

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL084005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/11/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FOREVER YOUNG RETREAT II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>44867 BYRD ROAD ALBEMARLE, NC 28001</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 interview and record review, the facility failed to assure 1 of 3 sampled staff (Staff C) was tested for tuberculosis (TB) in compliance with control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of Staff C's personnel record revealed: -Staff C was hired on 08/28/06 as Administrator of the home. -A TB skin test dated 04/28/98 with negative results and no read date.</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> <ul style="list-style-type: none"> <li>-A TB skin test dated 06/07/01 with negative results and no read date.</li> <li>-A TB skin test dated 08/24/06 with negative results and no read date.</li> <li>-A TB skin test dated 04/21/10 with negative results and no read date.</li> <li>-There was no evidence of a previous 2-step TB skin test.</li> </ul> <p>Interview with Staff C on 05/11/16 at 3:30 pm revealed:</p> <ul style="list-style-type: none"> <li>-She and the Co-Administrator were responsible for ensuring staff completed the required TB testing and the documentation was maintained in their personnel records.</li> <li>-She was aware new employees had to have a 2-step TB skin test upon employment.</li> <li>-She thought with the previous TB skin tests she had, she did not need to do another TB skin test.</li> <li>-She thought she had TB skin tests every year "when we used to have to have this", but was only able to locate documentation for the 4 previous TB tests.</li> <li>-She contacted the local health department and her physician's office and there were no additional TB tests documented for her.</li> <li>-She made an appointment with the local health department to have the first of a 2-step TB test on 05/13/16.</li> <li>-She would review all staff records to ensure all staff had TB skin test according to TB testing requirements.</li> </ul>	C 140		