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
	HAL077010	A. BUILDING: _____ B. WING _____	R 01/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMLET HOUSE	632 FREEMAN MILL ROAD HAMLET, NC 28345

(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 Richmond County Department of Social Services conducted an annual and follow-up survey on January 24-26, 2018.	D 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Actions Report, the Plan of Corrections is prepared solely as a matter of compliance with state law.	
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 review, the facility failed to assure 1 of 3 sampled staff (A) were tested for tuberculosis(TB) disease in compliance with the control measures adopted by the commission for health services. The findings are: Review of Staff A's employee record revealed: -There was a hire date of 8/24/2015. -Staff A had one documented PPD (TB Skin Test) on 8/26/2015, which was read as negative on 8/28/2015. -There was no documentation of a second TB Skin Test. Interview with Staff A on 1/26/2018 at 12:48pm revealed she did not know if she had a second TB Skin Test.	D 131	BOM will be responsible for auditing all personnel files to assure that TB test are complete . All new hires must have their 1st step TB before hiring and must get their 2nd step within 2 weeks after hire. Perpetual log will be updated and ED will monitor personnel charts 1X month for two months and then every quarter.	1/27/18 ongoing 1/27/18 ongoing

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Shelley Kelly | TITLE: Administrator & Director of Nursing | (X6) DATE: 4-2-18

Reviewed and accepted
4/2/18
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D 131	Continued From page 1 Interview with the Administrator in training on 1/26/2018 at 1:02 pm revealed: -She was unable to locate a second TB Skin Test for Staff A. -She was responsible for making sure employees had there 2 step TB testing done.	D 131	2nd step TB test was administered on 1/11/18.	1/11/18
D 161	10A NCAC 13F .0504(a) Competency Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task (a) An adult care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 2 of 3 non-licensed staff sampled (A, C) had been competency validated for licensed health professional support task including medication administration by injection, testing of fingerstick blood sugars, oxygen administration, monitoring, inhalation medication by machine, assisting residents with ambulation, and transferring semi-ambulatory and non-ambulatory residents.. The findings are: 1. Review of Staff A's employee record revealed:	D 161	The RCC will be responsible for notifying LHPS nurse of all new hires in need of LHPS check offs. LHPS check offs will be done on first day of employment. BOM will ensure completed LHPS check offs are placed in staff file. The ED will monitor 1 X a month for one month and then every quarter for compliance.	1/27/18 ongoing 1/27/18 ongoing

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D 161	Continued From page 2 -There was a hire date of 8/24/2016. -Staff A's job title was Medication Aide/Personal Care Assistant. -There was no licensed health professional support (LHPS) competency validation for Staff A. Interview with Staff A on 1/26/2018 at 12:48pm revealed: -She had a LHPS check off done before, maybe in 2013 when she previously worked at the facility. -She administered medications at the facility. -She applied bandages, did finger sticks, assisted residents with inhalers and breathing treatments, changed and adjusted oxygen, assisted residents with ambulation and transferring. Interview with the Administrator in training on 1/26/2018 at 1:02pm revealed: -She was unable to locate the (LHPS) competency validation for Staff A -The Administrator knew she had the training but could not locate it. Interview with the facility consultant nurse on 1/26/2018 at 1:00pm revealed: -The nurse came to evaluate staff, work with staff and, complete check-off. -The nurse didn't know why Staff A's LHPS validation was not done. - I am new to this site but I just completed it today with staff A. 2. Review of Staff C's, personal care aide (PCA), personnel record revealed: -She was hired to work at the facility on 1/09/15. -There was no documentation of a licensed professional health support (LHPS) competency validation found in Staff C's record.	D 161	RN completed (2) of the check offs. LHPS nurse completed check off.	1/26/18 1/26/18

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D 161	Continued From page 3 Interview with Staff C on 1/26/18 at 1:36 p.m. revealed: -She did not think that she completed a LHPS competency validation. -She worked on 3rd shift. -She assisted residents with ambulation and transferring that required physical assistance. -She also transferred semi-ambulatory and non-ambulatory residents. Interview with the Resident Care Coordinator (RCC) on 1/26/18 at 1:45 p.m. revealed: -She could not find a (LHPS) competency validation in Staff C's record. -Staff C would have a LHPS competency validation completed on 1/26/18. -The LHPS nurse would be responsible for doing the LHPS competency validation check off list for Staff C. Interview with the LHPS Nurse on 1/26/18 at 2:05 p.m. revealed she had completed the LHPS competency validation check off list for Staff C.	D 161	LHPS nurse completed check off	1/26/18