

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL001150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/01/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JUST LIKE HOME FAMILY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>617 DURHAM STREET</b> <b>BURLINGTON, NC 27217</b>
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C 000	Initial Comments  The Adult Care Licensure Section conducted an annual survey on November 25-December 1, 2014 with an exit conference via telephone on December 1, 2014.	C 000		
C 140	<p>10A NCAC 13G .0405(a)(b) Test For Tuberculosis</p> <p>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.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on interview and record review, the facility failed to assure 2 of 3 Staff (B, C) were tested tor tuberculosis (TB) in compliance with control measures using the 2 Step TB Skin Test.</p> <p>The findings are:</p> <p>A. Observation during the survey on 11/25/14-12/1/14 revealed:</p>	C 140		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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C 140	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-Staff C, Supervisor-in-Charge (SIC) C did not have a personnel file.</li> <li>-There was no documentation of Staff C's hire date.</li> <li>-There was no documentation of a 2 step TB test.</li> </ul> <p>Interview with the Administrator on 11/25/14 at 1:03 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-Staff C was hired to work at the facility November 2014 as a relief SIC.</li> <li>-The Administrator did not know the date Staff C was hired.</li> <li>-The Administrator did not have a personnel file for Staff C.</li> <li>-Staff C worked at the facility November 2014, but she did not know the date Staff C worked.</li> <li>-The Administrator had not completed any of the "paperwork" for Staff C.</li> <li>-The Administrator had not checked to see if Staff C had completed a 2 Step TB test.</li> </ul> <p>Interview with Staff A, SIC, on 11/25/14 at 4:51 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-Staff C worked as a relief staff on 11/4/14 to relieve Staff B for 1 ½ hours.</li> <li>-Staff A was unsure of the other dates Staff C worked at the facility.</li> </ul> <p>Staff C was not available for interview.</p> <p>B. Review of Staff B's, Administrator, personnel file revealed:</p> <ul style="list-style-type: none"> <li>-The Administrator started working at the facility 7/17/13.</li> <li>-A TB test was given on 1/20/12 and read as negative on 1/23/12.</li> <li>-There was no documentation the Administrator had completed a 2 step TB test.</li> </ul> <p>Interview with the Administrator on 11/25/14 at</p>	C 140		

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C 140	<p>Continued From page 2</p> <p>12:50 p.m. revealed: -The Administrator kept up with all staff qualifications. -The Administrator had completed a TB test on 1/23/12. -The Administrator had taken a second step TB test two weeks later, but she could not provide the documentation.</p> <p>Further interview with the Administrator on 11/25/14 at 3:31 p.m. revealed: -Before staff are hired, a 2 step TB test should be completed. -The Administrator had planned to update all staff trainings and requirements December 2014.</p> <p>_____</p> <p>The Supervisor-in-Charge (SIC) submitted a Plan of Protection dated 11/25/14 with the Administrator's approval via telephone which revealed: -Immediately, the Administrator will schedule December 2014 for staff to have the 2 step tuberculosis (TB) tests completed. -The Administrator will make sure staff have the 2 step TB tests completed before hired.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 15, 2015</p>	C 140		
C 145	<p>10A NCAC 13G .0406(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p>	C 145		

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C 145	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure 1 of 3 Staff (C) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (NCHCPR).</p> <p>The findings are:</p> <p>Observation during the survey on 11/25/14-12/1/14 revealed: -Staff C, Supervisor-in-Charge (SIC) C did not have a personnel file. -There was no documentation of Staff C's hire date. -There was no documentation of a HCPR check.</p> <p>Interview with the Administrator on 11/25/14 at 1:03 p.m. revealed: -Staff C was hired to work at the facility November 2014 as a relief SIC. -The Administrator did not know the date Staff C was hired. -The Administrator did not have a personnel file for Staff C. -Staff C worked at the facility November 2014, but she did not know the date Staff C worked. -The Administrator had not completed any of the "paperwork" for Staff C.</p> <p>A resident interview on 11/25/14 at 10:02 a.m. and another resident interview on 11/25/14 at 10:06 a.m. revealed the residents had no complaints on the way staff treated them.</p> <p>Interview with Staff A, SIC, on 11/25/14 at 4:51 p.m. revealed: -Staff C worked as a relief staff on 11/4/14 to</p>	C 145		

