

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL023063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/06/2023
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NAME OF PROVIDER OR SUPPLIER SERENITY LIVING #3	STREET ADDRESS, CITY, STATE, ZIP CODE 2129 MCCRAW ROAD MOORESBORO, NC 28114
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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 and complaint investigation on 09/06/23. The complaint investigation was initiated by the Cleveland County Department of Social Services on 08/23/23.	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 (#1 and #2) were tested for tuberculosis (TB) disease upon admission in compliance with control measures adopted by the Commission for Health Services. The findings are: 1. Review of Resident #1's current FL2 dated 04/03/23 revealed diagnoses included diabetes mellitus type 2 and chronic obstructive pulmonary disease. Review of Resident #1's Resident Register revealed an admission date of 01/03/21.	C 202	To be in compliance with rule 10A NCAC 13G .0702 (a) Tuberculosis test and Medical Examination. Serenity Living Administrator and SIC will assure that all items on the new admission list (TB-skin test) is one of item on the list. SIC and Administrator will assure any new resident have a step 4 TB skin before being allowed to move into Serenity Living facility and a step 2 TB skin test 21 days or later after admission. The SIC and Administrator will check all residents records on a quarterly bases to assure the facility stay in compliance. This process will take affect immediately.	10-3-2023

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Marickey's Huey Administrator
DATE
10-3-2023

STATE FORM

6899

WTZQ11

If continuation sheet 1 of 3

Reviewed and Acknowledged
Date: 10/04/23 CS

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C 202	<p>Continued From page 1</p> <p>Review of Resident #1's tuberculosis (TB) skin tests revealed: -There was documentation of one TB skin test placed on 05/29/12 with a negative result on 06/01/12. -There was documentation of a second TB skin test placed on 02/25/13 with a negative result on 02/27/13.</p> <p>Interview with Resident #1 on 09/06/23 at 2:00pm revealed: -She was admitted to a sister assisted living facility (ALF) in 2013. -She later moved out of the sister facility to live with a family member. -She lived with the family member for "one or two years." -The living arrangement with the family member did not work out and she was admitted to the current facility. -Later she was discharged from the current facility and went to live at another ALF facility in a neighboring county. -She did not like living in the ALF facility in a neighboring county and was readmitted to the current facility.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 09/06/23 at 3:11pm revealed: -She did not know if they had obtained a TB test for Resident #1 on her first admission to the facility after she had lived with a family member. -She thought they had obtained a TB test when Resident #1 was readmitted this last time. -If a TB test had been completed, the result should be filed in Resident #1's record. -She was responsible for ensuring TB tests were completed for residents upon admission.</p>	C 202		

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C 202	<p>Continued From page 2</p> <p>2. Review of Resident #2's FL2 dated 05/24/23 revealed diagnoses included Tourette's syndrome and bipolar mood disorder.</p> <p>Review of Resident #2's tuberculosis (TB) skin test revealed it was dated 09/05/08 and was read as negative.</p> <p>Interview with Supervisor-in-Charge (SIC) on 09/06/23 at 3:11pm revealed: -She did not know if a TB test for Resident #2 was completed prior to her admission to the facility. -She thought a TB test was completed for Resident #2 but was unable to locate the results. -If a TB test had been completed, the result should be filed in Resident #2's record. -She was responsible for ensuring TB tests were completed for residents upon admission.</p> <p>Attempted interview with Resident #2 on 09/06/23 at 2:00pm was unsuccessful.</p>	C 202		
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