STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086001	A. BUILDING: _____ B. WING _____	01/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL CARE	139 APEX LANE MOUNT AIRY, NC 27030 County: Surry

(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
D 000	Initial Comments The Adult Care Licensure Section and the Surry County Department of Social Services conducted an annual survey on 01/21/15 and 01/22/15.	D 000	The RN consultant performed a TB skin test for Staff C on 1-22-15. Which was negative. The administrator-in-charge will assure that all new employees receive the TB skin test upon hire. The supervisor-in-charge will do monthly checks on employee files to ensure all employees receive a TB screen. Staff C's TB test was completed and read by 1-25-15.	
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with 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, NC 27699-1902. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 3 staff (Staff C) sampled were tested upon employment for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. The findings are: Review of Staff C's personnel file revealed: - She had worked at the facility previously, from June 2012 through December 2012. - She was re-hired at the facility as a Medication Aide (MA) and Nurse Aide (NA) on 08/31/13. Review of Staff C's personnel record revealed documentation of TB skin test placement during her previous employment at the facility which included:	D 131		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: David Payne — TITLE: Co-Administrator — (X6) DATE

POC Approved per K. Parsons 02-11-2015 /ls

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086001	A. BUILDING: _____ B. WING _____	01/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL CARE	139 APEX LANE MOUNT AIRY, NC 27030

(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
D 131	Continued From page 1 - A TB skin test placed on 07/04/12 and read as 0 mm (negative) on 07/06/12. - A TB skin test placed on 07/11/12 and read as 0 mm on 07/13/12. Further review of Staff C's personnel record revealed: - A TB Screening, performed on 09/20/13, indicating that she had a prior positive TB skin test and that she had no symptoms of TB at that time. - No documentation of a chest x-ray, which is performed with a positive TB skin test. - No documentation of the actual reading of the prior positive TB skin test. Interview on 01/22/15 at 9:45 am with the Supervisor revealed: - There was no additional TB skin test documentation available for Staff C. - There was no chest x-ray interpretation available for Staff C. Interview on 01/22/15 at 1:30 pm with the Registered Nurse who performed the TB screening dated 09/20/13 revealed: - She did not recall performing TB screening. - She must have asked Staff C to provide proof of the prior positive TB skin test and the chest x-ray. - She would have performed the TB skin test had she not been informed of a prior positive TB skin test. Interview on 01/22/15 at 9:25 am with Staff C revealed: - She recalled having the two TB skin tests in 2012. - She remembered having two more TB skin test after she was rehired in 2013. - She never had a positive TB skin test.	D 131		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086001	A. BUILDING: _____ B. WING _____	01/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL CARE	139 APEX LANE MOUNT AIRY, NC 27030

(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
D 187	10A NCAC 13F .0604 (d) Personal Care And Other Staffing 10A NCAC 13F .0604 Personal Care And Other Staffing (d) Homes with capacity or census of 13-20 shall comply with the following staffing. When the home is staffing to census and the census falls below 13 residents, the staffing requirements for a home with 12 or fewer residents shall apply. (1) At all times there shall be an administrator or administrator-in-charge in the home or within 500 feet of the home with a means of two-way telecommunication. (2) When the administrator or administrator-in-charge is not on duty within the home, there shall be at least one staff member on duty on the first, second and third shifts. (3) When the administrator or administrator-in-charge is on duty within the home, another staff member (i.e. co-administrator, administrator-in-charge or aide) shall be in the building or within 500 feet of the home with a means of two-way telecommunication at all times. (4) The job responsibility of the staff member on duty within the home is to provide the direct personal assistance and supervision needed by the residents. Any housekeeping duties performed by the staff member between the hours of 7 a.m. and 9 p.m. shall be limited to occasional, non-routine tasks. The staff member may perform housekeeping duties between the hours of 9 p.m. and 7 a.m. as long as such duties do not hinder care of residents or immediate response to resident calls, do not disrupt residents' normal lifestyles and sleeping patterns and do not take the staff member out of view of where the residents are. The staff member on	D 187	The administrator-in-charge shall in-service all staff regarding job responsibility and duties. Staff providing direct personal assistance will refrain from housekeeping and food services tasks that could potentially hinder care provided to the residents. Staff will also refrain from tasks that would interfere with immediate responses to residents needs as well as, residents sleep patterns. The administrator-in-charge shall do routine checks to ensure the above is only in compliance work. The supervisor-in-charge will monitor all job duties an appropriate tasks on a daily basis. The in-service will be completed by 2-6-15.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086001	A. BUILDING: _____ B. WING _____	01/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL CARE	139 APEX LANE MOUNT AIRY, NC 27030

(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
D 187	Continued From page 3 duty to attend to the residents shall not be assigned food service duties. (5) In addition to the staff member(s) on duty to attend to the residents, there shall be staff available daily to perform housekeeping and food service duties. This Rule is not met as evidenced by: Based on review of staff schedules, interviews and observation, the facility failed to limit the housekeeping duties performed by one staff member (Staff A, a Nurse Aide) between the hours of 7 am and 9 pm to occasional, non-routine tasks. The findings are: Review of documentation provided by the Administrator on 01/21/15 revealed a current census of 14 residents. Review of the schedule provided by the facility for the dates of 01/21/15 and 01/22/15 revealed no housekeeping staff scheduled. Interview on 01/21/15 at 3:45 pm with Staff A revealed: - She had been employed at the facility for 14 years as a Nurse Aide (NA). - She worked 40 hours per week, between the hours of 8:00 am and 4:00 pm. - The facility did not employ a housekeeper. - As part of her daily duties, she "picked up resident's rooms when I am in there". - She changed all the linens on all the beds, as needed, as well as on Sundays. - She wiped mirrors and cleaned sinks in residents rooms daily.	D 187		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086001	A. BUILDING: _____ B. WING _____	01/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL CARE	139 APEX LANE MOUNT AIRY, NC 27030

