STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL009030	A. BUILDING: _____ B. WING _____	C 08/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURNER'S FAMILY CARE HOME # 1	2105 NC 410 HWY BLADENBORO, NC 28320

(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 August 4, 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 record reviews and interviews, the facility failed to ensure 3 of 3 sampled residents (#1, #2, #3) were tested for Tuberculosis (TB) disease in compliance with the guidelines from the Commission for Public Health. The findings are: 1. Review of Resident #3's current FL-2 dated 11/17/20 revealed diagnoses included major depressive disorder, secondary autism spectrum, and Asperger's disease. Review of Resident #3's Resident Register revealed she was admitted to the facility on 07/09/19.	C 202		

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C 202	Continued From page 1	C 202		

Review of Resident #3's record revealed there was no documentation of a 2 step TB skin test had been completed prior to or since admission to the facility.

Refer to interview with the Supervisor in Charge (SIC) on 08/04/21 at 12:30pm.

Attempted interview with the Administrator on 08/04/21 at 12:35pm was unsuccessful.

2. Review of Resident #2's current FL-2 dated 11/17/20 revealed diagnoses included schizophrenia, right knee pain, and lower back pain .

Review of Resident #2's Resident Register revealed he was admitted to the facility on 03/05/20.

Review of Resident #2's record revealed:
-A TB skin test was administered on 03/02/20 and read as 0mm on 03/04/20.
-There was no documentation a second step TB skin test was completed after 03/04/20.
-There was no documentation of any other TB skin test being completed prior to or since admission to the facility.

Based on observations and record reviews, Resident #2 was not interviewable.

Refer to interview with the SIC on 08/04/21 at 12:30pm.

Attempted interview with the Administrator on 08/04/21 at 12:35pm was unsuccessful.

3. Review of Resident #1's current FL-2 dated 11/17/20 revealed diagnoses included chronic

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	FCL009030	A. BUILDING: _____ B. WING _____	C 08/04/2021

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C 202	Continued From page 2 hepatitis C, diabetes mellitus, benign prostatic hypertrophy, and bilateral below the knee amputee. Review of Resident #1's Resident Register revealed an admission date of 06/19/20. Review of Resident #1's record revealed there was no documentation of a 2 step TB skin test being done prior to or since his admission to the facility. Interview with Resident #1 on 08/04/21 at 11:30am revealed: -He thought he had a TB skin test completed prior to his admission to the facility. -He thought the TB skin test was negative. -He did not have a chest x-ray for TB. -He did not recall the date of his TB skin test. Refer to interview with the SIC on 08/04/21 at 12:30pm. Attempted interview with the Administrator on 08/04/21 at 12:35pm was unsuccessful. _____ Interview with the SIC on 08/04/21 at 12:30pm revealed: -She thought Resident #3 had a TB skin test completed. -She was not aware there was no documentation the TB skin test was administered for Resident #3. -She was not sure if Resident #2 had a second step TB skin test completed or not. -The administrator was responsible to ensure the TB skin test was administered upon admission. -The administrator was responsible for ensuring TB skin test requirements were completed.	C 202		