

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/09/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER A TOUCH OF COUNTRY FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4159 BRANDON LANE BURLINGTON, NC 27217
--	--

(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 January 9, 2015.	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 observation, interview, and record review the Adult Care Home failed to assure 2 of 3 residents sampled (Residents #2 & #3) had completed the second step of the tuberculin test as required by the Commission for Health Services. The findings are:</p> <p>1. Record review of Resident #2 revealed the following: - FL-2 dated 07-11-14 revealed the following diagnoses of paranoid schizophrenia, shortness of breath, GERD (gastro-esophageal reflux disease), obstructive sleep apnea, pulmonary embolus, and hypertension. - Resident Register revealed the admission date of 05-05-2014. - Documentation from a physican's office visit of a tuberculin test given 04-24-2014, read as 0 mm on 04-26-2014 .</p>	C 202		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/09/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER A TOUCH OF COUNTRY FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4159 BRANDON LANE BURLINGTON, NC 27217
--	--

(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	<p>Continued From page 1</p> <ul style="list-style-type: none"> - No documentation of a 2nd tuberculin test. <p>Interview on 01-09-2015 with Resident #2 revealed;</p> <ul style="list-style-type: none"> - He did not remember if he had received the second tuberculin test. <p>Interview on 01-09-2015 at 11:30 am with the 1st Supervisor in Charge (SIC) revealed;</p> <ul style="list-style-type: none"> - He did not look inside the resident's records but only the Medication Administration Records to administer medications. - He revealed the other SIC or the Administrator handle the documentation and filing for the residents' records. - He stated he thought residents only required one TB (tuberculin) test or had a year to complete the test. <p>Interview on 01/09/2015 12:20 pm with the 2nd SIC revealed:</p> <ul style="list-style-type: none"> - She believed residents had a year to complete their 2nd TB test. - She stated she would review all residents records to assure all residents in the home have completed the 2nd step TB test. <p>Administrator was not available fora interview.</p> <p>2. Record review for Resident #3 revealed the following:</p> <ul style="list-style-type: none"> - An FL-2 dated 10-19-2014 with diagnosis which included chronic kidney disease (CKD), schizoaffective disorder, hypertension, lower extremity edema, allergic rhinitis, GERD (Gastro-esophageal reflux disease), constipation, depression. - Resident Register with an admission date of 10-08-2014. - Documentation from physician's office of TB test 	C 202		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/09/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER A TOUCH OF COUNTRY FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4159 BRANDON LANE BURLINGTON, NC 27217
--	--

(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	<p>Continued From page 2</p> <p>given on 09-16-2014 and read on 09-18-2014 as 0 mm.</p> <ul style="list-style-type: none"> - No documentation of a second TB test prior to, upon, or after admission to facility. <p>Resident #3 was unavailable for interview.</p> <p>Interview with the 2nd SIC on 01-09-2015 at 12:00 pm revealed the following:</p> <ul style="list-style-type: none"> - She thought residents had one year to receive the second TB test. - She did not know if Resident #3 had the second TB test. - The SIC will assure Resident #3 will have second TB test completed as soon as possible. <p>The Administrator was not available for interview.</p>	C 202		