AUG - 5 2015

PRINTED: 07/20/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	FCL076028		07/15/2015

NAME OF PROVIDER OR SUPPLIER: CAREGIVERS OF LIBERTY I

STREET ADDRESS, CITY, STATE, ZIP CODE: 121 E RALEIGH STREET, LIBERTY, NC 27298

County: Randolph

(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	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 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. 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. The findings are: 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 09/25/15. 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.	C 202	10A NCAC 13G. 0702 TB Test and Medical Exam #1 resident And #2 resident will have TB test administered by health dept and read. After 30 days Another TB test will be administered and read. Results will be put in residents' Charts. Manager / Administrator and/or will ensure upon admission residents have their 1ST TB tests administered and read before admission and 2ND TB will be administered and read according	1ST TB 7-15-15 2ND TB 8-17-15

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Manager (X6) DATE: 8-2-15

STATE FORM 6899 D5GZ11

Division of Health Service Regulation

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C 202	Continued From page 1 - 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. Interview with the Manager on 07/15/15 at 10:15 am revealed: - 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 chart 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. B. Review of Resident #4's record revealed: - An admission date of 07/13/09. - A TB skin test given on 05/16/08 was not documented as being read. 08 - A TB skin test given on 08/13/18 was read as negative on 08/15/18. 08 Resident #4 was unavailable for interview. Interview with the Manager on 07/15/15 at 9:55 am revealed: - 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	to rule. If coming from another facility manager/administrator will request TB results from previous facility and do one more TB test according to rule. Monitoring will take place upon new admissions to ensure compliance with rule. Staff will be instructed not to thin TB results out of residents charts *Please see Attachment for residents' first TB tests	

AUG - 5 2015

Randolph County Health Dept
2222-B S. Fayetteville Street
Asheboro, NC 27205
(336) 318-6200

irst Name_____ MI_____

ate of Birth_____

[redacted]
DOB [redacted]
[redacted] C#
[redacted] MEDID:
Hispanic Origin: Yes No

/Pacific Islander Other:_____

Sex: Male Female County of Residence:_____

Skin Test Record resident #1 **Allergies:**_____

Type	Date Administered	Time Administered	Administra-tion Site	Manufacturer & Lot Number	Date Read/ Results	Reason: S/P	Provider's Signature	Test Reader's Signature
Mantoux	7/15/15	10:00	LA ID	C45Y3AA	Not Read MWD	3/5	[redacted] RN	Not Read MWD
Mantoux					7/17/15 [redacted]			
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Randolph County Health Department
2222-B South Fayetteville Street
Asheboro, NC 27205

Reason Codes: 1. Work 2. School 3. Medical 4. Contact 5. Suspect 6. Case 7. Foreign Born

State
Private

Randolph County Health Department
2222-B S. Fayetteville Street
Asheboro NC 27205

RCHD 1/08, 3/2011

AUG - 5 2015

Randolph County Health Department

ASHEBORO, NORTH CAROLINA 27205-7368

Ira McDowell Governmental Center
2222-B South Fayetteville Street

Telephone (336) 318-6200
Fax (336) 318-6234

resident #4

TB SKIN TEST

Patient name: _____ , _____

DOB: [redacted] Race [redacted] Sex [redacted]

Date given: 7-15-15 Date read: 7-17-15

Results: 0 mm

Read by: [redacted] RN