STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL045122	A. BUILDING: _____ B. WING _____	07/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORE'S HOME HENDERSON # 21	2408 SPARTANBURG HWY EAST FLAT ROCK, NC 28726

(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 07/29/21.	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 (Resident #2) 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 #2's current FL2 dated 05/14/21 revealed diagnoses included epilepsy, dysphagia, aphasia, and dementia. Review of the Resident Register for Resident #2 revealed an admission date of 05/14/21. Review of Resident #2's immunization records	C 202		

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C 202	Continued From page 1 revealed there was no documentation of a tuberculosis (TB) skin test. Interview with the Supervisor-in-Charge (SIC) on 07/29/21 at 1:56pm revealed: -The facility nurse responsible for administering TB tests to residents once admitted. -She would call the facility nurse when a new resident was admitted to the facility. -She could not remember if she notified the facility nurse that Resident #2 needed a TB test. -She did not know Resident #2 did not have a TB test completed upon admission. Interview with the House Manager on 07/29/21 at 1:35pm revealed: -She did not realize Resident #2 did not have a TB test completed. -She reached out to Resident #2's previous facility 2-3 days prior to her admission but was unsuccessful in obtaining TB test results. -She and the SIC were responsible for making sure residents had a TB test upon admission. -She could not recall scheduling a TB test for Resident #2. -When Resident #2 was admitted, the Health Department was not completing TB testing and the facility nurse was busy administering COVID-19 vaccines. -She did not think reach out to another provider to obtain a TB test for Resident #2. Interview with the Administrator on 07/29/21 at 2:12pm revealed: -The House Manager was responsible for making sure all residents' TB test were completed. -He expected all residents to have TB testing upon admission. -He did not realize Resident #2 did not have a TB test.	C 202		

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C 202	Continued From page 2 -He had not reviewed Resident #2's record to determine if her TB testing was completed. Based on observations, interviews and record reviews it was determined Resident #2 was not interviewable.	C 202		