

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/15/2019
NAME OF PROVIDER OR SUPPLIER LYRA FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 503 QUAKER DELL LANE CARY, NC 27519		
(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 initial survey on 11/15/19.	C 000		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with 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, NC 27699-1902. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 1 of 3 sampled staff (Staff A) was tested upon hire for Tuberculosis (TB) disease. The findings are:	C 140	Since the survey the SIC has had a TB test placed and read. All other employee files were reviewed and all are now compliant with having a 2 step TB. Going forward the Admin will ensure that all staff have a 2 step TB upon hire, before staff are allowed to work shifts with residents. The administrator will be responsible for auditing new employee files within 30 days of their hire and prior to scheduling for shifts. This new system will begin November 18, 2019	11/28/19

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

STATE FORM

[Signature]

6809

6N3V11

TITLE

Admin

(X6) DATE

12/10/19

If continuation sheet 1 of 2

POC reviewed and accepted
12/16/19
D. Dawson-Rogers

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C 140	Continued From page 1 Review of Staff A's, Supervisor-in-Charge (SIC), personnel record revealed: -She was hired on 08/20/18. -There was documentation of a TB skin test placed on 05/10/16 and read on 05/12/16 as negative. -There was no documentation of another TB skin test. -There was no documentation in Staff A's record regarding the shortage of tuberculin skin test antigen. Interview with Staff A on 11/15/19 at 5:00 pm revealed -Staff A did not know she needed a TB skin test for this facility. -She had a TB skin test from another facility. -The staff was responsible for obtaining their own TB skin test. Telephone interview with the Administrator on 11/15/19 at 5:43 pm revealed: -She did know Staff A did not have a TB skin test for this facility. -She had not completed 2 step TB skin test for Staff A for this facility because of the shortage of tuberculin skin test antigen. -She would make sure Staff A had a 2 step TB skin test completed. -The staff was responsible for one TB skin test prior to hire. -The staff was also responsible for the 2nd TB skin test being completed within 30 days of hire. -The Administrator was responsible for making sure staff had 2 step TB skin test completed within 30 days of hire.	C 140			