

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/29/2019
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NAME OF PROVIDER OR SUPPLIER ABOVE AND BEYOND ADULT CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1616 E WEBB AVENUE BURLINGTON, NC 27217
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(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 initial survey on March 29, 2019.	C 000	AS administrator, co administrator all employees will undergo a HCPR check done prior to employment and to be done periodically to ensure no charges of status.	
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 record reviews and interviews, the facility failed to assure 1 of 4 sampled staff (Staff A) had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR) according to G.S. 131E-256. The findings are: Review of Staff A's personnel record revealed: -She was hired on 03/07/19 as a personal care aide (PCA). -There was no documentation of a HCPR check in Staff A's personnel record. Interview on 03/29/19 at 11:15 am with Staff A revealed: -She worked at the facility for about 3 weeks; she assisted residents with personal care and was in training to be a medication aide. -She did not know she needed a HCPR check done at the time she was hired. Interview with the Administrator on 03/29/19 at	C 145		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

Karen Patterson

Administrator 04-27-2019

6499

0GRZ11

If continuation sheet 1 of 2

*Reviewed
and
accepted
5/1/19
W Edwards*

Division of Health Service Regulation

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C 145	Continued From page 1 11:30 am revealed: -She was aware there was no HCPR documentation in Staff A's personel record. -She was responsible for obtaining a HCPR check for Staff A when the staff was hired. -She had been very busy, "things just feel through the cracks and she failed to obtain the HCPR check for Staff A". -She would obtain a HCPR check for Staff A today and place it in her personnel record. A HCPR check for Staff A on 03/29/19; there were no substantiated findings listed.	C 145	As administrator, Co administrator all employees will under go HCPR Check done prior to employment and to be done periodically to ensure no changes in status.		

3/30/19
per phone
call to
admin on
5/19/19
WE

Edwards, Wanda A

From: The UPS Store #3726 <store3726@theupsstore.com>
Sent: Tuesday, April 30, 2019 3:14 PM
To: Edwards, Wanda A
Subject: [External] Karen Patterson Scan
Attachments: 20190430150336353.pdf

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