STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092209	A. BUILDING: _____ B. WING _____	06/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE ASSISTED LIVING AT SOUTHERN OAKS	605 LAWSON CYPRESS LANE FUQUAY VARINA, NC 27526

(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 06/22/17.	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: Based on interviews and record reviews, the facility failed to assure 2 of 3 staff sampled (B, C) were tested upon employment for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. The findings are: 1. Review of Staff B's personnel file revealed: -She was hired as a medication aide / nurse aide on 03/19/17. -There was a tuberculosis (TB) skin test placed	C 140		

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C 140	Continued From page 1	C 140		

on 01/25/16 and read as negative on 01/28/16.
-There was a TB skin test placed on 09/28/16 and read as negative on 09/30/16.
-There was no documentation of any TB skin test upon hire for Staff B.

Interview with Staff B on 06/22/17 at 5:40 p.m. revealed:
-She had worked at the facility about 3 months.
-She remembered having two TB skin tests in the past.
-She could not recall the dates of the TB skin tests.

Refer to interview with the Administrator on 06/22/17 at 5:45 p.m.

2. Review of Staff C's personnel file revealed:
-She was hired as a medication aide / nurse aide on 04/25/17.
-There was a tuberculosis (TB) skin test placed on 08/15/16 and read as negative on 08/17/16.
-There was a TB skin test placed on 08/22/16 and read as negative on 08/24/16.
-There was no documentation of any TB skin test upon hire for Staff C.

Staff C was unavailable for interview.

Refer to interview with the Administrator on 06/22/17 at 5:45 p.m.

Interview with the Administrator on 06/22/17 at 5:45 p.m. revealed:
-He was responsible for the personnel files and staff qualifications.
-He did not realize Staff B and Staff C needed a TB skin test upon hire.
-He thought the two step TB skin tests from 2016

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C 140	Continued From page 2 for Staff B and Staff C were okay to use since the tests had been completed within 12 months of each other. -He would get another TB skin test completed for staff as required.	C 140		