PRINTED: 08/14/2015
FORM APPROVED

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
	FCL035029	A. BUILDING: _____ B. WING _____	08/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER HEALTHCARE #2	113 JUSTICE STREET LOUISBURG, NC 27549

(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
C 000	Initial Comments The Adult Care Licensure Section completed an Annual and Follow-up Survey on 8/07/15.	C 000	1. Resident #1 had TB Skin test on 7/16/13 and read negative on 7/19/13. The second step was not found or verified by Pioneer Healthcare when it took over management on 4/1/14. Resident #1 has since repeated the TB Skin test on 8/11/15 and read negative on 8/14/15 The second step was placed 8/24/15 and will be read 8/27/15. The administrator will make sure all new residents have the requred TB Skin tests done. A Log of all new residents and the requirements will be kept. The register Assessment for resident #1 has been changed to the current facility.	DOC 9/21/15 KM
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family 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. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 3 sampled residents (#1) was tested for tuberculosis disease (TB) in compliance with the control measures adopted by the Commission for Health Service. The findings are: Review of the current FL-2 dated 10/13/14 for Resident #1 revealed the resident was admitted to the facility on 7/16/13. Review of Resident #1's Resident Register listed an admission date of 7/16/13 but it was for another facility. Review of the record for Resident #1 revealed: - There was documentation of a TB skin test placed on 7/16/13 and read as negative on 7/19/13.	C 202		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Bridget Dunn — TITLE: Administrator — (X6) DATE: 8-26-15

STATE FORM 6899 DG3111 If continuation sheet 1 of 6

9/15/15 Approved c TC addendum KMiller

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C 202	Continued From page 1 - There was no other documentation of TB testing in the record. Interview on 8/07/15 at 11:32 a.m. with the Supervisor-In-Charge (SIC) revealed: - Resident #1's TB testing should be in the record. - This facility opened about a year or so ago and this resident was in this facility before the current owner took over. - The Administrator / Owner was not available to ask about the TB test at this time. - The SIC would look for the other TB test in the records. Resident # 1 was not available for interview. No further TB testing was provided by the end of the survey.	C 202	Tag C202 9/15/15 TC addendum c Administrator. 1st Step TST prior to admission. Administrator will make appointment for resident for 2nd step upon admission & place on appointment calendar. Administrator will review all new pt. records to assure TB tests are documented & complete. Date of Correction 9/21/15 KMiles RN Cam	
C 230	10A NCAC 13G .0801(a) Resident Assessment 10A NCAC 13G .0801 Resident Assessment (a) A family care home shall assure that an initial assessment of each resident is completed within 72 hours of admission using the Resident Register. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure initial assessments of 3 of 3 sampled residents (#1, #2, #3) were completed within 72 hours of admission to the facility using the Resident Register. The findings are: 1. Review of the current FL-2 dated 10/13/14 revealed an admission date of 7/16/13 for Resident #1.	C 230		

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C 230	Continued From page 2 Review of the record for Resident #1 revealed: - A Resident Register Assessment dated 7/16/13 in the record identified it was for a different facility. - There was no 72 hour Resident Register Assessment in the record from the facility. Refer to the interview on 8/07/15 at 11:32 a.m. with the Supervisor-In-Charge (SIC). 2. Review of the current FL-2 dated 4/28/15 revealed an admission date of 10/08/10 for Resident #2. Review of the record for Resident #2 revealed: - A Resident Register Assessment dated 10/08/10 in the record identified it was for two different facilities. - The Resident Register had the original facility name on it and it had been crossed out and a new name was written in but it was not the current facility name. - There was no Resident Register Assessment in the record from the facility. Refer to the interview on 8/07/15 at 11:32 a.m. with the Supervisor-In-Charge (SIC). 3. Review of the current FL-2 dated 04/27/15 revealed an admission date of 9/15/09 for Resident #3. Review of the record for Resident #3 revealed: - A Resident Register Assessment dated 9/14/09 in the record identified it was for a different facility. - There was no Resident Register Assessment in the record from the facility.	C 230	2. The Resident Register for Resident #2 has been updated with the current facility information. The administrator will keep a log of all admission requirements and make sure that all paperworks are completed. 3. The Resident Register for #3 Resident has been updated with the current facility information. 4. The staff record was locked up in a file cabinet in administrator's office. Since the survey the staff record has been located at the location where the staff is working. The administrator will ensure that staff record is present at their work site at all times.	

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C 230	Continued From page 3 Refer to the interview on 8/07/15 at 11:32 a.m. with the Supervisor-In-Charge (SIC). Interview on 8/07/15 at 11:32 a.m. with the SIC revealed: - This facility opened just over a year ago. - Residents in the facility were here before the current Administrator / Owner took over. - He did not know why there were no Resident Register Assessments within 72 hours completed for the new Administrator / Owner's facility. - The SIC would look in the facility for the the assessments. - The Administrator / Owner was not available to ask about the Resident Registers at this time.	C 230	9/16/15 Tag 230 Telephone Addendum All new resident records will be pulled by Administrator to ensure a Resident Register is completed upon admission with the current facility. DOC 9/21/15 kmiles	
C 443	10A NCAC 13G .1212 Record of Staff Qualifications 10A NCAC 13G .1212 RECORD OF STAFF QUALIFICATIONS A family care home shall maintain records of staff qulaifications required by the rules in Section .0400 of this Subchapter in the facility. When there is an approved cluster of licensed facilities, these records may be kept in one location among the clustered facilities. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure records of staff qualifications required by the rules in Section	C 443		

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C 443	Continued From page 4 .0400 of this Subchapter for 1 of 1 staff (A) were maintained in the facility. The findings are: Interview on 8/07/15 at 10:15 a.m. with the Supervisor-In-Charge (SIC) revealed: - The SIC had started working in the facility on 7/01/15 as a live-in medication aide/personal care aide. - His job duties included cooking, cleaning and passing medications. - He said he had care of the diabetic training and had 15 hours of medication administration training and was scheduled to take the written medication exam on 9/11/15. - The SIC had some documentation of his qualifications. - He had a current cardio-pulmonary resuscitation card (CPR) and Tuberculosis (TB) screening. - His other staff qualifications were not in the facility, but were in the office of the Administrator / Owner in another location. - He did not have access to the documentation of facility staff qualifications records in the office. - There were no other staff working in this facility except the Administrator / Owner who was a registered nurse. - The Administrator / Owner was not available to obtain the staff records at this time. Review of the SIC's personal staff qualification record revealed: - CPR dated 9/15/13 - 9/15/15. - Tuberculosis (TB) skin testing dated 10/14/14 - 10/16/14 read as negative and another TB skin test dated 7/10/15 as negative. - There was no documention of a criminal history background check; no North Carolina Health Care Personnel Registry check; no screening for controlled substances; and no documentation of	C 443	The S/C Personal staff qualification record includes criminal history background check - North Carolina Healthcare Personnel registry - controlled substances check - ISLr medication training record. All these are in S/C's personal record which was locked up in a file cabinet at the administrator's office. - copies will be faxed if needed. C443 9/10/16 T.C: Addendum 2 Administrator all staff records are in the facility at all times now Admin. shall ensure they are present. ~~If asked by surveyor or monitors~~ unit call facility staff to notify where records are secured & Administrator not able to be at facility w/in 30min of request. DLC 9/21/15 KMiller	

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C 443	Continued From page 5 his nursing assistant training ; no documentation of 15 hour medication administration training	C 443		