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C 145	Continued From page 4  relieve Staff B for 1 ½ hours. -Staff A was unsure of the other dates Staff C worked at the facility.  Staff C was not available for interview.	C 145		
C 147	10A NCAC 13G .0406(a)(7) Other Staff Qualifications  10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40;  This Rule is not met as evidenced by: TYPE B VIOLATION  Based on observation and review of staff personnel files, the facility failed to provide documentation of a criminal background check for 2 of 3 Staff (A,C) upon hire.  The findings are:  A. Observation during the survey on 11/25/14-12/1/14 revealed: -Staff C, Supervisor-in-Charge (SIC) C did not have a personnel file. -There was no documentation of Staff C's hire date. -There was no documentation of a criminal background check or a consent to a criminal background check.  Interview with the Administrator on 11/25/14 at 1:03 p.m. revealed: -Staff C was hired to work at the facility	C 147		

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C 147	<p>Continued From page 5</p> <p>November 2014 as a relief SIC.</p> <ul style="list-style-type: none"> <li>-The Administrator did not know the date Staff C was hired.</li> <li>-The Administrator did not have a personnel file for Staff C.</li> <li>-Staff C worked at the facility November 2014, but she did not know the date Staff C worked.</li> <li>-The Administrator had not completed any of the "paperwork" for Staff C.</li> </ul> <p>Interview with the Administrator on 11/25/14 at 12:50 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The Administrator kept up with all staff qualifications.</li> <li>-The Administrator did not do a criminal background check on Staff C.</li> </ul> <p>Staff C was not available for interview.</p> <p>B. Review of Staff A's, Supervisor-in-Charge (SIC)/Medication Aide, personnel file revealed there was no documentation of the hire date for Staff A.</p> <p>Interview with Staff A on 11/25/14 at 1:09 p.m. revealed a criminal background check had not been completed or had she signed a consent to a criminal background check.</p> <p>Interview with the Administrator on 11/25/14 at 12:00 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-Staff A was hired to work at the facility October 2013.</li> <li>-The Administrator did not know the date Staff A was hired.</li> </ul> <p>Further interview with the Administrator on 11/25/14 at 12:50 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The Administrator kept up with all staff qualifications.</li> </ul>	C 147		

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C 147	<p>Continued From page 6</p> <p>-The Administrator did not do a criminal background check on Staff A.</p> <p>-The Administrator was aware staff qualifications was not updated.</p> <p>-The Administrator had planned to update all staff trainings and requirements December 2014.</p> <p>Interview with Staff A on 11/25/14 at 4:51 p.m. revealed:</p> <p>-Staff C worked as a relief staff on 11/4/14 to relieve Staff B for 1 ½ hours.</p> <p>-Staff A was unsure of the other dates Staff C worked at the facility.</p> <p>A resident interview on 11/25/14 at 10:02 a.m. and another resident interview on 11/25/14 at 10:06 a.m. revealed the residents had no complaints on the way staff treated them.</p> <p>The Supervisor-in-Charge (SIC) submitted a Plan of Protection dated 11/25/14 with the Administrator's approval via telephone.</p> <p>Interview with the Administrator on 11/25/14 at 12:50 p.m. revealed the Administrator had planned to update all staff training and requirements December 2014.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 15, 2015</p>	C 147		
C 176	<p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation</p> <p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation</p> <p>Each family care home shall have at least one staff person on the premises at all times who has</p>	C 176		

