

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL032170</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/14/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAROLINA CARE HOMES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4811 BAY POINT DR DURHAM, NC 27713</b>
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(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 April 14, 2021.	C 000		
C 140	<p>10A NCAC 13G .0405(a)(b) Test For Tuberculosis</p> <p>10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, 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. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled staff (Staff A) had documentation of being tested for tuberculosis disease (TB) in compliance with the control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of Staff A's medication aide (MA) personnel record revealed: -There was documentation of a TB skin test placed on 01/29/20. -There was no documentation the TB skin test</p>	C 140		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 140	<p>Continued From page 1</p> <p>placed on 01/29/20 was read for results. -There was no documentation of another TB skin test being placed or read upon hire.</p> <p>Telephone Interview with Staff A on 04/14/21 at 3:15 pm revealed: -She had a TB skin test placed at a medical clinic on 01/29/20. -The TB skin test was read as negative on 02/01/20. -She did not have another TB skin test. -She did not know she needed to have another TB skin test. -She did not remember having a conversation with the Administrator about having two TB skin test done upon hire. -The Administrator was responsible for having the TB tests completed and documented in her personnel record upon hire.</p> <p>Interview with the Administrator on 04/14/21 at 3:40pm revealed: -Staff A came to work at the facility from a medical facility that required only one TB skin test for employment. -She thought one TB skin test was all Staff A needed to work in this facility. -The TB skin testing was not completed and documented in Staff A's personnel record. -The Administrator was responsible for having the TB testing complete and in Staff A's personnel record upon hire -Staff A would need to start over to have completed TB skin testing done and documented in her personnel record.</p>	C 140		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination	C 202		

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C 202	<p>Continued From page 2</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled residents (#2) were tested for tuberculosis (TB) disease in compliance with the control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of Resident #2's current FL-2 dated 08/25/20 revealed diagnoses of dementia with behavioral disorder, chronic congestive heart failure, peripheral vascular disease and hypertension..</p> <p>Review of Resident #2's Resident Register revealed she was admitted to the facility on 02/27/20.</p> <p>Review of Resident #2's record revealed: -There was documentation of a TB skin test placed on 02/28/20. -There was documentation of the TB skin test read on 03/02 20 with a negative result. -There was no documentation of a second TB</p>	C 202		

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C 202	<p>Continued From page 3</p> <p>skin test being placed for Resident #2.</p> <p>Interview with Resident #2 on 04/14/21 at 3:50pm revealed: -She did not have a second TB skin test, only one. -No one told her she needed to have two complete TB skin tests for admission to the facility.</p> <p>Interview with the Administrator on 04/14/21 at 3:30 pm revealed: -She was not aware Resident #2's TB skin testing documentation was not completed in her record. -Resident #2 came from another facility that required only one skin testing for TB and she thought the Resident only needed that one. -Resident #2 would need to start over to have complete TB testing done. -She was responsible for having residents' TB skin testing complete and documented in their records.</p>	C 202		