

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL080024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2021
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NAME OF PROVIDER OR SUPPLIER LIBBY FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4035 WOODLEAF-BARBER ROAD CLEVELAND, NC 27013
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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 survey on April 22, 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 interviews and record reviews, the facility failed to ensure 1 of 3 sampled residents (#2) had completed tuberculosis (TB) testing upon admission in compliance with the control measures for the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of Resident #2's current FL2 dated 09/29/20 revealed diagnoses included dementia, Parkinson's Disease, schizophrenia hypertension and chronic kidney disease.</p> <p>Review of the Resident Register for Resident #2 revealed an admission date of 10/22/07.</p>	C 202		

Division of Health Service Regulation 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 #1's immunization records revealed there was documentation of a negative tuberculosis (TB) skin testing dated 11/13/06, 12/08/07 and 04/04/08.</p> <p>Interview with the Administrator on 04/22/21 at 8:00am revealed:</p> <ul style="list-style-type: none"> -Resident #2 did not require a first or second TB skin test after she arrived at the facility because there were 3 TB skin tests on file from the Department of Social Services. -She did not realize the first TB skin test was performed 13 months prior to Resident #2 admission to the facility and the second TB skin test was not performed within a year after admission to the facility and was not considered with the two step TB skin test. -If a resident was from home or hospital she required one TB skin test prior to admission and a second TB skin test 7 days after the first TB skin test was administered. 	C 202		