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C 176	<p>Continued From page 7</p> <p>completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from the training.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observation and review of staff personnel files, the facility failed to provide documentation of current training on Cardio-Pulmonary Resuscitation (CPR) for 3 of 3 Staff (A,B,C).</p> <p>The findings are:</p> <p>A. Observation during the survey on 11/25/14-12/1/14 revealed: -Staff C, Supervisor-in-Charge (SIC) C did not have a personnel file. -There was no documentation of Staff C's hire date. -There was no documentation of current training on CPR.</p> <p>Interview with the Administrator on 11/25/14 at 1:03 p.m. revealed: -Staff C was hired to work at the facility November 2014 as a relief SIC. -The Administrator did not know the date Staff C</p>	C 176		

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C 176	<p>Continued From page 8</p> <p>was hired.</p> <ul style="list-style-type: none"> <li>-The Administrator did not have a personnel file for Staff C.</li> <li>-Staff C does not pass out medications to residents.</li> <li>-Staff C worked at the facility November 2014, but she did not know the date Staff C worked.</li> <li>-Staff C had current CPR training, but the Administrator did not know the date of the training or could she provide documentation of the training.</li> <li>-The Administrator had not completed any of the "paperwork" for Staff C.</li> </ul> <p>Interview with Staff A, SIC/Medication Aide (MA) on 11/25/14 at 4:51 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-Staff C worked as a relief staff on 11/4/14 to relieve Staff B for 1 ½ hours.</li> <li>-Staff A was unsure of the other dates Staff C worked at the facility.</li> </ul> <p>Staff C was not available for interview.</p> <p>B. Review of Staff A's, SIC/MA, personnel file revealed:</p> <ul style="list-style-type: none"> <li>-There was no hire date in Staff A's personnel file. There was no documentation of the date Staff A was hired.</li> <li>-Staff A last received training on CPR 12/2/11.</li> <li>-There was no documentation of current training on CPR.</li> </ul> <p>Interview with the Administrator on 11/25/14 at 12:00 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-Staff A was hired to work at the facility October 2013.</li> <li>-The Administrator did not know the date Staff A was hired.</li> </ul> <p>Further interview with the Administrator on</p>	C 176		

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C 176	<p>Continued From page 9</p> <p>11/25/14 at 12:50 p.m. revealed Staff A ' s CPR training expired 12/21/13.</p> <p>Interview with Staff A on 11/25/14 at 1:09 p.m. revealed: -Staff A last had training on CPR 12/21/11. -Staff A did not have any current training on CPR.</p> <p>C. Review of Staff B's, Administrator, personnel file revealed: -The Administrator started working at the facility 7/17/13. -The Administrator received training on CPR 1/12/12. -There was no documentation of current training on CPR.</p> <p>Interview with the Administrator on 11/25/14 at 9:15 a.m. revealed: -The Administrator was scheduled to work at the facility on 11/25/14 from 9 a.m. to 2:00 p.m. -Staff A was scheduled to work at the facility on 11/25/14 from 2 p.m. to 9 a.m. on 11/26/14. -Staff A and the Administrator's schedule was routined daily. -Staff A, C and the Administrator only worked at the facility.</p> <p>Interview with the Administrator on 11/25/14 at 12:50 p.m. revealed: -The Administrator kept up with all staff qualifications. -The Administrator's training on CPR expired January 2014. -The Administrator was aware staff training was not updated. -The Administrator had planned to have CPR training completed for all staff December 2014. -The training had not been scheduled. -The Administrator had planned to update all staff</p>	C 176		

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C 176	Continued From page 10  training and requirements December 2014.  The Supervisor-in-Charge (SIC) submitted a Plan of Protection dated 11/25/14 with the Administrator's approval via telephone which revealed: -Immediately, the Administrator will schedule the CPR training. -The Administrator will make sure staff CPR trainings are updated.  CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 15, 2015	C 176		
C 246	10A NCAC 13G .0902(b) Health Care  10A NCAC 13G .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.  This Rule is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to ensure referral and follow up for 1 of 1 sampled residents (#3) related to treatments.  The findings are:  Review of Resident #3's current FL-2 dated 10/6/14 revealed a diagnoses of bipolar disorder and invasive squamous cell carcinoma of skin.  Review of pre-op documentation dated 10/22/14 revealed Resident #3 is to have "excision of skin cancer on forehead, nose and scalp" on 11/5/14.  Review of hospital's order dated 11/5/14	C 246		

