Kirby, Linda H

From: Liliya Shmulevich <liliyashmulevich@gmail.com>
Sent: Friday, July 19, 2019 9:21 PM
To: Sheila Stephens; Kirby, Linda H
Subject: [External] Heart To Live, Licensee

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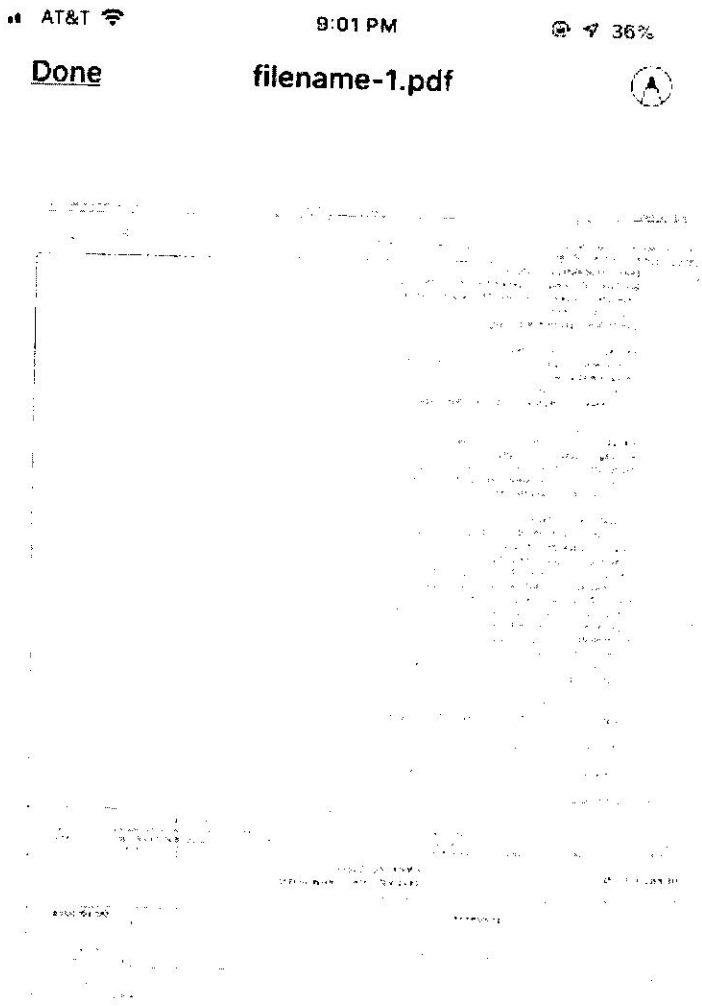

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl092252	_____ BUILDING _____ WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEART TO LIVE	1410 KILDAIRE FARM ROAD CARY, NC 27511

(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 and Wake County Human Services conducted an initial survey on 06/18/19 through 06/19/19.	C 000		
C 171	10A NCAC 13G .0504(a) Competency Validation For Licensed Health 10A NCAC 13G .0504 Competency Validation For Licensed Health Professional Support Tasks (a) A family 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 record reviews and interviews, the facility failed to assure 4 of 4 sampled staff (Staff A, Staff B, Staff C and Staff D) were competency validated for Licensed Health Professional Support (LHPS) tasks. 1. Review of Staff A's, Personal Care Aide (PCA), personnel record revealed: -Staff A was hired on 01/31/19. -There was no documentation of competency validation for LHPS tasks. Telephone Interview with LHPS nurse on 6/19/19 at 12:15pm revealed: -She had not been informed by the Administrator the LHPS competency tasks validation had not been completed for Staff A.	C 171	See attached	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: L S Allaf — TITLE: Administrator — (X6) DATE: 07.18.19

Plan of Correction Reviewed & Accepted RN 7/25/19

Heart to Live Family Care Home
Inspection: 6/19/2019
FCL-092-252

10A NCAC 13G .0504(a) Competency Validation For Licensed Health Professional Support Tasks

The facility has completed competency validation for LHPS tasks for all staff on 06/28/2019. All staff were validated by the facilities RN. In order to ensure that any future hired staff will be properly validated for LHPS before starting to work with a resident, the administrator has set forth a policy that requires new staff to be validated by RN before being scheduled for any shifts. The administrator and RN will coordinate times and dates appropriately for each new hire from here on out.

10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination

The Administrator has completed a TB skin test for Resident #1. The test was placed on 6/19/2019 and read as Negative 0mm on 6/21/2019. The record has been added to the residents file. The resident will have another TB test placed on 7/20/2019 and read by 7/23/2019 to assure that the 2 step is fully completed. The administartor has reviewed all other residents charts and ensured that all other residents have a 2step TB test on file. The administrator has decided to adopt a policy for any future residents moving in to be that they must have a TB test already performed within 30 days of admission to facility. The second step TB for new residents is to be performed within the first 7days of admission. The administrator will perosnally ensure that this policy is carried out for each future resident.

G.S. 131D-21(2) Declaration of Resident's Rights

The facility has completed the TB test for Resident #1 which resulted as Negative. The facility administrator will ensure that all residents newly admitted will have a 2 step TB test completed and filed on record prior to admission. The facility administrator and staff will assure that all residents will receive care and services which are adequate, appropriate, and in compliance with relevant federal and state alws and rules and regulations.

G.S. 131D-45 Examination and Drug Screening

All staff of the facility have submitted new drug tests, performed

by Urgent Care or outside provider. All new records have been filed for staff and show the controlled substances each staff was tested for. All tests resulted as Negative for any controlled substances. Going forward all new hired staff will have to submit a controlled substance test upon hire, performed within 30 days of hire date. No new staff will be allowed to work with residents until the proper documentation is filed and their controlled substance drug screening is completed correctly in accordance with the rules and regulations.

All violations and deficiencies will be corrected by July 31, 2019.