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
	076-038	A. BUILDING: _____ B. WING _____	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDNA'S PLACE	963 ROCKCLIFF TERRACE ASHEBORO, NC 27205

(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 04/03/25.	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 observations, interviews, and record reviews, the facility failed to ensure 1 of 3 sampled residents (3) had completed two-step tuberculosis (TB) testing in compliance with the control measures for the Commission for Health Services. The findings are: Review of Resident #3's current FL2 dated 12/06/24 revealed diagnoses included Alzheimer's disease, chronic heart failure, chronic kidney disease, neuropathy, COPD, history of falls and hypertension. Review of Resident #3's Resident Register revealed an admission date of 06/07/23. Review of Resident #3's TB skin tests revealed:	C 202	Resident #3' will be receiving an a 2nd TB test by May 5th (family will be coming to take her) In the future all documents for admission will be reviewed and checked off to make sure that no area is missed and that all TB test are completed and in the file. I will also review all residents charts to make sure that I did not over look have received 2. I as the administrator will see that this is done	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 04/28/25

"Reviewed and Acknowledged" CPP 06/02/25

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C 202	Continued From page 1 -There was documentation Resident #3 had a TB skin test administered on 05/11/23 and was read as negative on 5/14/23. -There was no documentation of the second step TB test. Interview with the Administrator on 04/03/25 at 2:00pm revealed: -She was not aware Resident # 3 did not have a second step TB test. -She was responsible for ensuring residents had their first step TB skin test completed prior to admission and a second step TB skin test scheduled upon admission. -Resident #3 resided in another facility prior to being admitted to the family care home. -She audited the residents' records to ensure that both TB tests were completed but missed that the second step was not completed. -She attempted to contact the former facility but was unable to reach them.	C 202		