

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL039011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/03/2023
NAME OF PROVIDER OR SUPPLIER DAVIS FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 408 MIMOSA STREET OXFORD, NC 27565		
(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 October 3, 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 (Resident #3) completed a two-step tuberculosis (TB) testing in compliance with control measures from the Commission for Health Services. The Findings are: Review of Resident #3's FL-2 dated 09-18-23 revealed diagnoses included schizophrenia. hypertension and a risk for falls. -There was a TB card from the local health department for Resident #3 documenting Resident #3 was administered a TB skin test on 10/10/14 and read as negative on 10/13/14. -There was no documentation of a second step TB skin test administered for Resident #3 on the health department card. -There was no documentation of a second step	C 202		

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

TITLE

(X6) DATE

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C 202	Continued From page 1 TB skin test in Resident #3's record. Interview with Resident #3 on 10/03/23 at 4:05pm revealed: -She was aware she needed to have TB skin testing before being admitted to the facility on 07/30/09. -The Administrator took her to the local health department, after she was admitted, to have her first TB skin test which was negative. -She remembered taking the first TB skin test and told by the nurse to come back for the second step but did not remember being taken to have the second test, she remembers only the first TB testing. -She did not remember being asked to go to get the second TB skin testing done. Interview with the Administrator on 10/03/23 at 4:15pm revealed: -Residents are required to have at least the first step TB skin test by the first week of admission. - Resident #3's case manager took Resident #3 to have the first TB skin test done at the local health department before moved into the facility on 07/30/09. -Resident #3's TB card was placed in her facility record. -There was a place on the health department TB card for the documentation of the second TB skin testing. -There was no documentation on the card or in Resident #3's record of a second TB skin test for Resident #3. -She thought she took Resident#3 to have the second TB skin test after she settled into the facility but could not find the documentation. - She needed to start over with the 2 step TB skin test for Resident #3.	C 202		