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C 246	<p>Continued From page 11</p> <p>revealed, "Please change dressings at least twice daily. Wet dressings on both lesions on the scalp, dry dressings over top of that".</p> <p>Review of Resident #3's providers' note dated 11/21/14 revealed, surgical sites are "Healing well, good granulation tissue. Continue wet to dry dressing".</p> <p>Interview with Resident #3 on 11/25/14 at 3:49 p.m. revealed:</p> <ul style="list-style-type: none"> <li>- Resident #3 has skin cancer on "face and scalp".</li> <li>- The skin cancer was removed and dressings were placed on while at the hospital.</li> <li>- Resident #3 had been doing the dressing changes since discharged from the hospital.</li> <li>- During last doctor's visit, Resident #3 was made aware the scalp lesion can be left open to air but dressing changes should continue to his forehead.</li> <li>- Resident #3 prefer to do the dressing changes.</li> <li>- Resident #3 is aware dressing changes are to be completed twice daily.</li> <li>- The Resident completes dressing changes "once every two days because of the time involved in completing it".</li> <li>- When completing dressing changes, the resident wets the old dressing with normal saline.</li> <li>- Once the old dressing is wet, the resident removed the old dressing.</li> <li>- After removing the old dressing, the Resident then "cleanse forehead with normal saline".</li> <li>- The resident wets gauze with saline and place on his forehead, covers with another dry gauze, and secures with white tape.</li> <li>- Supplies were given to the resident by the administrator.</li> <li>- The administrator received the supplies from</li> </ul>	C 246		

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NAME OF PROVIDER OR SUPPLIER  <b>JUST LIKE HOME FAMILY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>617 DURHAM STREET</b> <b>BURLINGTON, NC 27217</b>
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C 246	<p>Continued From page 12</p> <p>the hospital.</p> <ul style="list-style-type: none"> <li>- The administrator is aware Resident #3 does the dressing change.</li> </ul> <p>Observation of Resident #3's wounds on 11/25/14 at 3:49 revealed:</p> <ul style="list-style-type: none"> <li>- A small scabbed over area to tip of Resident #3's nose.</li> <li>- Approximately one fourth of the resident's forehead was covered with clean, dry, dressing secured by white adhesive tape.</li> <li>- A scabbed over lesion approximately 4 centimeters long and 4 centimeters wide and open to air was on top of resident's head.</li> </ul> <p>Observation of the dressing supplies in Resident #3's room on 11/25/14 at 4:00 p.m. revealed:</p> <ul style="list-style-type: none"> <li>- A one liter bottle of Sodium Chloride 0.9% irrigation solution with the direction to "irrigate sufficient amount two times a day".</li> <li>- A gallon size zip lock bag with approximately forty 4x4 white gauze and one roll of white adhesive tape.</li> </ul> <p>Record review revealed no order for Resident #3 to complete the dressing change.</p> <p>Interview with the Administrator on 11/25/14 at 3:05 p.m. revealed:</p> <ul style="list-style-type: none"> <li>- Resident #3 does the dressing change.</li> <li>- Resident #3 had been doing the dressing changes since 11/5/14.</li> <li>- The Resident has dressing supplies in his room.</li> <li>- Two bottles of saline solution is kept locked in the medicine cabinet.</li> <li>- The dressing supplies comes from the hospital.</li> <li>- It is complicated to get orders from the resident's hospital physician.</li> </ul>	C 246		

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C 246	Continued From page 13  - The Resident had an appointment coming up soon and the Administrator was going to wait until then to talk with the doctor. - The resident dressing is to be changed twice daily. - She was not aware the resident was only doing the dressing change once every two days.  Resident #3's doctor could not be reached by end of survey.	C 246		
C 311	10A NCAC 13G .0909 Residents' Rights  10A NCAC 13G .0909 Resident Rights A family care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure each resident was treated with respect, dignity and recognition of his or her individually as evidenced by residents having to share the same bar of soap to wash hands and the facility not providing paper towels or a drying device in the bathroom to dry hands.  The findings are: Based on observation and interview, the facility failed to assure residents did not share the same bar of soap to wash hands and provide paper towels or a drying device in the bathroom to dry hands. [Refer to Tag C911 G.S. 131D-21(1) Resident Rights]	C 311		

