

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092167	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2015
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NAME OF PROVIDER OR SUPPLIER ANN'S SUNRISE	STREET ADDRESS, CITY, STATE, ZIP CODE 400 PARNELL STREET 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
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 1 (Staff A) of 3 sampled staff were tested for Tuberculosis (TB) disease in compliance with Tuberculosis (TB) control measuring using the 2-step testing method.</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed: -She was hired as a Supervisor-in-Charge (SIC) on 12/20/12. -Documentation of a TB skin test given on 12/28/12 and read as negative on 12/31/12.</p>	C 140		

Division of Health Service Regulation 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>-Documentation of a TB skin test given on 6/4/14 and read as negative on 6/7/14.</p> <p>Interview with Staff A on 8/6/15 at 2:30 p.m. revealed: -She had two TB skin tests completed at the facility. -The office staff was responsible for keeping up with her TB skin tests.</p> <p>Telephone interview with the Director of Operations on 8/6/15 at 4:00 p.m. revealed: -She thought Staff A had a 2-step TB skin test within a 12 month period. -She found a TB skin test documented as given on 12/28/12 and read as negative on 12/31/12. -She found another TB skin test documented as given on 6/4/14 and read as negative on 6/7/14. -Staff A needed to start TB skin testing over again because she did not have a 2-step TB skin test within a 12-month period. -She did not give an exact date to complete the 2-step TB skin test for Staff A. -She was aware that staff needed to have a 2-step TB skin test within a 12 month period.</p> <p>Telephone interview with the Administrator on 8/6/15 at 2:45 p.m. revealed all questions about staff qualifications were referred to the Director of Operations.</p>	C 140		