STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092285	A. BUILDING: _____ B. WING _____	R 01/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE ASSISTED LIVING	4520 DILFORD DRIVE RALEIGH, NC 27604

(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 January 19, 2024.	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, #3) had Tuberculosis (TB) testing completed in compliance with control measures adopted by the Commission for Public Health. The findings are: 1. Review of Resident #1's current FL-2 dated 09/16/23 revealed diagnoses included hypertensive heart disease, congestive heart failure, hypertension, hyperlipidemia. Review of Resident #1's Resident Register revealed he was admitted to the facility from another facility on 09/20/23. Review of Resident #1's record revealed there was no documentation of TB testing.	C 202		

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C 202	Continued From page 1 Refer to interview with the House Manager on 01/19/24 at 2:00pm. Refer to interview with the Administrator on 01/19/24 at 2:15pm. 2. Review of Resident #3's current FL-2 dated 12/07/23 revealed diagnoses included hyperlipidemia, diabetes mellitus type 2, dysphagia, liver disease, and hyperlipidemia. Review of Resident #3's Resident Register revealed he was admitted to the facility from home on 11/07/23. Review of Resident #3's record revealed: -A tuberculosis (TB) skin test was administered on 11/08/23 and was read as negative on 11/11/23. -There was no documentation that a second step tuberculosis skin test was administered and read. -There was no other documentation in the record regarding TB status or symptoms. Refer to interview with the House Manager on 01/19/24 at 2:00pm. Refer to interview with the Administrator on 01/19/24 at 2:15pm. _____ Interview with the Assistant Administrator on 01/19/24 at 2:00pm revealed: -The 2-step tuberculosis (TB) testing was completed for each resident upon admission. -The facility nurse and herself were responsible for maintaining the records and making sure the TB testing was complete for each new resident. -She was auditing each resident record to ensure all documentation was updated but had not	C 202		

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C 202	Continued From page 2 completed the charts. Interview with the Administrator on 01/19/24 at 2:15pm revealed: -He was not aware that Resident #2 did not have documentation of a 2-step TB test, and that Resident #3 did not have documentation of a second step TB test. -Resident's #1 and #3 did not have their two-step TB testing completed upon admission. -The Assistant Manager and the facility nurse were responsible for maintaining the records and making sure the TB testing was complete for each new resident.	C 202		