

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL076005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/24/2019
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF ASHEBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 2925 ZOO PARKWAY ASHEBORO, NC 27204		
(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 Randolph County Department of Social Services conducted an annual survey on 01/23/19-01/24/19.	D 000		
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40; This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 1 of 6 sampled staff (Staff D) had a criminal background check completed prior to hire. The findings are: Review of Staff D's, personal care aide (PCA) personnel record revealed: -Staff D was hired on 12/04/18. -There was no documentation of a criminal background check or of a consent for a criminal background check. Interview with Staff D on 01/24/19 at 2:15 pm revealed: -She had worked at the facility as a PCA since December 2018. -Her job duties included assisting residents with bathing and dressing. -She remembered signing a consent for a criminal background check, but she did not know if the facility ran the background check or not. -She had a criminal background check completed 2 years ago by another employer.	D 139		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL076005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/24/2019
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF ASHEBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 2925 ZOO PARKWAY ASHEBORO, NC 27204		
(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 139	Continued From page 1 Interview with the Business Office Manager (BOM) on 01/24/19 at 12:05 pm revealed: -She was responsible for completing criminal background checks for all new hires. -She was not working during the period of time when Staff D was hired. -The Administrator filled in for her when she was not working. -She did not know why the criminal background check had not been completed for Staff D. Interview with the Administrator on 01/24/19 at 12:13 pm revealed: -The BOM was responsible for completing criminal background checks, but she (Administrator) was responsible for ensuring the criminal background checks were completed for new hires. -She assisted with staffing paperwork including criminal background checks when the BOM was out on vacation. -She did not know prior to 01/24/19 the criminal background check had not been documented as completed for Staff D. - "I missed it." Interview with the Regional Director of Operations on 01/24/19 at 12:40 pm revealed he expected for criminal background checks to be completed immediately after a job offer and prior to the start date of employment. Second interview with the Regional Director of Operations on 01/24/19 at 1:55 pm revealed he located a consent for a criminal background check signed by Staff D on 11/29/18.	D 139		