STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032119	A. BUILDING: _____ B. WING _____	12/11/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANGING PLACES FAMILY CARE HOME	725 HANSON ROAD DURHAM, NC 27713

(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 December 11, 2014.	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: TYPE B VIOLATION Based on observation, interview and record review, the facility failed to assure 1 of 3 Residents (#2) were tested tor tuberculosis (TB) in compliance with control measures using the 2 Step TB Skin Test. The findings are: Review of Resident #2's FL-2 dated 9/18/14 included diagnoses of Type II Diabetes Mellitus, high blood pressure and Alzheimer's disease. Review of the Resident Register revealed Resident #2 was admitted to the facility on 9/4/14. Review of Resident #2's record revealed: -Resident #2 had a prior FL-2 dated 8/19/14	C 202		

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C 202	Continued From page 1 which revealed the resident had a chest X-ray done. The chest X-ray was negative. -A chest X-ray dated 6/11/14 revealed the resident did not have pneumonia or edema. "There is no plural fusion or pneumothorax." There was no documentation the resident was tested for TB. -There was no documentation of a 2 Step TB test. Interview with a Manager/Supervisor-in-Charge (SIC) on 12/11/14 at 5:40 p.m. revealed: -The chest X-ray dated 6/11/14 was in Resident #2's record and was used to admit the resident to the facility. -The Manager did not know if Resident #2 had tested positive for TB. -The Manager revealed she contacted Resident #2's prior facility. The representative from the prior facility revealed the resident had the chest X-ray done on 6/11/14, because the resident had a fever. The chest X-ray was done on the resident to determine if the resident had pneumonia. -The Manager was not aware a chest X-ray could not be used to replace the 2 step TB testing. -The Manager was aware the 2 step TB testing had not been completed on Resident #2. -The Manager was responsible for keeping up with resident TB testing. -Before a resident is admitted to the facility, the first step TB test had to be completed. -The second step TB test is completed two weeks after the first step TB test is completed. A Plan of Protection dated 12/12/14 revealed: -Immediately, all residents will have the 2 Step TB tests completed prior to admission. -Current residents who do not have the 2 Step TB tests will have the tests completed.	C 202		

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C 202	Continued From page 2 -The facility's nurse will make sure the residents have the 2 Step TB tests completed before admission to the facility. Telephone interview with the Administrator on 12/12/14 at 10:05 a.m. revealed the Manager and the Administrator will monitor resident records monthly to assure TB tests are completed.	C 202		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure residents received care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to residents receiving the 2 Step TB Skin Test. The findings are: Based on observation, interview and record review, the facility failed to assure 1 of 3 Residents (#2) were tested tor tuberculosis (TB) in compliance with control measures using the 2 Step TB Skin Test. [Refer to Tag C202, 10A NCAC 13G .0702(a). (Type B Violation)]	C 912		