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
	HAL019021	A. BUILDING: _____ B. WING _____	C 08/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM RIDGE ASSISTED LIVING	114 POLKS VILLAGE LANE CHAPEL HILL, NC 27517

(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 and Chatham County Department of Social Services conducted an annual survey and complaint investigation on August 15, 2018 through August 17, 2018.	D 000	1. The Resident Care Coordinator immediately repeated the two step TB process for Resident #2 on 8.16.18 and 8.27.18 2. The Resident Care Coordinator and the Executive Director have established an admission checklist as well as a tickler file for employees and volunteers. All licensed staff have been inserviced on CDC TB regulations. This will be reviewed weekly by the Resident Care Coordinator. 3. The Resident Care Coordinator will maintain these records in the nursing office. All on-site licensed nurses have been	10.9.18
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the 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, North Carolina 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 residents (#2) was tested upon admission for Tuberculosis (TB) disease. The findings are: Review of the current FL-2 for Resident #2 dated 02/07/2018 included diagnoses of dementia, Alzheimer's disease, hyperlipidemia, macular degeneration, hypertension, uterine prolapse, urinary incontinence, and Takatsuka syndrome. Review of the Resident Register for Resident #2 revealed an admission date of 01/04/2017. Review of Resident #2's TB testing	D 234		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Julie C Farmer — TITLE: RN, BSN, NHA, ALA — (X6) DATE: 9.17.18

Reviewed and accepted 09/21/18 by Kathy Gray

Kathy Gray

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D 234	Continued From page 1 documentation revealed there was no documentation of a TB skin test done since admission to the facility. Interview on 8/17/18 at 9:48 am with Resident #2's Power of Attorney (POA) revealed: -Resident #2 had been at the facility for over two years. -She did not recall a TB test upon admission. Interview on 8/17/18 at 10:05 am with the Wellness Director of the Special Care Unit revealed: -All residents needed two TB skin tests before admission, or one TB skin test prior to admission and a second TB skin test within two weeks after admission. -The Resident Care Coordinator (RCC) was responsible for resident TB skin test screening before residents were admitted. Interview on 8/17/18 at 10:10 am with the RCC revealed: -If a resident came from home there needed to be one TB skin test done prior to admission, and a second TB skin test done after admission. -If the resident came from the community with two-step TB skin tests completed, another one-step TB skin test needed to be done after admission. Interview on 8/17/18 at 11:18 a.m. with the Interim Administrator revealed: -She recently put an action plan into place to identify missed TB skin tests. -She was not aware that any residents had TB skin tests missing. -The RCC was responsible for resident TB test screening prior to admission.	D 234	Cross-trained in TB policies to allow them to fill-in if necessary. This will be a part of orientation for all licensed nurses. 4. A Quality Assurance audit will be completed quarterly by the Wellness nurses. All infractions or oversights will be corrected immediately. All audits will be reviewed at monthly interdisciplinary Quality Assurance meetings. Any non-compliant areas will be addressed to ensure compliance.	10.9.18