STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL080004	A. BUILDING: _____ B. WING _____	04/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARY'S FAMILY CARE HOME	485 LONG FERRY ROAD SALISBURY, NC 28144

(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 April 20, 2023.	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 1 of 3 sampled residents (#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 05/11/22 revealed diagnoses included anxiety/depression, constipation, and back pain. Review of Resident #2's Resident Register revealed an admission date of 06/14/19. Review of Resident #2's TB skin testing records revealed: -There was documentation of a TB skin test	C 202		

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C 202	Continued From page 1	C 202		

administered on 05/29/19 with a negative reading on 05/31/19.
-There was no other documented TB skin tests or results available for review.

Interview with the Administrator on 04/20/23 at 11:45am revealed:
-She was responsible for ensuring all newly admitted residents had TB skin tests completed upon admission.
-She knew that all residents required documentation of one negative TB skin tests upon admission to the facility.
-Resident #2 was admitted to the facility in June 2019 from a private residence.
-Resident #2 had documentation of a negative TB skin test just prior to admission to the facility
-She thought the single TB skin test was close enough to adminission to count as an admission TB skin test and if another TB skin test was required the resident's primary care provider (PCP) would have administered the second TB skin test.

Telephone interview with a nurse at Resident #2's PCP office on 04/20/23 at 10:50am revealed:
-The PCP's office administered a single TB skin test for Resident #2's admission to the family care home on 05/29/19 and documented a negative test result read on 05/31/19.
-The PCP's office routinely administered a TB skin test for admission to assisted living facilities.
-She was not aware a second negative TB test was required after admission to complete a 2 step TB skin test series.
-The facility should have called to schedule a second TB skin test if needed.

Interview with Resident #2 on 04/20/23 at 12:30pm revealed she did not recall if she had a

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C 202	Continued From page 2 TB skin test done at the PCP's office one or two times.	C 202		