STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL046017	A. BUILDING: _____ B. WING _____	12/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CYPRESS LANDING FAMILY CARE HOME	622 CULLEN ROAD HARRELLSVILLE, NC 27942

(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 12/9/15.	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: Based on interview and record review, the facility failed to assure 2 out of 3 sampled residents (Resident #1, #3) received their 2nd-step TB skin test and the facility failed to ensure 1 out of 3 sampled residents (Resident #3) received a TB skin test upon admission. The findings are: 1.Review of Resident #1's current FL-2 dated 7/2/15 revealed an admission date of 5/17/09. Review of Resident #1's personnel record revealed: -One TB skin test was placed on 6/4/07 and read as negative on 6/7/07. -One step was placed on 1/6/09 and read as negative on 1/9/09. -No other evidence of a TB skin test was	C 202		

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C 202	Continued From page 1 provided. Interview with the Administrator on 12/9/15 at 4:30PM revealed: -The Administrator could not give an explanation of how the second step was missed other than it was just an oversight. -The Administrator was going to start over with 2-step TB skin testing for Resident #1. 2.Review of Resident #3's current FL-2 dated 11/30/15 revealed an admission date of 11/17/15 Review of Resident #3's personnel record revealed: - One TB skin test was placed on 8/3/15 and read as negative on 8/6/15. -No other evidence of a TB skin test was provided. Interview with the Administrator on 12/9/15 at 4:30PM revealed: -The Administrator did not ensure a TB skin test upon admission for Resident #3. -Resident # 3 had an unrelated appointment scheduled 12/14/15 with a health care provider. -The Administrator would start over with a 2-step TB skin test at that time.	C 202		