


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092290	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/06/2023
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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 5518 POOLE ROAD RALEIGH, NC 27610
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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
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C 000	Initial Comments The Adult Care Licensure Section and Wake County Department of Social Services conducted an annual and follow up survey on July 6, 2023.	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 record reviews and interviews, the facility failed to ensure 2 of 3 sampled residents (#1, #2) admitted to the facility were tested for tuberculosis (TB) according to control measures of a two-step TB skin test adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL-2 dated 01/26/23 revealed a diagnosis of schizoaffective disorder.</p> <p>Review of Resident #1's Resident Register revealed Resident #1 was admitted to the facility on 10/12/22.</p> <p>Review of Resident #1's tuberculosis (TB) skin</p>	C 202	<p>Destiny family Care Home #4 has taken measures to ensure that Resident #1's Step 1 & 2 tests are adequately done and going forward; all admissions to the facility are tested for Tuberculosis prior to admission & step is carried out with not more than one week into admission.</p>	9/25/23

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE Administrator	(X5) DATE 9/18/23
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Received via fax on 10/05/23.
Reviewed and Acknowledged 10/25/23. *[Signature]*

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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME #4		STREET ADDRESS, CITY, STATE, ZIP CODE 5818 POOLE ROAD RALEIGH, NC 27810		
(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 202	Continued From page 2 tests revealed: -There was documentation for a TB skin test placed on 06/17/22 and read as negative on 06/20/22. -There was no documentation of a second step TB skin test or any other TB skin tests placed for Resident #2. Interview with Resident #2 on 07/06/23 at 3:40pm revealed: -He had a TB skin test last year -He had not had a TB skin test administered since last year. Refer to interview with the Owner on 07/06/23 at 11:52am. Interview with the Owner on 07/06/23 at 11:52am revealed: -Documentation for residents TB skin testing results was normally kept in the resident record behind the FL-2. -A TB skin test was required upon admission. -A second step TB was performed two weeks after the first TB skin test performed upon admission. -The Administrator was responsible to ensure documentation of TB skin testing results was received by the facility upon admission and filed in the resident's record.	C 202	<i>Destiny Family Care Home #4 is to ensure that tests are repeated on a yearly basis.</i>	<i>On going</i>

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C 202	<p>Continued From page 1</p> <p>tests revealed:</p> <ul style="list-style-type: none"> -There was documentation of a TB skin test placed on 11/03/22 and read as negative on 11/05/22. -There was no documentation of a second step TB skin test or any other TB skin tests for Resident #1. <p>Interview with Resident #1 on 07/06/23 at 3:20pm revealed:</p> <ul style="list-style-type: none"> -She had not been administered a TB skin test since admission to the facility. -She had not been asked to get a TB skin test since admission to the facility. -She remembered having a TB skin test administered before coming to live at this facility. <p>Interview with the Owner of the facility on 07/06/23 at 11:52am revealed:</p> <ul style="list-style-type: none"> -She and the Administrator were responsible for reviewing admission paperwork for potential residents to ensure necessary documents like TB skin test readings, were in the facility. -She remembered Resident #1 getting a TB skin test at a local medical clinic. <p>Refer to interview with the Owner on 07/08/23 at 11:52am.</p> <p>2. Review of Resident #2's current FL-2 dated 10/02/22 revealed diagnoses included hyperlipidemia, schizophrenia, non-insulin dependent diabetes mellitus, liver disease, and tobacco use.</p> <p>Review of Resident #2's Resident Register revealed the resident was admitted to the facility on 05/30/22.</p> <p>Review of Resident #2's tuberculosis (TB) skin</p>	C 202	<p>As in the 1st page, measures are not in place to ensure that Resident #2's Step 1 & 2 tests are done & completed. by _____</p>	9/25/23

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