

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL092189</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/02/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JACKSON FAMILY CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>221 EAST BARBEE STREET ZEBULON, NC 27597</b>
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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	{C 000}		
{C 140}	<p>10A NCAC 13G .0405(a)(b) Test For Tuberculosis</p> <p>10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with 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, NC 27699-1902. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure Tuberculosis (TB) testing was completed upon employment for one of three facility staff (Staff C) in compliance with control measures adopted by the Commission for Health Services. The findings are:</p> <p>Review of the employee record for Staff C revealed:</p> <ul style="list-style-type: none"> <li>- Staff C was listed as a Habilitation Technician I</li> <li>- There was no hire date listed.</li> <li>- A Record of TB Screening dated 1/26/15 included there were no signs or symptoms of</li> </ul>	{C 140}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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{C 140}	<p>Continued From page 1</p> <p>active TB disease.</p> <ul style="list-style-type: none"> <li>- There was no other documentation of TB testing in the employee record.</li> </ul> <p>Interview with the Adminsitrator on 3/02/15 at 12:11 p.m. revealed:</p> <ul style="list-style-type: none"> <li>- Staff C was hired March 2014.</li> <li>- After speaking to Staff C on the telephone, the Administrator said Staff C had negative TB testing and was to fax it to the facility today.</li> </ul> <p>No TB documentation was provided by the end of the survey.</p>	{C 140}		