

Survey Findings/Facility Response

Facility : SPRING RIDGE ACADEMY

Survey Date - 10/14/2010 - Citation2

Survey Findings

A review of personnel records and an interview with staff revealed the licensee did not ensure a personnel record was maintained for each staff member, working in a residential agency, that contains documentation of the staff member's freedom from infectious pulmonary tuberculosis.

Findings include:

A review of nine personnel records revealed one of the nine personnel records did not contain documentation of the staff member's freedom from infectious pulmonary tuberculosis.

The record for staff #2, with a hire date of August 4, 2009, did not contain documentation of the staff member's freedom from infectious pulmonary tuberculosis.

In an interview, the Assistant Admissions Director reported staff #2 had received a test for tuberculosis by her previous employer. The Assistant Admissions Director reported the agency attempted to obtain the documentation; however, the documentation was never received by the agency. The Assistant Admissions Director acknowledged the personnel record for staff #2 did not contain documentation of the staff member's freedom from infectious pulmonary tuberculosis.

The requirement for a licensee to ensure a personnel record is maintained for each staff member, working in a residential agency, that contains documentation of the staff member's freedom from infectious pulmonary tuberculosis was discussed with the Assistant Admissions Director during the exit conference on October 14, 2010.

Rule/Statute

R9-20-204. Staff Member and Employee Qualifications and Records

I. A licensee shall ensure that a personnel record is maintained for each staff member that contains:

4. Documentation of:

l. For a staff member working in a residential agency or an inpatient treatment program:

i. The staff member's physical examination or nursing assessment as required in subsection (H)(1), and

ii. The staff member's freedom from infectious pulmonary tuberculosis as required in subsection (H)(2).

Facility Response

The date (11/15/2010) represents when the facility corrected the citation and was confirmed by the Department to be back in compliance. A facility is required to submit a Plan of Correction (POC) for each citation identified during a survey. This Plan of Correction describes how the facility is going to make corrections, the facility representative responsible for making the corrections, and what systems are in place to prevent recurrence. Once the facility has submitted an acceptable Plan of Correction, the Department confirms that the citation is corrected.

For a copy of the Plan of Correction, please contact the facility or the Department of Health Services.