

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAYLEE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 538 WARRINER STREET REIDSVILLE, NC 27320
---	--

(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 July 17, 2017.	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 review and interview, the facility failed to assure 1 of 3 sampled residents (Resident #3), residing in the facility, were tested upon admission for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of Resident #3's current FL-2 dated 10/03/14 revealed diagnoses included bipolar disorder, mental retardation, gastroesophageal reflux disease (GERD), asthma, back pain, and overweight.</p> <p>Review of Resident #3's record revealed: - Resident #3's Resident Register documented an admission date of 10/15/14. - Documentation for a negative TB skin test</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: FCL079091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAYLEE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 538 WARRINER STREET REIDSVILLE, NC 27320
---	--

(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> <p>administered on 07/22/14 and read on 07/24/14.</p> <ul style="list-style-type: none"> - No documentation of a TB skin since the admission to the facility. <p>Based on observation and record review on 07/17/15, it was determined that Resident #1 was unable to provide reliable information.</p> <p>Interview with the Administrator on 07/17/15 at 3:07 pm revealed:</p> <ul style="list-style-type: none"> - She had been employed at the facility since 2012 as the Administrator. - She was responsible for the admissions of new residents to the facility. - She was responsible for ensuring the residents had TB screening prior to admission to the facility. - Resident #3 was admitted from another facility, after spending two or three days at home with family members. - The Administrator was not clear on the requirements for TB screening requirements for new admissions. - She thought if a resident had one documented TB test prior to admission, the facility had one year from the TB test date to obtain another TB test. - She had previously scheduled (no specific date provided) a TB test for today (07/17/15). - Resident #3 was sent to a local urgent care earlier today (07/17/15) for the placement of the TB test. - She would contact the resident's physician's office, a former facility where the resident had resided and/or the local health department for documentation for any additional TB test results for Resident #3. - No documentation was provided regarding TB test prior to exit. 	C 202		