STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011327	A. BUILDING: _____ B. WING _____	R 10/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUNDVIEW ASSISTED LIVING # 1	36 SMITH GRAVEYARD ROAD ASHEVILLE, NC 28806

(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 An annual survey was conducted with the Adult Care Licensure Section and Buncombe County Department of Social Services on 10/28/15-10/29/15.	{C 000}	TB Test completed for staff A. Administration will utilize a checklist and add reminders to calendar for due dates to ensure TB Testing is completed according to state regulations for all staff. Audits of personnel files will be conducted on a sample at least every 6 months to ensure all documents are in file and available for review.	11/17/15
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, 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. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 2 staff (Staff A) 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 A's personnel record revealed: -Staff A was hired on 8/1/15 as a Medication	C 140		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Justin Ly

TITLE: Administrator

(X6) DATE: 11/17/2015

Reviewed and accepted rm 11/20/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 140	Continued From page 1 Aide/Supervisor-in-Charge. -A tuberculosis (TB) skin test given 7/22/15 with negative results. -No documentation of second TB skin test. During an interview on 10/28/15 at 12:45pm with Staff A revealed: -She started working at the facility the first of August 2015. -She worked as a live in staff member at the facility. -She stated she could not remember if she had the TB skin test or not but she thought she may have before she actually started living at the facility. Interview with the Property Manager on 10/28/15 at 2:30 pm revealed: -Staff A had been working at the facility since August 2015. -The Property Manager was responsible for assuring all staffing requirements were met at the time of hiring, including compliance with rules and regulations for family care homes in regards to TB test. -The Property Manager thought Staff A had completed her TB skin test upon employment but was not able to locate documentation for the TB skin test results. -The Property Manager was unable to explain why the second step of the TB testing for Staff A was not completed.	C 140		