

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/14/2016
---	---	--	--

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

ST ANDREWS LIVING CENTER

**246 CABARRUS WEST
CONCORD, NC 28025**

(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 Cabarrus County Department of Social Services conducted an annual survey on 6/14/16.	D 000		
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40; This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure a Criminal Background check was completed prior to hire for 3 of 7 sampled staff (Staff A, C, and D). The findings are: A. Review of Staff A's personnel records revealed: -Staff A was hired on 5/11/16 as a Medication Aide/Supervisor in Charge. -A signed consent for a criminal background check to be completed. -Documentation of a completed criminal background check in Staff A's personnel record dated 5/19/16. Interview on 6/14/16 at 3:55 pm with Staff A revealed she was aware a Criminal Background check was done, but was not aware when or how the facility obtained it. Refer to interview on 6/14/16 at 2:50 pm with the Administrator. B. Review of Staff C's personnel records	D 139		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/14/2016
NAME OF PROVIDER OR SUPPLIER ST ANDREWS LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 246 CABARRUS WEST CONCORD, NC 28025		
(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 139	Continued From page 1 revealed: -Staff C was hired on 10/06/15 as a Certified Nursing Assistant (CNA). -A signed consent for a criminal background check to be completed. -Documentation of a completed criminal background check in Staff C's personnel record dated 10/22/16. Telephone interview on 6/14/16 at 3:50 pm with Staff C revealed: -She was aware the facility obtained a criminal background check when she was hired. -She was not aware when the criminal background had to be performed. Refer to interview on 6/14/16 at 2:50 pm with the Administrator. C. Review of Staff D's personnel records revealed: -Staff A was hired on 9/29/14 as a laundry aide. -A signed consent for a criminal background check to be completed. -Documentation of a completed criminal background check in Staff A's personnel record dated 10/08/14. Attempted interview with Staff D on 6/15/16 at 3:50 pm was unsuccessful. Refer to interview on 6/14/16 at 2:50 pm with the Administrator. Interview on 6/14/16 at 2:50 pm with the Administrator revealed: -She had worked at the facility for 21 years, and had been the Administrator for 8 years. -She was responsible for ordering the Criminal Background checks on potential staff.	D 139		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/14/2016
NAME OF PROVIDER OR SUPPLIER ST ANDREWS LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 246 CABARRUS WEST CONCORD, NC 28025		
(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 139	Continued From page 2 -She was not sure why the Criminal Background checks were not ordered when the staff was hired. -"I had been working various shifts to try to ensure adequate staffing, and I've overlooked office duties. Trying to cover one area and other things I let slide." -She understood that a Criminal Background check was an important part of the hiring process to protect the residents.	D 139		