

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL067020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/06/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PEARL'S FAMILY CARE HOME #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 ASH COURT JACKSONVILLE, NC 28540</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 record review and interview, the facility failed to assure 1 of 2 staff (Staff B) sampled had been tested for Tuberculosis (TB) disease in compliance with TB control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>1. Review of Staff B's employee record revealed: - Hire date of 06/03/05. - Staff A was hired as a Supervisor and was a medication aide. - Documentation of TB skin testing for Staff B</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}	Continued From page 1  revealed: - A negative TB skin test dated 3/18/05. - A negative TB skin test dated 3/24/06. - A negative TB skin test dated 7/28/08. Interview with the facility's Administrator/Owner on 11/06/15 at 2:00pm revealed: -All of the facility's staff records were reviewed and employees who needed 2-step TB skin tests should have been completed last year after state survey. -Staff B's 2-step TB skin test should be in her employee record. -If Staff B's 2-step TB skin test is not in her files, the facility will assure she receive the first TB skin test as soon as possible. - Staff B work at the facility as "Head Supervisor/medication aide".  Staff B was not available for interview.	{C 140}		