STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051069	A. BUILDING: _____ B. WING _____	02/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ENCLAVE AT SILKGRASS	118 SILKGRASS WAY CLAYTON, NC 27527

(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 February 27, 2020.	C 000		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, 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. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled staff (Staff B) was tested upon hire for Tuberculosis (TB) disease.	C 140		

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C 140	Continued From page 1 The findings are: Review of Staff B's House Manager, personnel record revealed: -She was hired on 07/18/19. -There was documentation of a chest X-ray (CXR) dated 10/03/17. -There was no documentation of a TB skin test. Staff B was not available for interview on 02/27/19 at 4:00 pm. Interview with Co-Administrator B on 02/27/19 at 4:00 pm revealed: -He thought the CXR counted as a 2 step TB skin test. -The Co-Administrators were responsible for completion of the 1st step TB skin test upon hire and the 2nd step TB skin test within 2 weeks of hire.	C 140		
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 interviews and record reviews, the facility failed to ensure 1 of 3 sampled staff (Staff A) had no substantiated findings on the Health Care Personnel Registry (HCPR) upon hire.	C 145		

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C 145	Continued From page 2 The findings are: Review of Staff A's supervisor-in-charge (SIC), personnel record revealed: -She was hired on 11/20/19. -There was no documentation of a HCPR check in Staff A's record upon on hire. Interview with Staff A on 02/27/20 at 5:10 pm revealed as far as she knew she had no HCPR check completed at this facility. Interview with Co-Administrator B on 02/27/20 at 5:00 pm revealed: -He completed the HCPR check for Staff A upon on hire. -He could not find the HCPR check for Staff A. -The Co-Administrators were responsible for the completion of the HCPR for staff upon hire. -Co-Administrator A completed a HCPR check for Staff A on 02/27/20, and the HCPR had no substantiated findings. -The Co-Administrators were responsible for auditing the staff personnel records monthly.	C 145		