(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
D 187	Continued From page 4 - She did laundry daily. - 2nd Shift staff cleaned the staff restrooms and swept and mopped the short hall. - 3rd Shift staff cleaned the shared resident bathrooms and swept and mopped the 2 long halls. Interview on 01/22/15 at 10:15 am with Staff A revealed she swept and mopped resident's rooms daily as needed during her regular work day. Interview on 01/21/15 at 4:25 pm with the Supervisor revealed: - The facility did not have housekeeping staff, the NAs perform housekeeping duties. - The 1st shift NA "straightened up" and mopped resident rooms. - The 2nd shift NA cleaned the dayroom, the short hallway and the staff rest rooms. - The 3rd shift NA cleaned the main halls and the resident restrooms. Interview on 01/22/14 at 10:40 am with Resident #1 revealed: - Staff A "straightens my room and mops my floor every day". - Staff A changed his bed linens a couple of times every week. Interview on 01/22/14 at 10:20 am with the Administrator revealed: - The facility did not have a designated housekeeper, housekeeping duties were divided between the three shifts. - The 1st shift NA wiped down the sink and mirror, and straightened resident rooms daily. She would also sweep and mop as needed. - The 2nd shift NA cleaned the resident bathrooms. - The 3rd shift NA mopped and swept the main	D 187		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086001	A. BUILDING: _____ B. WING _____	01/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL CARE	139 APEX LANE MOUNT AIRY, NC 27030

(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
D 187	Continued From page 5 halls.	D 187	The administrator-in-charge obtained the correct servings of fruit on 1-22-15. The dietary manager will check daily and recorded that each resident is receiving the correct amount of fruit serving, along with the correct beverage of choice and correct serving size. The administrator-in-charge will do weekly checks to assure each resident is receiving the correct amount of fruit serving. The dietary manager shall be in-serviced by the administrator-in-charge to assure each resident is receiving the correct amount of fruit serving, completion by 2-6-2015.	
D 300	10A NCAC 13F .0904(d)(3)(B) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (B) Fruit: Two servings of fruit (one serving equals 6 ounces of juice; ½ cup of raw, canned or cooked fruit; 1 medium-size whole fruit; or ¼ cup dried fruit). One serving shall be a citrus fruit or a single strength juice in which there is 100% of the recommended dietary allowance of vitamin C in each six ounces of juice. The second fruit serving shall be of another variety of fresh, dried or canned fruit. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure two fruit servings, which included a citrus fruit or a single strength juice were served as listed on the facilty menu. The findings are: Review of the facility Week-At-A-Glance menu used for the week including 01/21/14 revealed a beverage of choice was to be offered at each breakfast meal. No serving size was listed on the menu. Observation on 01/21/14 at 11:40 am of the facility's food supply revealed: - No orange juice.	D 300		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086001	A. BUILDING: _____ B. WING _____	01/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL CARE	139 APEX LANE MOUNT AIRY, NC 27030

(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
D 300	Continued From page 6 - No oranges or other citrus fruit. - 6 unopened gallons and 1 opened gallon of mango punch. Observation of the mango punch label revealed: - 100% daily value of Vitamin C. - Serving size 8 ounces. - 60 calories per serving. - Less than 1% juice. - Ingredients included water, high frutose corn syrup, orange juice from concentrate and mango juice from concentrate. Interview on 01/21/14 at 5:05 pm with the Dining Services Manager revealed: - She had worked at the facility for 7 years. - She ordered the food supply based on the upcoming menu and the current available supply of food. - The food truck arrived on Tuesdays. Interview on 01/22/14 at 8:20 am with the Dietary Consultant revealed: - She came to the facility to provide assistance at the facility several times each year. - The breakfast beverage of choice included milk, coffee and water. - The facility used the mango punch as orange juice. - The residents who requested orange juice received mango punch. Interview on 01/22/14 at 8:25 am with the Dining Services Manager revealed: - 13 residents received mango punch for breakfast this morning. - She "never" ordered regular orange juice because the residents did not like it and did not drink it. - She purchased the mango punch locally and did	D 300		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086001	A. BUILDING: _____ B. WING _____	01/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL CARE	139 APEX LANE MOUNT AIRY, NC 27030

(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
D 300	Continued From page 7 not purchase any other kind or brand of orange juice. - She never ordered fresh oranges or other citrus fruit because the residents did not like them and would not eat them.	D 300		

Shook, Linda

From: Parsons, Darleena K
Sent: Wednesday, February 11, 2015 1:08 PM
To: branchs@co.surry.nc.us
Cc: Shook, Linda
Subject: Approved POC
Attachments: CENTRAL CARE 2015-02-09 POC-5NJ211 REVIEW.pdf

Please find attached approved POC.

Darleena Kaye Parsons, RN
N.C. Department of Health and Human Services
Adult Care Licensure Section – Division of Health Service Regulation
Lexington Region – Home Based
12 Barbetta Drive, Asheville, North Carolina 28806
Courier Service: #03-23-11
Phone: 910-986-3412
Fax: 704-986-2204
kaye.parsons@dhhs.nc.gov
www.ncdhhs.gov/dhrs/acls