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
	FCL051081	A. BUILDING: _____ B. WING _____	R 07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ENCLAVE AT BUFFALO	13413 BUFFALO ROAD 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 annual and follow-up survey on 07/02/24.	C 000		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or moving into a family care home, the administrator, all other staff, and any persons living in the family care home shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205, which is hereby incorporated by reference, including subsequent amendments. (b) There shall be documentation on file in the family care home that the administrator, all other staff, and any persons living in the family care home are free of tuberculosis disease. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 2 of 3 sampled staff (Staff A and C) was tested upon hire for Tuberculosis (TB) disease in compliance with the TB control measures adopted by the Commission for Health Services. The findings are: 1. Review of Staff A's personnel record revealed: -She was hired 04/18/24. -There was no documentation that a 1st or 2nd step tuberculosis (TB) test was administered and read. -There was no documentation of a chest x-ray. Refer to telephone interview with the House	C 140	To ensure the proper Tuberculosis requirement is satisfied. The Enclave will develop a new monitoring protol to ensure that all staff members will have satisfied the requirement within 30 days of hire. The Enclave will only hire staff members that present the proper Tuberculosis testy paper work at time of their start date. The House Supervisor will request a 2-step TB skin test from the potential employee on the date of the interview of the Potential staff member. If the staff member has not met the second test requirement, the potential staff member will have (15) Fifteen days after the date of hire, the staff member will be notified if a test has not been completed. The House supervisor will request the second Tuberculosis test in accordance with the rule. If the test is not completed within 30 days of hire, the staff member will be taken off the work schedule. Once all requirements are fulfilled and confirmed by House supervisor, the staff member will be put back on the work schedule. The House supervisor will be trained on the proper procedure.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: COO/Administrator — (X6) DATE: 7/30/24

Reviewed and Acknowledged 08/02/24 Marisa A Hazel

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C 140	Continued From page 1 Manager on 07/02/24 at 3:33pm. Refer to telephone interview with the Administrator on 07/02/24 at 3:21pm. 2. Review of Staff C's personnel record revealed: -She was hired 10/15/22. -There was no documentation that a 1st or 2nd step TB test was administered and read. -There was no documentation of a chest x-ray. Interview with Staff C on 07/02/24 at 3:33pm revealed she was aware she needed her TB skin test, but she did not have time to get it completed. Refer to telephone interview with the House Manager on 07/02/24 at 3:33pm. Refer to telephone interview with the Administrator on 07/02/24 at 3:21pm. _____ Telephone interview with the House Manager on 07/02/24 at 3:33pm revealed: -She was responsible for the staff's personnel files. -She audited the personnel files 2 weeks ago and found discrepancies. -She was waiting on staff to bring in the documentation she needed after the audit. Telephone interview with the Administrator on 07/02/24 at 3:21pm revealed: -The House Manager was responsible for ensuring TB tests for staff were administered and read upon hire. -He was responsible for checking behind the House Manager to ensure the TB skin tests were administered and read. -He was not aware Staff A and Staff C needed	C 140	NOTES: If there is not a House supervisor, The Administrator will assume this duty until a suitable candidate is available. To ensure the protocol's successful at our weekly management meeting, there will be dedicated time to review new employe and information that needs to be furnished by the employee for their start date. In addition to the weekly new employee audit, an audit of all employee files will be completed by the Administrator and Resident Coordinator every 90 days to ensure all staff requirements are met. Staff member A: Completed To requirement 7/17/24 Staff member C: Presented proper documentation 7/4/24	7/10/24 The House supervisor will be reporting Staff. requirements at our weekly meetings addressed.

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C 140	Continued From page 2 their TB skin tests. -He assumed "everything was being done."	C 140		
C 148	10A NCAC 13G .0406 (a)(8) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (8) have an examination and screening for the presence of controlled substances completed in accordance with G.S. 131D-45 and results available in the staff person's personnel file; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure examination and screening for the presence of controlled substances was completed upon hire and results documented for 2 of 3 staff (A and B). The findings are: 1. Review of Staff A's personnel record revealed: -She was hired 04/18/24. -There was documentation of a drug test results acknowledgment form dated 04/18/24. -There were no results documented on the drug test acknowledgment form. Refer to telephone interview with the House Manager on 07/02/24 at 3:33pm. Refer to telephone interview with the Administrator on 07/02/24 at 3:21pm. 2. Review of Staff B's personnel record revealed:	C 148	To ensure the proper staff Qualifications, examination and screening for the presence of controlled substances are completed upon hire and results documented, a system has been put in place. The Enclave will monitor new staff members files on a weekly basis. At the time of the potential employee's interview, a form must be completed consenting to testing. Once the form is completed a screening will take place. After the screening is preformed and approved, The interview will start. This is to ensure that a screening is completed. If a screening cannot be completed, the interview will be cancelled. Weekly meetings consisting OR all management will take place. There will be time dedicated to new employees all requirements to ensure they are fulfilled. A checklist will be confirmed by the House Supervisor.	

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C 148	Continued From page 3 -She was hired 01/26/24. -There was documentation of a drug test results acknowledgment form dated 04/18/24. -There were no results documented on the drug test acknowledgment form. Refer to telephone interview with the House Manager on 07/02/24 at 3:33pm. Refer to telephone interview with the Administrator on 07/02/24 at 3:21pm. --- Telephone interview with the House Manager on 07/02/24 at 3:33pm revealed: -She was responsible for the staff's personnel files. -She completed drug tests for Staff A and Staff B. -She did not complete the form due to an oversight. Telephone interview with the Administrator on 07/02/24 at 3:21pm revealed: -He and the House Manager were responsible for ensuring drug tests for staff were administered upon hire. -He assumed "everything was being done."	C 148	Notes! If there is not a House Supervisor, the Administrator will assume this duty until a suitable candidate is available. To ensure the protocol is successful at our weekly management meeting, there will be dedicated time to review new employee and information that needs to be furnished by the employee for their start date. In addition to the weekly new employee audit, an audit of all employee files will be completed by the Administrator and Residents Coordinator every 90 days to ensure all staff requirements are met. Staff member A - Completed examination and screening for the presence of Controlled Substances requirement Staff member B - completed examination and screening for the presence of controlled substances requirement	7/3/24 The House supervisor will be reporting staff requirements at our weekly meetings addressed. 7/3/24 7/3/24