STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092216	A. BUILDING: _____ B. WING _____	11/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RETREAT AT CARY	309 TWEED CIRCLE CARY, NC 27511

(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 November 21, 2023.	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 (#2, #3) completed Tuberculosis (TB) testing in compliance with control measures adopted by the Commission for Public Health. The findings are: 1. Review of Resident #2's current FL-2 dated 10/16/23 revealed diagnoses included congestive heart failure, hypothyroidism, atrial fibrillation, vitamin D deficiency, and dementia. Review of Resident #1's Resident Register revealed he was admitted to the facility from another facility on 10/16/23. Review of Resident #2's record revealed there was no documentation of tuberculosis testing.	C 202		

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C 202	Continued From page 1 Refer to interview with the House Manager on 11/21/23 at 2:00pm. Refer to interview with the Administrator on 11/21/23 at 2:15pm. 2. Review of Resident #3's current FL-2 dated 09/27/23 revealed diagnoses included hip fracture, type 2 diabetes, frequent falls, epilepsy, and cataracts in both eyes. Review of Resident #3's Resident Register revealed he was admitted to the facility from another facility on 09/29/23. Review of Resident #3's record revealed: -A tuberculin skin test was administered on 09/26/23 and was read as negative on 09/29/23. -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 10/03/23 at 11:51am. Refer to interview with the Administrator on 11/21/23 at 2:15pm. _____ Interview with the House Manager (HM) on 11/21/23 at 2:00pm revealed: -The tuberculosis testing was done for each resident upon admission. -The Administrator and herself were responsible for maintaining the records and making sure the tuberculosis testing was complete for each new resident.	C 202		

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C 202	Continued From page 2 Interview with the Administrator on 11/21/23 at 2:15pm revealed: -The first step of TB was supposed to be done for each resident upon admission, the second step was supposed to be done within 14 days of admission. -Resident's #2 and #3 did not have their two-step TB testing completed within 14 days of admission. -The HM and the herself were responsible for maintaining the records and making sure the tuberculosis testing was complete for each new resident.	C 202		