days of employment and</p> <p>Strongly recommended annually thereafter</p>	
Influenza Vaccine	Required annually	
COVID-19	<p>Requires all doses in a primary series of a COVID-19 vaccine authorized or approved in the United States, including:</p> <p>Pfizer-BioNtech (2 doses of vaccine); OR Moderna (2 doses of vaccine); OR Johnson & Johnson's Janssen (1 dose of vaccine); OR Novavax (2 doses of vaccine)</p> <p>Booster recommended for individuals >50 years old. Must also report whether a booster was received or not.</p>	

Laboratory Personnel May Include

Note: Screenings are dependent upon type of research being conducted.

Vaccine	Demonstration of Immunity	Notes
Hepatitis B	<p>Laboratory evidence of immunity</p> <p>or</p> <p>Prior receipt of three doses of vaccine with appropriate scheduled</p> <p>or</p> <p>Signed OSHA declination</p>	This may be indicated based on type of research.
Tuberculosis (TST)	<p>Two steps within first 10 days of employment and</p> <p>Strongly recommended annually thereafter</p>	This may be indicated based on type of research.
Other Vaccinations and/or Serum Storage		This may be indicated based on type of research.

UNC Police

Vaccine	Demonstration of Immunity	Notes
Hepatitis B	Laboratory evidence of immunity or Prior receipt of three doses of vaccine with appropriate scheduled or Signed OSHA declination	
Tuberculosis (TST)	Two steps pre-employment screening	

Environment, Health and Safety

Vaccine	Demonstration of Immunity	Notes
Hepatitis B	Laboratory evidence of immunity or Prior receipt of three doses of vaccine with appropriate scheduled or Signed OSHA declination	
Tuberculosis (TST)	Two steps within first 10 days of employment and Strongly recommended annually thereafter	

Facilities Services

Vaccine	Demonstration of Immunity	Notes
Hepatitis B	Laboratory evidence of immunity or Prior receipt of three doses of vaccine with appropriate scheduled or Signed OSHA declination	
Hepatitis A	Receipt of two vaccines within an appropriate schedule	For University Plumbers

DCM

Vaccine	Demonstration of Immunity	Notes
Hepatitis B	Laboratory evidence of immunity or Prior receipt of three doses of vaccine with appropriate scheduled or Signed OSHA declination	
Tuberculosis (TST)	Two steps within first 10 days of employment and Strongly recommended annually thereafter	
TD or Tdap	Vaccination every 10 years	
Measles (Rubeola)	History of Adult booster	

Contact Information

Policy Contact

Environment, Health & Safety
1120 Estes Drive
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Environment, Health and Safety

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UNC
SCHOOL OF MEDICINE

THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

TEACCH—CAROLINA LIVING AND LEARNING CENTER

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January 19, 2023

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh NC 27699-2718

Re: Recertification Survey January 4, 2023
Carolina Living and Learning Center, 325 Russet Run, Pittsboro NC 27312
Provider Number 34G159
MHL# 019-007
Email Address: jemma_grindstaff@med.unc.edu

To the Mental Health Licensure and Certification Section:

In response to your January 12, 2023 letter from Esther Moore, BSW, QIDP, with Form CMS-2567 summarizing two standard deficiencies cited from our recertification survey of January 4, 2023, I am enclosing our Plan of Correction and signed CMS-2567 form.

Please let me know if any further information is needed at this time.

Thank you,

Jemma Grindstaff, Ph.D.
Clinical Director
Carolina Living and Learning Center