

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/07/2018
NAME OF PROVIDER OR SUPPLIER THE CAROL WOODS RETIREMENT COMMUNI'		STREET ADDRESS, CITY, STATE, ZIP CODE 750 WEAVER DAIRY ROAD CHAPEL HILL, NC 27514		
(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 conducted an annual survey on December 7, 2018.	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 assure 1 of 3 sampled staff (Staff C) was tested for Tuberculosis (TB) disease upon hire in compliance with control measures adopted by the Commission for Health Services. The findings are: Review of Staff C's personnel record revealed: -The staff was hired as a Personal Care Aide (PCA) on 08/16/10. -There was a facility clinic document, signed by a Registered Nurse (RN), indicating Staff C met her first TB testing requirement on 08/05/10 and needed to have a 2nd TB testing in 2 weeks. -There was a second facility clinic document, signed by an RN, indicating Staff C met her employment TB testing requirement on 08/18/10, 2nd step completed. -There were no dates on the documents	D 131		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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D 131	Continued From page 1 indicating the administration, reading, or results of the TB tests. Telephone interview on 11/07/18 at 4:51 pm with Staff C revealed: -She had the 2-step TB testing done by a nurse when she was employed (did not remember the date). -She did not know her TB testing information was not complete and in her personnel records. Interview on 11/07/18 at 5:15 pm with the Resident Life Coordinator (RLC) revealed: -The TB testing information in Staff C's personnel record was not complete; the dates for administration, results, and the reading of the TB tests were missing. -The human resources department was responsible for assuring Staff C's TB testing was complete and in Staff C's personnel record. -The required TB testing documentation should be in all staff' personnel records at the time of employment. Attempted interview on 11/07/18 at 5:25 pm with the Administrator was unsuccessful.	D 131		