

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/26/2020
NAME OF PROVIDER OR SUPPLIER HEATHER GLEN AT ARDENWOODS		STREET ADDRESS, CITY, STATE, ZIP CODE 103 APPLACHIAN BLVD ARDEN, NC 28704		
(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 Buncombe County Department of Social Services conducted an annual survey on February 26, 2020.	D 000		
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 record reviews and interviews, the facility failed to ensure 2 of 3 sampled staff (Staff A and C) were tested for the tuberculosis (TB) disease with a two-step skin test in compliance with control measures adopted by the Commission for Public Health. The findings are: 1. Review of Staff A's personnel record revealed: -Staff A was hired on 02/28/18 as a personal care aide (PCA) and as a medication aide (MA). -There was documentation of a TB skin test completed on prior to hire on 07/22/17 with a negative result. -There was documentation of a TB skin test completed on 03/05/18 with a negative result. -There was no documentation of a second step	D 131		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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D 131	Continued From page 1 TB skin test completed within twelve months of hire. Telephone interview with Staff A on 02/26/20 at 4:20pm revealed: -She was hired in February 2018 as a PCA and then started working as a MA. -She had a TB skin test in March 2018. -She did not know she needed to have another TB skin test. Interview with the Director of Nursing (DON) on 02/26/20 at 3:57pm revealed: -She did not know Staff A needed another TB skin test after the one completed on hire. -Staff A had a TB skin test completed prior to hire. -She considered the TB skin test placed after hire as a second TB skin test. Refer to the interview with the Director of Nursing (DON) on 02/26/20 at 3:57pm. Refer to the interview with the Administrator on 02/26/20 at 3:48pm. Refer to the telephone interview with the Director of Human Resources on 02/26/20 at 4:19pm. 2. Review of Staff C's personnel record revealed: -Staff C was hired on 01/24/20 as a personal care aide (PCA). -There was documentation of a TB skin test administered prior to hire on 01/17/17 with a negative result. -There was documentation of a TB skin test administered prior to hire on 02/17/17 with a negative result. Interview with the Director of Nursing (DON) on 02/26/20 at 3:57pm revealed:	D 131			

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D 131	Continued From page 2 -Staff C had worked for the facility previously and was rehired after several months. -She did not know facility staff needed to have another TB skin test if they were rehired. Interview with the Administrator on 02/26/20 at 3:48pm revealed she did not know an employee that was rehired needed to have a repeat TB skin test. Telephone interview with the Director of Human Resources on 02/26/20 at 4:19pm revealed: -She did not know an employee needed another TB skin test if they were rehired. -She thought she could use the TB skin test administered when Staff C was originally hired. Refer to the interview with the Director of Nursing (DON) on 02/26/20 at 3:57pm. Refer to the interview with the Administrator on 02/26/20 at 3:48pm. Refer to the telephone interview with the Director of Human Resources on 02/26/20 at 4:19pm. Attempted telephone interview with Staff C on 02/26/20 at 4:29pm was unsuccessful. Interview with the Director of Nursing (DON) on 02/26/20 at 3:57pm revealed: -She was responsible for performing the TB skin tests for all facility staff. -She gave the first TB skin test during the first week after hire and tried to give the second TB skin test two weeks later. -She managed the PCAs and MAs. -The department managers were responsible for letting her know if staff needed a TB skin test	D 131		

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D 131	Continued From page 3 Interview with the Administrator on 02/26/20 at 3:48pm revealed: -The DON was responsible for administering the TB skin test to the facility staff. -The Director of Human Resources was responsible for auditing the staff records and to make sure all facility staff met the requirements for TB skin tests. Telephone interview with the Director of Human Resources on 02/26/20 at 4:19pm revealed: -She was responsible for making sure all facility staff had completed the required TB skin test. -The DON would send her the completed TB skin test documentation and she would keep the information in the employee records. -She recorded the information in a spreadsheet and audited the spreadsheet weekly. -She would send an electronic message to the DON and the Administrator if an employee needed a TB skin test.	D 131		