STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL045103	A. BUILDING: _____ B. WING _____	C 12/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUNDVIEW FAMILY CARE HOME UNIT O	34 WEST MONET COURT FLAT ROCK, NC 28731

(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 3, 2018.	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 1 of 2 sampled staff (Staff A) were tested upon employment for Tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services.	C 140		

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C 140	Continued From page 1 The findings are: Review of Staff A's, Supervisor-In-Charge (SIC), personnel file revealed: -A hire date of 11/13/18. -Staff A had a TB skin test documented as placed on 08/10/18 and read as negative on 08/13/18. -Staff A had no other documentation of having a TB skin test prior to or upon hire. -There was no documentation of two TB skin tests within 12 months of each other. Interview with Staff A on 12/03/18 at 10:20am revealed: -She had worked at another facility prior to being hired to work in the current facility. -She had just had a TB test in August 2018 at the other facility where she had worked. -She would be willing to get another TB test immediately. Interview with the facility Property Manager on 12/03/18 at 10:15am revealed: -She was responsible for maintaining the personnel files. -She had thought she had three weeks from date of hire to obtain another TB test for Staff A. -She would immediately take Staff A to get another TB skin test.	C 140		