STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012037	A. BUILDING: _____ B. WING _____	R 05/19/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA'S COTTAGE # 2	5824 HOLLAND STREET MORGANTON, NC 28655

(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 Surveyor: 13513 The Adult Care Licensure Section conducted a follow-up survey on May 19, 2015. Surveyor: NC355	{C 000}		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 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. This Rule is not met as evidenced by: Surveyor: NC355 Based on observations and interviews the facility failed to provide tuberculosis (TB) testing for one live-in non-resident, who had been residing in the facility since 05/06/15. The findings are: Observations on 05/19/15 at 12:45pm revealed	C 140		

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C 140	Continued From page 1 four people in the home in addition to one staff member. Interviews with the Administrator on 05/19/15 at 1:29pm and 3:11pm revealed: -There were only three residents living in the facility. -The fourth person residing in the facility was not a resident but was a relative of the Supervisor-In-Charge (SIC). -The non-resident started living in the facility on 05/06/15, the day before her shoulder surgery. -The non-resident was "staying here temporarily due to shoulder surgery." -The situation was "unique" for the facility. -The non-resident was living at home prior to the surgery. -"She does her own meds." -The SIC took the non-resident to the doctor and physical therapy appointments on the SIC's days off. -The non-resident had her own private room. -The SIC paid for the non-resident's food. -"I never thought about doing [a TB test] for the non-resident, but we can get it taken care of. " -The facility nurse consultant can "come up and do one for her tomorrow." Interview with the non-resident on 05/19/15 at 1:18pm and 2:49pm revealed: -She had moved into the facility from her home for extra help following surgery on her shoulder which occurred on 05/07/15. -She received out patient physical therapy for her shoulder two times per week. -She thought she had a TB test in the past. -She did not think it had been that long ago since she had last had a TB test. -She was going to get in touch with her	C 140		

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C 140	Continued From page 2 physician's office and see if they had a copy of her last TB test. Interview with the SIC on 05/19/15 at 2:49pm revealed: - "I know she's had a chest x-ray in the past year for her shoulder" but the SIC did not think the x-ray had been done specifically for TB. -She was unsure whether any additional testing had been done for TB.	C 140		