

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CLARA'S COTTAGE # 2

5824 HOLLAND STREET
MORGANTON, NC 28655

(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 and a follow-up survey on March 23, 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 interviews and record reviews, the facility failed to ensure 2 of 3 sampled residents (#2 and #3) had completed tuberculosis (TB) testing upon admission in compliance with the control measures for the Commission for Health Services. The findings are: 1. Review of Resident #2's current FL2 dated 12/01/20 revealed diagnoses included hypertension, anxiety, and gastroesophageal reflux disease. Review of the Resident Register for Resident #2 revealed an admission date of 10/18/18.	C 202	TB tests were initiated on each resident that we could not either locate the results of TB tests or it had not been completed. The tests were began on 3/25/2021, both residents were read on were negative. The 2nd step for TB was then done and both were negative. From this point forward we will ensure all tests were completed during hospital stay. If not a 2 step will be completed for all admissions.	

Division of Health Service Regulation

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



TITLE

Administrator

(X6) DATE

5/28/21

STATE FORM

9880

0BS911

If continuation sheet 1 of 3

Reviewed and accepted
on 6/8/21 DMS

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL012043	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/23/2021
NAME OF PROVIDER OR SUPPLIER CLARA'S COTTAGE # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 5824 HOLLAND STREET MORGANTON, NC 28655		
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TITLE

(X6) DATE

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C 202	Continued From page 1 Review of Resident #2's immunization records revealed there was documentation of a negative tuberculosis (TB) skin testing dated 11/02/18. Interview with Resident #2 on 03/23/21 at 1:00pm revealed she could not remember if she received a second TB skin test or not after she was admitted. Interview with the Supervisor-in-Charge (SIC) on 03/23/21 at 1:15pm revealed: -Resident #2 had her first TB skin test upon arrival to the facility. -Resident #2 was to have her second TB skin test within a week after admission to the facility. -It was his responsibility to notify the Nurse and schedule the second TB skin test. Interview with the Administrator on 03/23/21 at 2:08pm revealed: -Resident #2 required a second TB skin test 7 days after the first TB skin test was administered on 10/30/18. -She "dropped the ball" on ensuring Resident #2 had her second TB skin test by 11/07/18. 2. Review of Resident #3's current FL2 dated 12/01/20 revealed diagnoses included mental retardation, hypertension, atrial fibrillation and hypothyroidism. Review of the Resident Register for Resident #2 revealed an admission date of 07/13/20. Review of Resident #3's immunization record revealed there was documentation of a record of TB screening dated 06/25/19. Interview with the Supervisor-in-Charge (SIC) on 03/23/21 at 1:15pm revealed:	C 202		

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C 202	Continued From page 2 -Resident #3 was a transfer from their sister facility that closed. -Resident #3 had one TB skin test dated 06/25/19 and there was no documentation of a second TB skin test. -It was his understanding Resident #3 did not require a second TB skin test because Resident #3 transferred. -It was his responsibility to notify the Nurse and schedule the second TB skin test. Interview with the Administrator on 03/23/21 at 2:08pm revealed: -Resident #3 required a second TB skin test upon admission to the facility. -She did not know Resident #2 did not have record of TB testing upon admission. -She "dropped the ball" on ensuring Resident #3 had her second TB skin upon admission to the facility on 07/13/20.	C 202		