PRINTED: 05/31/2019
FORM APPROVED

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
	HAL081010	A. BUILDING: _____ B. WING _____	05/22/2019

RECEIVED
JUN 13 2019
ADULT CARE LICENSURE SECTION
RALEIGH

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HENDERSON CARE CENTER	125 HENDERSON CIRCLE FOREST CITY, NC 28043

(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 05/21/19 and 05/22/19.	D 000		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult 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: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to ensure 2 of 3 sampled Personal Care Aides (Staff B and E) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) upon hire. The findings are: 1. Review of Staff B's personnel record revealed: -Staff B was hired 02/09/18 as a Personal Care Aide (PCA). -There was no documentation that a HCPR check had been completed upon hire. Review of a HCPR check for Staff B dated 05/22/19 revealed there were no substantiated findings. Refer to the interview with the Business Office Manager (BOM) on 05/22/19 at 9:30am.	D 137	All was corrected on 5/22/18. Printed and filed copies for all employees missing the health care registry. From 5/22/19 on the health care registry will be checked, copied, and filed. upon hire. RD	6/10/19

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

ADMINISTRATOR — 6/10/19

STATE FORM 6899 EB8G11 If continuation sheet 1 of 4

Reviewed and accepted 06/13/19 with revisions RD

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D 137	Continued From page 1 Refer to the interview with the Administrator on 05/22/19 at 10:15am. 2. Review of Staff E's personnel record revealed: -Staff E was hired 05/20/19 as a PCA. -There was no documentation that a HCPR check had been completed upon hire. Review of a HCPR check for Staff E dated 05/22/19 revealed there were no substantiated findings. Refer to the interview with the BOM on 05/22/19 at 9:30am. Refer to the interview with the Administrator on 05/22/19 at 10:15am. Interview with the BOM on 05/22/19 at 9:30am revealed: -She was responsible for ensuring the personnel records had all required documentation. -The only staff in the facility that had HCPR checks completed upon hire were medication aides (MA) and PCA's that had been certified nursing assistants (CNA) in the past. -No one had informed her that all staff were required to have HCPR checks completed upon hire. Interview with the Administrator on 05/22/19 at 10:15am revealed: -The BOM had been employed for "years" in the facility in "different capacities". -The BOM was responsible for ensuring the personnel records had all required documentation. -He did not know that all staff were required to have HCPR checks completed upon hire.	D 137		

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D 137	Continued From page 2 The facility failed to ensure 2 of 3 sampled PCAs (Staff B and E) had a HCPR check completed prior to hire. This failure resulted in the facility not knowing if staff had substantiated findings on the HCPR which was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/22/19 for this violation. CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JULY 6, 2019.	D 137		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure all residents received care and services which were adequate, appropriate, and incompliance with relevant federal and state laws and rules and regulations related to Other Staff Qualifications. The findings are:	D912		

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D912	Continued From page 3 Based on interviews and record reviews, the facility failed to ensure 2 of 3 sampled Personal Care Aides (Staff B and E) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) upon hire. [Refer to Tag 137 10A NCAC 13F .0407(a)(5) Other Staff Qualifications (Type B Violation)].	D912		