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C 311	Continued From page 14  Based on observation and interview the facility failed to assure residents were permitted to make complaints without fear of retaliation.  The findings are:  Based on observation and interview the facility failed to assure residents were able to make complaints without fear of retaliation. [Refer to Tag C921 G.S. 131 D-21(11) Resident Rights]	C 311		
C 911	G.S. 131D 21(1) Declaration of Resident's Rights  G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: (1) To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure residents did not share the same bar of soap to wash hands and provide paper towels or a drying device in the bathroom to dry hands.  The findings are:  Observation of the hall bathroom during the tour of the facility on 11/25/14 at 9:40 a.m. revealed: -There was only resident bathroom, which was located in the hall. -A bar of soap was on the sink in a soap holder on the left side of the sink. -Liquid soap was in a soap dispenser on the right	C 911		

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C 911	<p>Continued From page 15</p> <p>side of the sink. -A hand towel and a wash cloth were on the rack by the sink.</p> <p>Interview with a resident on 11/25/14 at 10:01 a.m. revealed: -The resident used the towel hanging on the rack in the bathroom to dry hands. -"Sometimes they don't have paper towel in there."</p> <p>Interview with a second resident on 11/25/14 at 10:03 a.m. revealed: -The resident used the bar soap on the sink to wash hands. -The resident used the towel on the rack in the bathroom to dry hands. -The resident had a personal towel in the room to use if needed.</p> <p>Interview with a third resident on 11/25/14 at 10:06 a.m. revealed: -The resident did not use the towel on the rack to dry hands. -The resident used the liquid soap in the bathroom to wash hands and the resident brought a a personal towel to the bathroom to dry hands if needed.</p> <p>Interview with a fourth resident on 11/25/14 at 2:51 p.m. revealed: -The resident brought the bar of soap in the bathroom so other residents could use. -The resident used the towel in the bathroom to dry hands.</p> <p>Interview with a fifth resident on 11/25/14 at 3:49 p.m. revealed the resident did not use the bar soap or towel in the bathroom. The resident used the liquid soap and brought a personal towel in</p>	C 911		

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C 911	<p>Continued From page 16</p> <p>the bathroom when needed.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 11/25/14 at 2:50 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The residents used the bathroom in the hallway.</li> <li>-The residents brought their own towels to the bathroom to use. The residents were advised not to use the towel in the bathroom. The towel is used for decorations.</li> <li>-The residents used the liquid soap in the bathroom.</li> <li>-The residents were advised 11/22/14 or 11/23/14 not to use the towel, which was not the first time she had spoken to residents about using the towel.</li> <li>-The SIC had spoken to the resident who brought the soap in the bathroom, but the resident continued to bring the soap in the bathroom.</li> <li>-The SIC will take the towel and bar soap out of the bathroom and tell the residents when using the bathroom to bring a personal towel to the bathroom to dry hands and to use the liquid soap.</li> </ul> <p>Interview with the Administrator on 11/25/14 at 3:31 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The residents are to use the liquid soap in the soap dispenser to wash hands.</li> <li>-The bathroom had paper towels to dry hands, but the residents kept putting the paper towels inside of the toilet.</li> <li>-The Administrator was aware there was a towel in the bathroom and the residents had used the towel.</li> <li>-Residents are not supposed to use the same towel and soap to wash and dry hands.</li> </ul> <p>Observation on 11/25/14 at 4:50 p.m. revealed the towel and the bar of soap had been removed from the bathroom.</p>	C 911		

