Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032062	A. BUILDING: _____ B. WING _____	07/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B J'S FAMILY CARE HOME	716 HUGO STREET DURHAM, NC 27704

(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 July 27-28, 2017.	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 record reviews and interviews, the facility failed to assure each resident had tuberculosis (TB) disease testing upon admission to the facility in compliance with the control measures adopted by the Commission for Health Services for 1 of 3 (#1) sampled residents. The findings are: Review of Resident #1's FL-2 dated 5/23/17 revealed diagnoses included schizophrenia, hypertension and obesity. Review of Resident #1's Resident Register revealed the date of admission was 2/21/14. Review of Resident #1's record revealed: -Documentation of a TB skin test read as	C 202	The home will change the policy to reflect no admission or employment without the 2-step TB Test or a single Interferon Gamma Release Assay before admission or employment. 10/15/17 Staff will be trained on new TB Test Policy by 10/15/17 10/15/17 SIC and Administrator will monitor Quarterly for compliance of TB Testing to ensure it will not occur again 10/15/17	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: BBright

TITLE: Administrator

(X6) DATE: 10/3/17

POC reviewed and accepted 10/3/17 DAR

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C 202	Continued From page 1 negative on 3/02/15. -Documentation of a 2nd step TB skin test was not found in the resident's record. Interview with Resident #1 on 7/27/17 at 11:30 a.m. revealed he did not know the last time he had a TB skin test. Interview with the supervisor-in-charge (SIC) on 7/27/17 at 4:00 p.m. revealed the administrator was responsible for keeping track of residents' TB skin test. Interview with the administrator on 7/28/17 at 10:30 a.m. revealed: -She could not find documentation of a 2nd step TB skin test in Resident #1's record. -The monitoring plan in place for residents' TB skin test was 1st step prior to admission and the 2nd step within 2-3 weeks of admission. -She was responsible for making sure residents had a 2-step TB skin test. -She was responsible for auditing the residents' record for a 2-step TB skin test.	C 202		
C 934	G.S.131D-4.5B (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training	C 934	The home policy shall reflect that all mediction aide staff will be given annual in-service training that is an State Approved Infection Prevention training. Medication Aide will be given state approved Infection Prevention annually. The home administrator will monitor bi-annually to ensure in-service has been completed for each year.	10/15/17 8/10/17 8/10/17

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C 934	Continued From page 2 program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 2 of 2 sampled medication aides (Staff A and Staff B) had completed the state mandated infection control course training annually. The findings are: 1. Review of Staff A's, supervisor-in-charge (SIC), personnel record revealed: -He was hired to work at the facility on 05/17/04. -Documentation of a state mandated training on infection control dated 12/07/15 was found in Staff A's record. Interview with Staff A on 7/28/17 at 10:40 a.m. revealed he had only completed one state mandated training on infection control. Refer to interview with administrator on 7/28/17 at 10:50 a.m. 2. Review of Staff B's, administrator, personnel record revealed: -She was hired to work at the facility on May 1999. -Documentation of a state mandated training on infection control dated 12/07/15 was found in Staff B's record. Interview with Staff B on 7/28/17 at 10:30 a.m.	C 934		

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C 934	Continued From page 3 revealed she had only completed one state mandated training on infection control. Refer to interview with administrator on 7/28/17 at 10:50 a.m. Interview with the administrator on 7/28/17 at 10:50 a.m. revealed: -The state mandated control training on infection control for 2016 was overlooked by the administrator. -The administrator was responsible for making sure all medication aides had completed the state mandated training on infection control annually. -The administrator was responsible for auditing the medication aides' personnel records for the state mandated training on infection control. -Staff A and Staff B would complete the state mandated training on infection control for 2017 by August 10, 2017.	C 934		