STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL033009	A. BUILDING: _____ B. WING _____	07/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MY GUARDIAN ANGEL FAMILY CARE HOME	514 COKEY ROAD ROCKY MOUNT, NC 27801

(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 07/21/21.	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 record reviews and interviews, the facility failed to ensure 2 of 3 sampled residents (#2, #3) were tested for Tuberculosis (TB) disease in compliance with the guidelines from the Commission for Public Health. The findings are: 1. Review of Resident #2's current FL-2 dated 02/08/21 revealed diagnoses included major depression, hypertension, gastroesophageal reflux disease (GERD), allergic rhinitis. Review of Resident #2's Resident Register on 07/21/21 revealed he was admitted to the facility on 02/01/16.	C 202		

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C 202	Continued From page 1 Review of Resident #2's record on 07/21/21 revealed there was no documentation TB skin test had been completed. Interview with the Administrator on 07/21/21 at 1:32pm revealed: -He thought Resident #2 had a TB skin test completed. -He was not aware there was no documentation the TB skin test was administered for Resident #2. Refer to the interview with the Administrator on 07/21/21 at 1:32pm. Refer to the interview with the Administrator on 07/21/21 at 3:01pm. 2. Review of Resident #3's current FL-2 dated 01/18/14 revealed diagnoses included mild mental retardation, hypertension, diabetes, hepatitis, seizures, schizophrenia and peripheral vascular disease (PVD). Review of Resident #3's Resident Register on 07/21/21 revealed he was admitted to the facility on 03/04/13. Review of Resident #3's record from the local health department on 07/21/21 revealed a documented dated 06/03/13 which stated the TB skin test was not available as of 05/06/13 due to a shortage. Review of Resident #3's record revealed: -A TB skin test was read as negative on 01/18/14. -There was no documentation a second step TB skin test was completed after 01/18/14. Interview with the Administrator on 07/21/21 at	C 202		

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C 202	Continued From page 2 3:01pm revealed: -He did not have proof Resident #3 had a second step TB skin test completed. -He was responsible to ensure the second step TB skin test was completed for Resident #3. Refer to the interview with the Administrator on 07/21/21 at 1:32pm. Refer to the interview with the Administrator on 07/21/21 at 3:01pm. _____ Interview with the Administrator on 07/21/21 at 1:32pm revealed: -He was responsible to ensure the TB skin test was administered upon admission. -He was responsible for ensuring TB skin test requirements were completed. Interview with the Administrator on 07/21/21 at 3:01pm revealed he knew all residents in the facility were to have the two step TB skin test completed.	C 202		
C 255	10A NCAC 13G .0903 (d) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (d) The facility shall assure action is taken in response to the licensed health professional review and documented, and that the physician or appropriate health professional is informed of the recommendations when necessary.	C 255		

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C 255	Continued From page 3 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the primary care provider (PCP) was informed of the recommendations from the licensed health professional review and documented for 1 of 3 sampled residents (#3). Review of Resident #3's current FL-2 dated 01/18/14 revealed diagnoses included mild mental retardation, hypertension, diabetes, hepatitis, seizures, schizophrenia and peripheral vascular disease (PVD). Review of Resident #3's licensed health professional support (LHPS) review and evaluation on 06/14/21 revealed: - A recommendation to have the PCP clarify the need for continuous Lantus 10 units (Lantus was used to treat diabetes) for diabetes due to Hemoglobin A1C of 4.5 (Hemoglobin A1C was measured to determine the percentage of hemoglobin proteins in the blood. The lower the Hemoglobin A1C level, the better the blood sugar control and lower risk of diabetes complications). -The Hemoglobin A1C was below normal range. Review of Resident #3's record on 07/21/21 revealed there was no documentation from the PCP acknowledging the Lantus recommendation after 06/14/21. Interview with the Administrator on 07/21/21 at 11:57am revealed: -He was responsible for ensuring the LHPS recommendations were communicated to the PCP. -He thought he had the recommendation clarified by the PCP. Attempted telephone interview with the PCP on	C 255		

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C 255	Continued From page 4 07/21/21 at 3:23pm was unsuccessful.	C 255		