Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL058008	A. BUILDING: ______ B. WING ______	07/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIELDS FOUNDATION	**1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892**

(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 07/27/21.	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 record reviews and interviews, the facility failed to ensure 1 of 3 residents sampled (Residents #1) 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 #1's current FL-2 dated 02/15/21 revealed diagnoses included type 2 diabetes, seizure disorder, sleep apnea, hypertension, hypothyroidism and asthma . Review for Resident #1's record revealed: -There was documentation that a TB skin test was administered on 04/01/19 and read as	C 202		

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C 202	Continued From page 1 negative on 04/03/19. -There was no documentation a second TB skin test was administered since Resident #1 was admitted to the facility on 04/01/19. Interview with Resident #1 on 07/27/21 at 3:17pm revealed: -She remembered having a TB skin test when she first arrived at the facility in April 2019. -She had not had a second TB skin test because she had a cold. Interview with the Supervisor in Charge (SIC) on 07/27/21 at 10:50am revealed: -She thought Resident #1 had completed a second TB skin test. -Resident #1 had not complained or shown signs of TB symptoms. -She and the Business Office Manager (BOM) were responsible for scheduling appointments for TB skin test. -She and the BOM were responsible for auditing the resident records. -She did not remember the last audit of the resident records. Interview with the Administrator on 07/27/21 at 12:39pm revealed: -He was not aware Resident #1 did not have a second TB skin test. -This had been Resident #1's third admission to the facility and he thought the 04/03/19 was her second TB skin test. -The BOM and the SIC were responsible to ensure the second TB skin test was administered. -The BOM and SIC were responsible for reviewing the resident records at least monthly.	C 202		