

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL076028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2015
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NAME OF PROVIDER OR SUPPLIER CAREGIVERS OF LIBERTY I	STREET ADDRESS, CITY, STATE, ZIP CODE 121 E RALEIGH STREET LIBERTY, NC 27298
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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 on 07/14/15 and 07/15/15.	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 interviews and record reviews, the facility failed to assure each resident had Tuberculosis (TB) testing upon admission with the control measures adopted by the Commission for Health Services for 2 of 5 sampled residents.</p> <p>The findings are:</p> <p>A. Review of Resident #1's record revealed: - An admission date of 06/15/09. - A single TB skin test given on 09/23/09 was read as negative on 09/25/09.</p> <p>Interview with on Resident #1 on 07/15/15 at 8:15 am revealed: - He had lived at the facility in the past and then moved to another, larger facility nearby. - He returned to the facility at least 4 - 5 years ago.</p>	C 202		

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

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C 202	<p>Continued From page 1</p> <ul style="list-style-type: none"> - He could remember having 2 TB skin tests when he first moved to the facility. - He recalled having another TB skin test while living at the larger facility. - He remembered having one more TB skin test after returning to the facility 4 - 5 years ago. <p>Interview with the Manager on 07/15/15 at 10:15 am revealed:</p> <ul style="list-style-type: none"> - He was certain that Resident #1 had a two-step TB process documented somewhere in the facility. - For some reason the documentation was not in Resident #1's record at this time. - He was unable to locate the TB documentation. - Resident #1 was scheduled to have the two step TB process repeated as soon as possible. <p>B. Review of Resident #4's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 07/13/09. - A TB skin test given on 05/16/08 was not documented as being read. - A TB skin test given on 08/13/18 was read as negative on 08/15/18. <p>Resident #4 was unavailable for interview.</p> <p>Interview with the Manager on 07/15/15 at 9:55 am revealed:</p> <ul style="list-style-type: none"> - He thought the 2 step TB skin test was complete on Resident #4. - The nurse is responsible for assuring all admission requirements are met and properly filed in the resident records. - The nurse recently left the facility and is no longer employed there. - Resident #4 was scheduled to have the 2 step TB process repeated as soon as possible. 	C 202		