STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL078068	A. BUILDING: _____ B. WING _____	10/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBRIER OF FAIRMONT	703 S. WALNUT STREET FAIRMONT, NC 28340

(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 conducted an annual survey on 10/26/16 through 10/28/16.	D 000		
D992	G.S.§ 131D-45 (a) Examination and screening G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening.	D992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL078068	A. BUILDING: _____ B. WING _____	10/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBRIER OF FAIRMONT	703 S. WALNUT STREET FAIRMONT, NC 28340

(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
D992	Continued From page 1 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure examination and screening for the presence of controlled substances were performed for 7 of 7 sampled staff (Staff A, D, F, G, H, I and J) hired after 10/01/13. The findings are: Review of the facility's pre-employment drug testing procedures and policy revealed: -Effective 10/01/13, all candidates who have received a written contingent offer of employment will be required to undergo testing for commonly abused controlled substances. -All testing will be conducted on site by the Administrator, Resident Care Coordinator (RCC), or Memory Care Coordinator, who will follow established testing standards. -All records concerning test results will be kept in medical files which are maintained separately from the licensee personnel files. -All testing information must be maintained in a separate, confidential file of employee medical information. 1. Review of Staff A's personnel file revealed: -Staff A was hired as a nursing assistant (NA) and medication aide (MA) on 9/05/14. - A signed consent form for a urine drug screen was in a sealed envelope. - There was no documentation of the urine controlled substance exam and screening being completed. A controlled substance screening was not provided for Staff A before the end of the survey.	D992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL078068	A. BUILDING: _____ B. WING _____	10/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBRIER OF FAIRMONT	703 S. WALNUT STREET FAIRMONT, NC 28340

(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
D992	Continued From page 2 Staff A was not available for interview. Refer to interview with the facility's office manager on 10/28/16 at 2:30pm. Refer to the interview with the facility's Administrator on 10/28/16 at 2:40pm. Refer to interview with the facility's RCC on 10/28/16 at 2:55pm. Refer to interview with the facility's Quality Management Specialist on 10/28/16 at 3:05pm. 2. Review of Staff D's personnel file revealed: -Staff A was hired as an NA on 9/15/14. - A signed consent form for a urine drug screen was in a sealed envelope. - There was no documentation of the urine controlled substance exam and screening being completed. A controlled substance screening was not provided for Staff D before the end of the survey. Staff D was not available for interview. Refer to interview with the facility's office manager on 10/28/16 at 2:30pm.	D992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL078068	A. BUILDING: _____ B. WING _____	10/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBRIER OF FAIRMONT	703 S. WALNUT STREET FAIRMONT, NC 28340

(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
D992	Continued From page 3 Refer to the interview with the facility's Administrator on 10/28/16 at 2:40pm. Refer to interview with the facility's RCC on 10/28/16 at 2:55pm. Refer to interview with the facility's Quality Management Specialist on 10/28/16 at 3:05pm. 3. Review of Staff F's personnel file revealed: -Staff F was hired as a personal care assistant (PCA) on 12/01/15. - A signed consent form for a urine drug screen was in a sealed envelope. - There was no documentation of the urine controlled substance exam and screening being completed. A controlled substance screening was not provided for Staff F before the end of the survey. Staff F was not available for interview. Refer to interview with the facility's office manager on 10/28/16 at 2:30pm. Refer to the interview with the facility's Administrator on 10/28/16 at 2:40pm. Refer to interview with the facility's RCC on 10/28/16 at 2:55pm.	D992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL078068	A. BUILDING: _____ B. WING _____	10/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBRIER OF FAIRMONT	703 S. WALNUT STREET FAIRMONT, NC 28340

(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
D992	Continued From page 4 Refer to interview with the facility's Quality Management Specialist on 10/28/16 at 3:05pm. 4. Review of Staff G's personnel file revealed: -Staff G was hired as an MA on 02/03/16. - A signed consent form for a urine drug screen was in a sealed envelope. - There was no documentation of the urine controlled substance exam and screening being completed. A controlled substance screening was not provided for Staff G before the end of the survey. Interview with Staff G on 10/28/16 at 5:10pm revealed: Staff G was hired as a Medication Aide on 02/03/16. -The RCC performed the drug screening on date of hire. -The results of the drug test were negative Refer to interview with the facility's office manager on 10/28/16 at 2:30pm. Refer to the interview with the facility's Administrator on 10/28/16 at 2:40pm. Refer to interview with the facility's RCC on 10/28/16 at 2:55pm. Refer to interview with the facility's Quality	D992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL078068	A. BUILDING: _____ B. WING _____	10/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBRIER OF FAIRMONT	703 S. WALNUT STREET FAIRMONT, NC 28340

