

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL033008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/08/2015
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NAME OF PROVIDER OR SUPPLIER GARRISON MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1414 SPRINGFIELD ROAD ROCKY MOUNT, NC 27801
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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 12/8/15.	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 interview and record review, the facility failed to ensure that 1 out of 3 sampled residents (Resident #1) received their 2nd-step TB skin test, and the facility failed to ensure 1 out of 3 sampled residents (Resident #2) were tested for Tuberculosis upon admission to facility and received a 2nd-step TB skin test.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 9/22/15 revealed an admission date of 9/22/15.</p> <p>Review of Resident #1's TB skin tests revealed: -One step was placed on 9/22/15 and read as negative on 9/25/15. -No other evidence of a TB skin test prior to 9/25/15 was provided. -No evidence of a 2nd-step TB skin test was</p>	C 202	<p>In order to be in compliance with rule 10A NCAC 13G.0702, the facility Administrator will ensure all new admissions have a completed TB Skin test prior to admission. Whether being admitted from the hospital, home or another facility, the Administrator will receive a copy of 1st Step TB skin test prior to admitting the resident. In addition if a resident is coming from another facility the discharging facility will provide copies of said residents' 1st and 2nd step TB skins prior to admitting the resident. The administrator will maintain a log of all resident TB skin test. Residents will have 2nd step TB skin test administered within 30 days of being in the home. The administrator will audit resident charts for compliance quarterly.</p>	01/31/16

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Received & approved
1-8-16 Vincent RN, BSN*