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C 912	Continued From page 17	C 912		
C 912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to staff receiving 2 step tuberculosis (TB) testing, criminal background checks and training on Cardio-Pulmonary Resuscitation (CPR).</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. Based on interview and review of staff personnel files, the facility failed to assure 2 of 3 Staff (B, C) was tested for tuberculosis TB in compliance with control measures using the 2 Step TB Skin Test. [Refer to Tag C140, 10A NCAC 13G .0405 (a). (Type B Violation)]</li> <li>2. Based on observation and review of staff personnel files, the facility failed to provide documentation of a criminal background check for 2 of 3 Staff (A,C) upon hire. [Refer to Tag C147, 10A NCAC 13G .0406 (a)(7). (Type B Violation)]</li> <li>3. Based on observation and record review, the facility failed to provide documentation of current training on CPR for 3 of 3 Staff (A,B,C). [Refer to</li> </ol>	C 912		

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C 912	Continued From page 18  Tag C176, 10A NCAC 13G .0507. (Type B Violation)]	C 912		
C 921	<p>G.S 131D 21(11) Declaration Of Resident's Rights</p> <p>G.S. 131D-21 Declaration of Resident's Rights</p> <p>Every resident shall have the following rights:</p> <p>11. To be encouraged to exercise his or her rights as a resident and citizen, and to be permitted to make complaints and suggestions without fear of coercion or retaliation.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to assure residents were able to make complaints without fear of retaliation.</p> <p>The findings are:</p> <p>Confidential interviews with 4 of 5 residents revealed:</p> <ul style="list-style-type: none"> <li>- "I wish I could go out of this room".</li> <li>- "I feel confined".</li> <li>- "We only have my room, kitchen, and bathroom that we are allowed to use".</li> <li>- "We are not allowed to sit in the living room".</li> <li>- The Supervisor-In-Charge (SIC) made that "rule" because the "state was called".</li> <li>- The resident does not know why the state was called.</li> <li>- The resident does not know who made the call.</li> <li>- The resident was told by the SIC the state was called.</li> <li>- The resident states the "rule" has been going</li> </ul>	C 921		

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C 921	<p>Continued From page 19</p> <p>on for "over a week".</p> <ul style="list-style-type: none"> <li>- The resident was unsure when the residents will be allowed to have access to the living room.</li> <li>- "We cannot go outside of our rooms".</li> <li>- The SIC said "nobody is allowed in the living room".</li> <li>- The residents do not know why they are not allowed in the living room.</li> <li>- They were told about "a week ago" they could not go into the living room.</li> <li>- The residents do not know when they will be able to use the living room.</li> <li>- "We just stay in our rooms mostly in the bed".</li> <li>- "We are not allowed to use the living room because somebody called the state".</li> <li>- They call this place "[Facility Name]" but really this place is not "[Facility Name]".</li> <li>- The residents was unsure when they will be allowed to utilize the living room.</li> </ul> <p>Interview with the SIC on 11/25/14 at 4:00 p.m. revealed:</p> <ul style="list-style-type: none"> <li>- Residents are "not allowed into the living room because somebody called the state".</li> <li>- The administrator "does a lot for these residents and for the residents to call the state on her was just wrong".</li> <li>- The SIC made the "rule" residents were not allowed into the living room for calling the state.</li> <li>- The residents had been not allowed to sit in the living room since last Thursday or Friday: (11/20/14) (11/21/14).</li> <li>- Someone had called the state about the "heating not working".</li> <li>- The residents will be able to come out of their rooms on Monday 12/01/14.</li> <li>- The SIC does not see anything wrong with residents not being able to utilize the living room at the home.</li> </ul>	C 921		

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C 921	Continued From page 20  Observation during the onsite visit of the survey on 11/25/14 from 9:15 a.m.-5:45 p.m. revealed: - The residents occupied their rooms except during lunch meal and occasional restroom use. - The residents did not use the living room.	C 921		
C 934	G.S.131D-4.5B (a) ACH Infection Prevention Requirements  G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements  (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5  This Rule is not met as evidenced by: Based on interview and review of staff personnel files, the facility failed to assure 2 of 3 Staff (A, B) completed the state annual infection control training program.  The findings are:  A. Review of Staff A's, SIC/Medication Aide (MA),	C 934		

