Received via electronic mail 04/13/23.

Plan of Correction

1. **Reference to the out of compliance issues: Deficiency Description**: 10A NCAC 13G.0702(a) Tuberculosis Test and Medical Examination

Comment:
This rule was not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled residents (#3) had completed tuberculosis (TB) testing upon admission in compliance with the control measures for the Commission by Health Services.

Findings:
Review of Resident's #3's current FL2 dated 03/21/23 revealed diagnoses included Schizoaffective Disorder Bipolar Type.
Review of Resident #3's Register revealed an admission date of 12/31/20.
Review of Resident's #3's (TB) skin testing record dated 12/20/20 revealed: There was documentation of a TB skin test applied on 12/28/20 with a negative reading on 12/30/20. There was no other documented TB skin test or results available for review.

Telephone interview with a representative from the local County Division of Public Health on 03/29/23 at 11:30am revealed they only had one TB skin test on record for Resident #3 and it was dated 12/28/2020. A telephone interview with Resident #3's guardian on 03/29/2023 at 11:35 am revealed: Resident #3 had been admitted to the facility from a different facility. Resident #3's previous facility had since closed. She did not have access to Resident's #3's history of TB skin tests.

Interview with the Administrator on 03/29/23 at 11:45 am revealed: She had not been made aware that Resident #3's TB skin tests from her previous facility were not available in her resident record. She knew that all residents are required to have TB skin tests upon admission in her resident record. She was responsible for ensuring all newly admitted residents had TB skin tests completed upon admission. It was possible that Resident #1 had completed a series of TB skin tests at the facility she resided at prior to her admission, but that facility had since closed. She usually requests documentation of completed TB skin tests, prior to admitting residents to the facility, but she must have overlooked resident #3. Interview with resident #3 on 03/29/23 at 12:40pm revealed she could not remember if she had completed two TB skin tests upon admission to the facility or not.

Systematic Change to Prevent the Out-of-Compliance Issues:
The director will vet all new referrals prior to admission to make sure that they have all the required tests and documentation prior to admission. The director will not accept any new referrals to the facility without having a TB skin test completed.

Timetable for Implementation of the Corrective Actions:
The director will have resident #3 retested for a TB test by the end of the month. This process is ongoing for all future residents.

Reviewed and acknowledged 04/17/23. SG

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl001172	A. BUILDING: _____ B. WING _____	R 03/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW CARE	806 LAKESIDE AVENUE BURLINGTON, NC 27217

(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 03/29/23.	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 1 of 3 sampled residents (#3) 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 #3's current FL2 dated 03/21/23 revealed diagnoses included schizoaffective disorder bipolar type. Review of Resident #3's Resident Register revealed an admission date of 12/31/20. Review of Resident #3's tuberculosis (TB) skin testing record dated 12/30/20 revealed: -There was documentation of a TB skin test	C 202		

Reviewed and acknowledged 04/17/23. SG

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 202	Continued From page 1 applied on 12/28/20 with a negative reading on 12/30/20. -There was no other documented TB skin tests or results available for review. Telephone interview with a representative from the local County Division of Public Health on 03/29/23 at 11:30am revealed they only had one TB skin test on record for Resident #3 and it was dated 12/28/20. Telephone interview with Resident #3's guardian on 03/29/23 at 11:35am revealed: -Resident #3 had been admitted to the facility from a different facility. -Resident #3's previous facility had since closed. -She did not have access to Resident #3's history of TB skin tests. Interview with the Administrator on 03/29/23 at 11:45am revealed: -She had not been made aware that Resident #3's TB skin tests from her previous facility were not available in her resident record. -She knew that all residents required two TB skin tests upon admission to the facility. -She was responsible for ensuring all newly admitted residents had TB skin tests completed upon admission. -It was possible Resident #1 had completed a series of TB skin tests at the facility she resided at prior to her admission, but that facility had since closed. -She usually requested documentation of completed TB skin tests prior to admitting residents to the facility, but she must have overlooked Resident #3. Interview with Resident #3 on 03/29/23 at 12:40pm revealed she could not remember if she	C 202		

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C 202	Continued From page 2 had completed two TB skin tests upon admission to the facility or not.	C 202		