

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL073005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2021
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NAME OF PROVIDER OR SUPPLIER JONES FAMILY HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 2437 EPHEBUS CHURCH ROAD SEMORA, NC 27343
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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 15, 2021.	C 000		
C 202	<p>10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination</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) upon admission.</p> <p>The findings are:</p> <p>Review of Resident # 2's current FL-2 dated 08/20/20 revealed diagnoses included major Neurocognitive disorder with behavioral disturbances, alcohol abuse, hepatitis C and hypertension.</p> <p>Review of Resident #2's Resident Register revealed the resident was admitted to the facility on 10/16/19.</p>	C 202		

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

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C 202	<p>Continued From page 1</p> <p>Review of Resident #2's record revealed:</p> <ul style="list-style-type: none"> -There was documentation of a TB skin test read on 09/12/19. -There was no documentation of a date when the TB skin test was placed for Resident #2. -There was documentation of a TB skin test being placed on 11/18/19. -There was no documentation of the placed TB skin test being read. <p>Interview with Resident #2 on 04/15/21 at 3:15pm revealed:</p> <ul style="list-style-type: none"> -He remembered having a TB skin test placed at the hospital before he was admitted to the facility. -He did not remember if the TB test was read. -He did not remember if another TB skin test was done. -Information on his TB skin testing should be in his facility records. <p>Interview with the Supervisor-in-Charge (SIC) on 04/15/21 at 3:32 pm revealed:</p> <ul style="list-style-type: none"> -She was not aware Resident #2's TB skin testing information was incomplete in his record -The TB testing documents may have gotten mixed up with other documents and she could not find them in his record. -The Administrator was responsible for having residents' TB skin testing complete in in their records. <p>Interview with the Administrator on 04/15/21 at 4:00pm revealed:</p> <ul style="list-style-type: none"> -He was not aware Resident#2's TB skin testing information was not complete and in his record. -It was his responsibility to have Resident #2's TB skin testing completed and in his record. 	C 202		