STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL013047	A. BUILDING: _____ B. WING _____	03/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUBURBAN GUARDIANSHIP	1061 UNION STREET SOUTH CONCORD, NC 28025

(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 03/24/21.	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 interviews and record reviews, the facility failed to ensure 1 of 3 sampled residents (#3) had completed tuberculosis (TB) testing upon admission in compliance with the control measures for the Commission for Health Services. The findings are: Review of Resident #3's current FL2 dated 08/20/20 revealed diagnoses included dementia, hypertension, diabetes mellitus type 2, and glaucoma. Review of the Resident Register for Resident #3 revealed an admission date of 09/25/20. Review of Resident #3's immunization records	C 202		

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C 202	Continued From page 1 revealed there was documentation of a negative tuberculosis (TB) skin testing dated 08/22/20. Interview with the House Manager on 03/23/21 at 4:0pm revealed: -She thought Resident #3 had his second TB skin test completed when he was first admitted to the facility. -The Administrator was responsible for making sure residents had the TB testing completed upon admission. -She had not realized the TB test was not in Resident #3's record. -She was responsible for reviewing residents records monthly and making sure all requires testing and forms were in the record. -Resident #3's TB test was overlooked. Interview with the Administrator on 03/23/21 at 4:46pm revealed: -She was responsible for ensuring each resident had their first and second TB test completed. -She thought Resident #3's second step TB test was completed. -She did not know why the second TB test could not be found in the record. -Resident #3's second step TB test was overlooked. Attempted interview with Resident #3's Responsible Party (RP) on 03/23/21 at 4:30pm was unsuccessful. Based on observations, interviews, and record reviews it was determined that Resident #3.	C 202		