(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
D992	Continued From page 5 Management Specialist on 10/28/16 at 3:05pm. 5. Review of Staff H's personnel file revealed: -Staff H was hired as a personal care aide (PCA) on 05/03/16. - A signed consent form for a urine drug screen was in a sealed envelope. - There was no documentation of the urine controlled substance exam and screening being completed. A controlled substance screening was not provided for Staff H before the end of the survey. Interview with Staff H on 10/28/16 at 5:22pm revealed: Staff J was hired as a PCA on the memory care unit on 05/03/16. -The facility's RCC performed the urine drug screen on date of hire. -The results of the drug test were negative Refer to interview with the facility's office manager on 10/28/16 at 2:30pm. Refer to the interview with the facility's Administrator on 10/28/16 at 2:40pm. Refer to interview with the facility's RCC on 10/28/16 at 2:55pm. Refer to interview with the facility's Quality Management Specialist on 10/28/16 at 3:05pm.	D992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL078068	A. BUILDING: _____ B. WING _____	10/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBRIER OF FAIRMONT	703 S. WALNUT STREET FAIRMONT, NC 28340

(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
D992	Continued From page 6 6. Review of Staff I's personnel file revealed: -Staff I was hired as the Maintenance Supervisor on 05/23/16. - A signed consent form for a urine drug screen was in a sealed envelope. - There was no documentation of the urine controlled substance exam and screening being completed. A controlled substance screening was not provided for Staff I before the end of the survey. Interview with Staff I on 10/28/16 at 5:15pm revealed: Staff I was hired as the facility's Maintenance Supervisior on 05/23/16. -The facility's Office Manager performed the urine drug screen on date of hire. -The results of the drug test were negative Refer to interview with the facility's office manager on 10/28/16 at 2:30pm. Refer to the interview with the facility's Administrator on 10/28/16 at 2:40pm. Refer to interview with the facility's RCC on 10/28/16 at 2:55pm. Refer to interview with the facility's Quality Management Specialist on 10/28/16 at 3:05pm. 7. Review of Staff J's personnel file revealed:	D992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL078068	A. BUILDING: _____ B. WING _____	10/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBRIER OF FAIRMONT	703 S. WALNUT STREET FAIRMONT, NC 28340

(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
D992	Continued From page 7 -Staff J was hired as a PCA on 06/23/16. - A signed consent form for a urine drug screen was in a sealed envelope. - There was no documentation of the urine controlled substance exam and screening being completed. A controlled substance screening was not provided for Staff J before the end of the survey. Interview with Staff J on 10/28/16 at 5:18pm revealed: -Staff J was hired as a PCA on the memory care unit on 06/23/16. -The RCC performed the urine drug screen on date of hire. -The results of the drug test were negative Refer to interview with the facility's office manager on 10/28/16 at 2:30pm. Refer to the interview with the facility's Administrator on 10/28/16 at 2:40pm. Refer to interview with the facility's RCC on 10/28/16 at 2:55pm. Refer to interview with the facility's Quality Management Specialist on 10/28/16 at 3:05pm. _____ Interview with the facility's office manager on 10/28/16 at 2:30pm revealed: -All drug test results were kept in a sealed	D992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL078068	A. BUILDING: _____ B. WING _____	10/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBRIER OF FAIRMONT	703 S. WALNUT STREET FAIRMONT, NC 28340

(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
D992	Continued From page 8	D992		

envelope in the staff's personnel file with "Confidential" documented on the front.
-Staff drug testing was done by the resident care coordinator (RCC).
-The Officer Manager opened a sealed envelope in Staff A's personnel file and the only document found in the envelope was a signed consent for drug testing.
-There was no other documentation of drug testing results.

Interview with the facility's Administrator on 10/28/16 at 2:40pm revealed:
-According to facility policy, the documented results of drug testing should be placed in a sealed envelope (marked confidential) and kept in the staffs ' personnel file.
-The facility's RCC completed all potential employee's drug testing " in house " and immediately inform the Administrator of the results.
-The results were documented on a form which came with the drug testing kits and signed and dated by the tester.
-The Administrator was not aware the results of the drug testing were not placed in a sealed envelope and kept in the employee's personnel file.

Interview with the facility's RCC on 10/28/16 at 2:55pm revealed:
-She had been trained to complete drug testing (unsure of date) and had been completing potential employees ' pre-employment drug testing for 2-3 years.
-She completed all urine drug testing with all potential employees before hire.
-Anyone who had a positive drug test was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL078068	A. BUILDING: _____ B. WING _____	10/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBRIER OF FAIRMONT	703 S. WALNUT STREET FAIRMONT, NC 28340

(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
D992	Continued From page 9 referred to the Administrator who made decision if ant follow-up was needed. -She reviewed all results and relayed all results to the Administrator. -She has never documented results of the drug testing on the forms which came with the drug test kits. -She was not aware the forms had to be completed with the drug testing. -She had completed at least 19 drug test with potential employees in 2016 and there were no positive results. Interview with the facility's Quality Management Specialist on 10/28/16 at 3:05pm revealed: -The RCC should be following facility policy on drug testing which included completion of "Urine Drug Screen Result " form immediately after drug testing was completed. -The tester should sign and date (with time also) the form to certify the results of the test. -The form should be reviewed by the Administrator to confirm negative or positive results. -The completed form should be kept in the employee's personnel file in a sealed envelope. -Since there were no documentation of drug test results, all employees who required drug testing before hire will be tested as soon as possible.	D992		