STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017008	A. BUILDING: _____ B. WING _____	R 05/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEY CREEK FAMILY CARE HOME	2896 STONEY CREEK SCHOOL ROAD REIDSVILLE, NC 27320

(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 May 20, 2021.	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 interviews and record reviews, the facility failed to ensure 2 of 3 sampled residents (#2 and #3) had completed testing for tuberculosis (TB) disease upon admission. The findings are: 1. Review of Resident #2's current FL2 dated 12/29/20 revealed diagnoses included schizophrenia, dyslipidemia, and hypertension. Review of Resident #2's Resident Register revealed an admission date of 11/27/17. Review of Resident #2's immunization records revealed: -There was documentation by a physician's note	C 202		

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C 202	Continued From page 1 of a negative TB skin test dated 11/17/17. -There was no documentation for a second TB skin test available for review. Based on observations, interviews, and record review it was determined Resident #2 was not interviewable. Refer to the interview the Administrator on 05/20/21 at 5:20pm. 2. Review of Resident #3's current FL2 dated 04/20/21 revealed diagnoses included schizophrenia, hepatitis C, and hypertension. Review of Resident #3's Resident Register revealed an admission date of 07/24/15. Review of Resident #3's immunization records revealed: -There was documentation of a TB skin test placed on 10/14/15 and read negative on 10/16/15. -There was no documentation for a second TB skin testing available for review. Interview with the Administrator on 05/20/21 at 5:20pm revealed: -He was certain Resident #3 had a negative TB skin test when he was admitted to the facility and a second TB skin test later. -He was not able to locate all the older documentation from Resident #3's admission. Based on observations, interviews, and record review it was determined Resident #3 was not interviewable. Refer to the interview the Administrator on 05/20/21 at 5:20pm.	C 202		

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C 202	Continued From page 2 _____ Interview with the Administrator on 05/20/21 at 5:20pm revealed: -The Administrator was responsible for admitting residents to the facility and ensuring all admission requirements were completed. -He was aware residents admitted to the facility should have 2 TB skin tests done upon admission. -He had thinned residents' records within the last 3 months and may have thinned the TB skin test documentation. -He tried to search through residents' thinned records. -He was not able to locate the documentation for the results of a second TB skin test for residents not having the documentation in the resident records.	C 202		