STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051057	A. BUILDING: _____ B. WING _____	R 07/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS AT BENSON VII	606 EAST MORRIS AVENUE BUILDING 7 BENSON, NC 27504

(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 follow-up survey on 07/05/23.	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 (#1) was tested for tuberculosis (TB) disease upon admission in compliance with control measures adopted by the Commission for Health Services. The findings are: Review of Resident #1's current FL-2 dated 09/08/22 revealed diagnoses included bipolar disorder episode, depressed with psychotic features and cognitive disorder. Review of Resident #1's Resident Register revealed the resident was admitted from a local hospital to the facility on 03/29/22. Review of Resident #1's tuberculosis (TB) skin	C 202		

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C 202	Continued From page 1	C 202		

tests on 07/05/23 revealed there was no documentation of any TB skin tests for the resident.

Interview with Resident #1 on 07/05/23 at 5:00pm revealed:
-He did not recall if he had any TB skin tests.
-He did not recall having TB disease.

Interview with the Administrator on 07/05/23 at 5:15pm revealed:
-She was responsible for making sure all residents had a one-step TB skin test upon admission and a second-step TB skin test about 3 weeks after the first step.
-Resident #1 should have a two-step TB skin test but she could not find it.
-She usually audited the residents' records every 3 months, and she last audited them in April 2023.
-She could not recall if Resident #1's TB skin tests were on file when she audited the residents' records in April 2023.
-Resident #1 was admitted from a local hospital so she would try to contact the hospital for any TB skin tests on file there.

Review of Resident #1's hospital discharge summary dated 03/09/22 received from the facility on 07/06/23 revealed:
-The resident was admitted to the hospital on 02/22/22 and discharged on 03/09/22.
-The section for immunizations administered for this admission included PPD test (a TB skin test) dated 03/04/23 but the date was marked through and "deferred" was printed beside it.
-There was a second line with PPD test dated 03/04/23 and below that was the manufacturer, lot number, and expiration date.
-There was no documentation of any TB skin test

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C 202	Continued From page 2 being read. -There was documentation of a portable chest x-ray completed on 02/22/22 with no acute airspace disease. -There was no documentation regarding TB noted in the chest x-ray results. -There was no documentation of the resident having a history of a positive TB skin test.	C 202		