Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092284	A. BUILDING: _____ B. WING _____	10/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ONE CHOICE FAMILY CARE HOME INC	7305 PERRY CREEK ROAD RALEIGH, NC 27616

(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 October 10, 2024.	C 000		
C 202	10A NCAC 13G .0702 (a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination, and Immunizations (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 Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. 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 FL-2 dated 05/28/24 revealed diagnoses included schizophrenia, bipolar mood disorder, hyperlipidemia, prediabetes, colostomy, chronic obstructive pulmonary disease (COPD), and gangrene. Review of Resident #2's Resident Register revealed there was an admission date of 05/09/23.	C 202	In responding to Item C202, Moving forward upon admission, any resident that is admitted into the facility will have a TB (negative) ~~result~~ on file. I will ensure that after one week of admission, the resident will be taken to the Local Pharmacy nearby ~~to~~ have the tb test done	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Administrator/ Owner (X6) DATE 10/28/2

RECEIVED AND ACKNOWLEDGED ON 11/01/24 BY NURSE CONSULTANT

Tina B Nielsen

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C 202	Continued From page 1 Review of Resident #2's record revealed there was no documentation of tuberculosis (TB) skin tests in his record. Interview with Resident #2 on 10/10/24 at 8:45am revealed he did not remember if he had a TB skin test completed before being admitted to the facility. Interview with the Supervisor in Charge (SIC) on 10/10/24 at 10:45am revealed: -He could not locate the TB skin tests in Resident #2's record. -He had reviewed the other records to ensure that the TB skin tests were not misplaced in another record. -The Administrator was responsible for ensuring residents had their TB skin tests completed and would take them to the local pharmacy which provided TB skin tests Interview with the Administrator on 10/10/24 at 9:45am revealed: -She thought Resident #2 had his TB skin tests, but she could not locate the TB skin test in Resident #2's record. -She made sure all the residents had at least one TB skin test done before they were admitted to the facility. -She would have a second one done at a local pharmacy which provided TB skin tests. -She was responsible for ensuring residents had TB skin tests completed.	C 202		