

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/03/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MIMS FAMILY CARE HOME

**6337 MIMS ROAD
HOLLY SPRINGS, NC 27540**

(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 10/03/23.	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 2 of 3 sampled residents (#1, #2) were tested for Tuberculosis (TB) disease in compliance with the guidelines from the Commission for Public Health. The findings are: 1. Review of Resident #1's current FL-2 dated 01/24/23 revealed diagnoses included history of tuberculosis, depression, asthma, insomnia, hyperlipidemia, and history of tobacco use. Review of Resident #1's Resident Register revealed he was admitted to the facility from another facility on 11/27/20. Review of Resident #1's record revealed: -There was a record of tuberculosis screening	C 202		

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER MIMS FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 6337 MIMS ROAD HOLLY SPRINGS, NC 27540		
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C 202	Continued From page 1 dated 06/11/13. -The tuberculosis screening was to be used for persons who have had a significant reaction to the tuberculin skin test, have had a negative chest x-ray, and needed a record of their tuberculosis status. -There was no record of a chest x-ray. -There was no record of a positive tuberculin skin test. Interview with Resident #1 on 10/03/23 at 12:37pm and 2:13pm revealed: -He had a positive tuberculin skin reaction and took medication for six months. -He was not sure the date he had a positive tuberculin skin reaction. -His last tuberculin test was in the year 2013; he was not sure of the exact date. Interview with the Supervisor in Charge (SIC) on 10/03/23 at 11:51am revealed: -She thought she had all the documents for Resident #1's tuberculin skin test because he came from another facility. -She thought the screening for tuberculosis was the only documentation she needed. Refer to interview with the SIC on 10/03/23 at 11:51am. 2. Review of Resident #2's current FL-2 dated 04/24/23 revealed diagnoses included hepatitis C, hypertension, diabetes, and chronic obstructive pulmonary disease. Review of Resident #2's Resident Register revealed he was admitted to the facility on 01/08/21. Review of Resident #2's record revealed:	C 202		

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C 202	Continued From page 2 -A tuberculin skin test was administered on 12/08/20 and was read as negative on 12/10/20. -There was no documentation that a second step tuberculosis skin test was administered and read. Interview with Resident #2 on 10/03/23 at 2:55pm revealed he took a tuberculin skin test when he was admitted to the facility. Interview with the SIC on 10/03/23 at 11:51am revealed she was not aware Resident #2 needed a second step tuberculin skin test. Refer to interview with the SIC on 10/03/23 at 11:51am. _____ Interview with the SIC on 10/03/23 at 11:51am revealed: -She was aware residents had to have a tuberculin skin test upon admission. -She did not know she was responsible to ensure the tuberculin skin test were administered. -She was responsible for ensuring that the Residents had their tuberculin skin test results in their records. -She was responsible for auditing the residents' records to ensure that all documentation needed was there. -She had not audited the residents' records in a while (not sure of exact date).	C 202			