STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092219	A. BUILDING: _____ B. WING _____	03/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF FUQUAY VARINA	6516 JOHNSON POND ROAD FUQUAY VARINA, NC 27526

(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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 02/28/23 - 03/01/23.	D 000		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult 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 observations, interviews, and record reviews , the facility failed to ensure 3 of 5 residents (#3, #4, #5) sampled were tested for tuberculosis (TB) disease upon admission. The findings are: 1. Review of Resident #5's current FL-2 dated 08/11/22 revealed diagnoses included senile dementia delirium, agitation, and rheumatoid arthritis. Review of Resident #5's Resident Register revealed the resident was admitted to the facility on 12/11/17. Review of Resident #5's tuberculosis (TB) skin tests revealed: -There was no documentation of any TB skin	D 234		

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D 234	Continued From page 1	D 234		

tests for Resident #5.
-There was no documentation of a history of a positive TB skin test for Resident #5.

Review of Resident #5's chest x-ray results dated 12/27/17 revealed:
-The chest x-ray was normal.
-There was documentation specific to rule out TB disease noted on the chest x-ray.

Attempted interview with Resident #5's Power of Attorney on 03/01/23 at 2:34pm was unsuccessful.

Interview with the contracted hospice nurse on 03/01/23 revealed:
-Hospice start of care was on 01/31/23.
-She did not know if Resident #5 had a history of TB.
-She did not know if Resident #5 had a history of a positive TB skin test.

Interview with the Resident Care Coordinator on 03/01/23 at 10:50am revealed:
-She did not work at the facility when Resident #5 was admitted on 12/11/17.
-She did not know if Resident #5 had a medical history of TB.
-She looked for Resident #5's medical information in boxes stored at the facility.
-She looked for Resident #5's medical information in the facility's outside storage building.
-She could not find Resident #5's record of a TB skin test.

Refer to interview with the Health and Wellness Director (HWD) on 03/01/23 at 12:41pm.

2. Review of Resident #3's current FL-2 dated

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D 234	Continued From page 2	D 234		

02/28/23 revealed:
-Diagnoses included hypertension, gastroesophageal reflux, vitamin D deficiency, hypothyroidism, insomnia, dementia with behavior disturbance, and chronic kidney disease.
-Resident #3 was admitted on 06/25/21.

Review of Resident #3's Resident Register revealed the date of admission was blank, but the form was signed by the resident's family member on 06/24/21.

Review of Resident #3's tuberculosis (TB) skin tests revealed:
-There was documentation of a TB skin test placed on the left forearm on 02/28/23.
-There was no documentation of prior TB skin tests.
-There was no documentation of a chest x-ray or history of positive TB skin test.

Interview with the Health and Wellness Director (HWD) on 02/28/23 revealed:
-She was unable to locate Resident #3's records of TB skin tests.
-Resident #3's record had been thinned and she was unsure where these records were located.

Refer to interview with the HWD on 03/01/23 at 12:41pm.

3. Review of Resident #4's current FL-2 dated 02/09/23 revealed diagnoses included Alzheimer's disease, Parkinson's disease, major depressive disorder, osteoporosis, gastroesophageal reflux disease, Vitamin D deficiency, and neurocognitive disorder with Lewy body.

Review of Resident #4's Resident Register

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D 234	Continued From page 3 revealed the date of admission was blank but the form was signed on 07/21/21. Review of Resident #4's Resident Information form revealed the resident was admitted to the facility on 07/26/21. Review of Resident #4's tuberculosis (TB) skin tests revealed there was no documentation of any TB skin tests for the resident. Based on observations, interviews, and record reviews, it was determined Resident #4 was not interviewable. Telephone interview with Resident #4's family member on 03/01/23 at 3:20pm revealed: -He thought the resident had at least one TB skin test at a local pharmacy/clinic that was negative when the resident was admitted to the facility. -He was unsure if the resident had a second TB skin test. Refer to interview with the Health and Wellness Director (HWD) on 03/01/23 at 12:41pm. _____ Interview with the HWD on 03/01/23 at 12:41pm revealed: -She was responsible for ensuring the required TB skin tests were completed for residents upon admission to the facility. -She started working at the facility as the HWD about 7 months ago and she started auditing residents' records, including TB testing, about 1 and ½ months ago. -She had not completed auditing the residents' record and she was not aware some residents' TB testing was not documented and on file.	D 234		