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
	HAL034003	A. BUILDING: _____ B. WING _____	04/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERRA SPRINGS AT HERITAGE WOODS	3812 FORESTGATES DRIVE WINSTON SALEM, NC 27103

(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 and a Follow-up survey on April 25, 2017.	D 000		
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and 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. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 1 of 5 sampled staff (Staff A) was 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 file revealed: -Staff A was hired on 2/7/15 as a Personal Care Aide/Medication Aide. -There was documentation of a TB skin test administered on 2/6/15 and read on 2/8/15 as negative. -There was no further documentation of a second TB skin test. Interview on 4/25/17 at 12:50 pm with Staff A revealed:	D 131	Staff A had a "first step" TB entered on 4/26/17. The "2nd step will be administered by 5/20/17. The Executive Director and the Assisted Living Director will audit all associated records to ensure that all associates are in compliance with the regulation. The ED and the ALD will ensure that anyone who is not in compliance is brought into compliance by 6/30/17. The Assisted Living Director will be responsible to ensure that we are incompliance with the regulation. First step will be prior to hire, and 2nd step will be within 30 days. The ALD and ED will be responsible to ensure there is a tickler file associated with on-boarding to track	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Executive Director (X6) DATE: 4/28/17

Jeanne S Robinson RN 04/28/17 POC Reviewed and Acknowledged

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D 131	Continued From page 1 -She recalled having one TB skin test administered since her employment at the facility. -She did recall having a TB skin test administered at her previous employers. Interview on 4/25/17 at 1:00 pm with the Executive Director revealed: -She was not aware Staff A did not have a second TB skin test administered since her employment at the facility. -She was aware all staff were required to have two TB skin tests upon employment at the facility. -The ED was responsible for overseeing staff records for the completion and updates of documents and forms. -She would immediately have the facility nurse to administer a second TB skin test to Staff A.	D 131	compliance to TB regulations. We will also monitor compliance to this regulation with annual HR audits. This entire regulation and plan will be monitored by the Assisted Living Director with support from the Executive Director.	