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
	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		

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

Co-Administrator 3/25/20

Co-Administrator 3/25/20

POC "Reviewed and Accepted"
03/30/2020
D. Dawson-Rogers

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
	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 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	See attached Sheet	
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	See attached Sheet	

Co-Administrator 3/25/20

Co-Administrator 3/25/20

Division of Health Service Regulation

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

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C 145	Continued From page 2	C 145		

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.

Co-Administrator 3/25/20

Co-Administrator 3/25/20

The Enclave

Initial Survey completed February 27, 2020 (RWM111)
Facility: The Enclave at Silkgrass
Licensure Number: FCL-051-069
County: Johnston

The Enclave Plan of Correction

Adult Care Home Rule (C 140):

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.

Findings:

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

Plan of Action:

Policy:

To ensure the proper Tuberculosis requirement is satisfied The Enclave will only accept Tuberculosis skin testing with results listed and documented.

Procedure:

- Skin Test 1- The House Manager will request a skin test from the potential employee on the date of the interview of the potential staff member. The Enclave will only hire staff members that present the proper Tuberculosis skin testing paperwork.
- Skin Test 2- Eight days after the date of hire the House Manger will request the second Tuberculosis test. If test is not completed within 10 days of hire, the staff member will be taken off the work schedule. Once all requirements are fulfilled, and confirmed by the House Manger, the staff member will be put back on the work schedule.

Preventative Measure:

- All employee documents including all tuberculosis test will be scanned and uploaded onto The Enclave's online folder. As as added safeguard against lost physical paper documents.
- At time of hire for each new staff member the Administrator will review the online file to ensure all required information is completed as per DHHS rules and regulations
- The Administrator continue to conduct monthly staff record audits

Timeline:

- Training on the new interview policy and process conducted and completed 3/16/2020
- Completion of file transfer to online program -3/20/2020

- Staff B tuberculosis test is scheduled 3.24.20, appointment was canceled due to COVID -19, their doctor asked to postpone appointment. New appointment scheduled tentatively 3/30/20

Adult Care Home Rule (C 145):

10A NCAC 13C .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;

Findings:

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

Plan of Action:

Policy:

To ensure the North Carolina Health Care Personnel Registry requirement is met. The Enclave House Manger will complete the Health Care Personnel Registry after each interview of a potential staff member.

Procedure:

After the interview of a potential employee is completed, the House manager will run a Health Care Personnel Registry check. If there are no finding the House Manager will scan the completed Registry findings onto The Enclave online folder

Prevention:

- All employee documents including the Healta Personnel Registry will be scanned and uploaded onto The Enclave's online folder as an added safeguard against lost physical paper documents.
- At time of hire for each new staff member the Administrator will review the online file to ensure all required information is completed as per DHHS rules and regulations
- The Administrator continue to conduct monthly staff record audits

Timeline:

- Training on the new interview, policy, and process conducted and completed 3/16/2020
- Completion of file transfer to online program -3/20/2020

Plan of Correction total completion date: 4/01/2020

Signature _____ Date 3/25/20

3/25/20