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C 934	<p>Continued From page 21</p> <p>personnel file revealed: -There was no hire date in Staff A's personnel file. There was no documentation of the date Staff A was hired. -There was no documented of the state annual infection control training.</p> <p>Interview with the Administrator on 11/25/14 at 12:00 p.m. revealed: -Staff A was hired to work at the facility October 2013. -The Administrator did not know the date Staff A was hired.</p> <p>Interview with Staff A on 11/25/14 at 1:09 p.m. revealed she had not completed the state annual infection control training.</p> <p>B. Review of Staff B's, Administrator/MA, personnel file revealed: -The Administrator started working at the facility 7/17/13. -There was no documentation of the state annual infection control training.</p> <p>Interview with the Administrator on 11/25/14 at 12:50 p.m. revealed: -Staff at the facility, including the Administrator, had not completed the state annual infection control training. -The Administrator kept up with all staff qualifications. -The Administrator was aware staff training was not updated. -The Administrator was aware of the state's annual infection control training three months ago. -The training had not been scheduled. -The Administrator had planned to update all staff training December 2014.</p>	C 934		

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C992	<p>G.S. § 131D-45 G.S. § 131D-45. Examination and screening for</p> <p>G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.</p> <p>(a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening.</p>	C992		

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NAME OF PROVIDER OR SUPPLIER  <b>JUST LIKE HOME FAMILY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>617 DURHAM STREET</b> <b>BURLINGTON, NC 27217</b>
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(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
C992	<p>Continued From page 23</p> <p>This Rule is not met as evidenced by: Based on observation and review of staff personnel files, the facility failed to assure 2 of 3 Staff (A, C) received a drug screening prior to working at the facility.</p> <p>The findings are:</p> <p>A. Review of Staff A's, SIC, personnel file revealed: -There was no documentation of the date Staff A was hired. -There was no documentation of a drug screening consent or test being done.</p> <p>Interview with the Administrator on 11/25/14 at 12:00 p.m. revealed: -Staff A was hired to work at the facility October 2013. -The Administrator did not know the date Staff A was hired.</p> <p>Interview with the Administrator on 11/25/14 at 12:50 p.m. revealed: -The Administrator had not completed a drug screening on Staff A. -The Administrator was not aware a drug screening was required to be completed before hired.</p> <p>Interview with Staff A on 11/25/14 at 1:09 p.m. revealed she had not completed a drug screening while working at the facility.</p> <p>B. Observation during the survey on 11/25/14-12/1/14 revealed: -Staff C, Supervisor-in-Charge (SIC) C did not have a personnel file. -There was no documentation of Staff C's hire date.</p>	C992		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL001150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/01/2014</b>
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C992	<p>Continued From page 24</p> <p>Interview with Staff A, SIC, on 11/25/14 at 4:51 p.m. revealed: -Staff C worked as a relief staff on 11/4/14 to relieve Staff B for 1 ½ hours. -Staff A was unsure of the other dates Staff C worked at the facility.</p> <p>Interview with the Administrator on 11/25/14 at 12:50 p.m. revealed: -The Administrator had not completed a drug screening on Staff A. -The Administrator was not aware a drug screening was required to be completed before hired.</p> <p>Further interview with the Administrator on 11/25/14 at 1:03 p.m. revealed: -Staff C was hired to work at the facility November 2014 as a relief SIC. -The Administrator did not know the date Staff C was hired. -The Administrator did not have a personnel file for Staff C. -Staff C worked at the facility November 2014, but she did not know the date Staff C worked. -The Administrator had not completed a drug screening on Staff C. -The Administrator had not completed any of the "paperwork" for Staff C.</p> <p>Interview with Staff A on 11/25/14 at 4:51 p.m. revealed: -Staff C worked as a relief staff on 11/4/14 to relieve Staff B for 1 ½ hours. -Staff A was unsure of the other dates Staff C worked at the facility.</p> <p>Staff C was not available for interview.</p>	C992		