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PRINTED: 03/02/2021
FORM APPROVED

MAR 10 2021

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RALEIGH FCL036024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/26/2021
NAME OF PROVIDER OR SUPPLIER ST MARKS ROAD CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1230 ST MARK'S CHURCH ROAD CHERRYVILLE, NC 28021		
(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 February 26, 2021.	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 ensure 1 of 3 sampled residents (#2) had the second Tuberculosis (TB) disease test completed in compliance with the guidelines from the Commission for Public Health. The findings are: Review of Resident #2's current FL2 dated 12/28/20 revealed diagnoses included schizoaffective disorder and diabetes. Review of Resident #2's Resident Register revealed she was admitted to the facility on 10/13/20. Review of Resident #2's record revealed there was one TB skin test dated 12/03/20.	C 202	2-26-21 Immediately Called LHPS Nurse & NP to schedule a date. PLAN TO CORRECT: All TB Test will be proof read by Administrator before admission. Administrator will inform LHPS Nurse to administer 2nd TB Test within 14 Days of Admission AA/Administrator will check Resident Chart for 2step TB Test Results monthly. Any Resident that do not have a 2Step will immediately get one.	03-05-21

Division of Health Service Regulation

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

TITLE

(X6) DATE

Bernice R Hosch

Bernice R. Hosch

Admin

3-2-2021

STATE FORM

6899

EQ9W11

If continuation sheet 1 of 2

Reviewed and Acknowledged by Joseph Cline 03/17/21

Joseph Cline

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C 202	Continued From page 1 -There was no second TB test documented. Interview with Resident #2 on 02/26/21 at 12:00pm revealed she could not recall ever having a second TB skin test. Interview with the Administrator on 02/26/21 at 12:30pm revealed: -She had seen something that documented due to Covid-19 there had not been any TB serum available, but could not remember where she had seen it. -She was responsible to make sure that the TB skin tests were completed upon admission.	C 202			