STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL035018	A. BUILDING: _____ B. WING _____	11/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AJINDA FAMILY CARE HOME II	1359 SUTTON ROAD LOUISBURG, NC 27549

(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 and the Franklin County Department of Social Services conducted an annual survey on 11/3/17.	C 000		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the 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, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure 1 of 3 residents sampled (#2) was tested upon admission for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. The findings are: Review of Resident #2's current FL-2 dated 1/28/17 revealed diagnoses included Schizoaffective Disorder, Bipolar Disorder, Dementia, Human Immunodeficiency Virus, Genital Herpes, Chronic Obstructive Pulmonary Disease and Hypothyroidism. Review of Resident #2's Resident Register	C 202		

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C 202	Continued From page 1 revealed the resident was admitted to the facility on 3/3/16. Review of Resident #2's Tuberculosis (TB) screening documentation revealed: -There was documentation Resident #2 had a TB skin test placed on 2/23/16 and read as negative on 2/2/5/17. -There was no documentation of a second TB skin test. Interview with the Administrator on 11/3/17 at 2:45pm revealed: -It was an oversight that the second TB skin test had not been done for Resident #2. -He understood the increased risk of TB infection related to Resident #2 having HIV infection. -Resident #2 had an appointment with his infectious disease doctor on 11/7/17 and he would request a TB skin test at the appointment. -He would assure the second step was completed within 30 days.	C 202		