

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/19/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ELLIOTT'S MANOR 1

10201 CONNELL ROAD

CHARLOTTE, NC 28227

(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 conducted an annual survey on 7/19/16.	C 000		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled staff (Staff C) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) according to G.S. 131E-256. The findings are: Review of Staff C's personnel record revealed: -A hire date of 6/01/16 and employed as a housekeeper. -No documentation of a HCPR check. Observation on 7/19/16 from 8:30am to 2:40pm revealed Staff C was working as the housekeeper performing duties such as sweeping, mopping and cleaning common areas, bedrooms and bathrooms. Interview on 7/19/16 at 2:02 pm with Staff C revealed: -She worked as a housekeeper for the facility. -She had worked at the facility since 06/01/16. -She did not know if the facility checked the	C 145		

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

TITLE

(X6) DATE

STATE FORM

6099

WT11

If continuation sheet 1 of 2

Reviewed & Accepted
8-18-16 JLF

Admin-in-Charge 7-25-16

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER ELLIOTT'S MANOR 1		STREET ADDRESS, CITY, STATE, ZIP CODE 10201 CONNELL ROAD CHARLOTTE, NC 28227			
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C 145	Continued From page 1 Health Care Personnel Registry (HCPR) prior to her hiring. Interview with the Supervisor in Charge on 7/19/16 at 1:24 pm revealed: -She was responsible for obtaining and reviewing a HCPR check prior to employees being hired. -She knew she had completed a HCPR check on Staff C but could not recall if she printed the HCPR. -She knew she had to obtain a HCPR on all staff including contracted employees. Further interview with the Supervisor in Charge on 7/19/16 at 1:50 pm revealed: -She did a HCPR check on Staff C today and "it was clear". -She was going to utilize a hiring checklist to ensure that HCPR checks were done prior to employees being hired as well as write down the confirmation number so it could be referenced in the case the HCPR was misplaced. Attempted telephone interview with the Administrator on 7/19/16 at 2:44 pm was unsuccessful. Interview with 2 residents revealed they had no complaints or concerns with care or services provided by Staff C.	C 145	In order to prevent this error in the future we have set in place as a facility policy to document all HCPR check confirmation numbers on all staffs perpetual staff log. This way any misplaced HCPR check can be confirmed. The confirmation number will also now be made a part of our new hire check list. <i>Kelliott</i> 7-25-16 This new policy will be handled now and in the future by the office manager. It will be the office manager's responsibility to follow through with said policy.		7-25-16