

Division of Health Service Regulation

Alamance

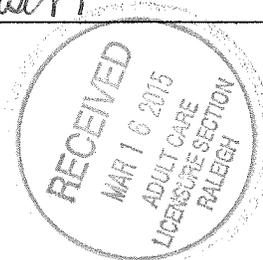
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/01/2014
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NAME OF PROVIDER OR SUPPLIER JUST LIKE HOME FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 617 DURHAM STREET BURLINGTON, NC 27217
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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	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: TYPE B VIOLATION Based on interview and record review, the facility failed to assure 2 of 3 Staff (B, C) were tested for tuberculosis (TB) in compliance with control measures using the 2 Step TB Skin Test. The findings are: A. Observation during the survey on 11/25/14-12/1/14 revealed:	C 140	All staff went to the Alamance County Health Dept, and took the first TB test on: Administrator 12-19-14 Staff A 12-30-14 Staff C 12-16-14 which all read negative. The administrator second TB test was give on 1-9-15 and came back negative. Staff A second one is scheduled for 1-20-15 and staff c is also on the same date. The administrator will make sure to receive a complete 2 step TB test before staff can start. Also the administrator will make sure staff stay updated by monitoring staff books monthly.	1-20-15

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Jamela Jackson* TITLE Administrator (X6) DATE 3-12-15



kg 3/23/15

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C 140	Continued From page 2 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. 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 training and requirements December 2014.	C 140		
C 145	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. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 15, 2015 10A NCAC 13G .0406(a)(5) Other Staff Qualifications 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;	C 145	The administrator looked Staff C up on the NCHCPR and there was no findings. A copy will be placed in Staff C file. The administrator will make sure to do this	1-13-15

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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	<p>before staff start and monitor staff files monthly to stay updated.</p>	

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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	All staff has an updated criminal report in their files. The administrator will be sure to monitor this monthly to keep this updated.	12-16-14
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;	C 147		
	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			

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C 147	<p>Continued From page 6</p> <ul style="list-style-type: none"> -The Administrator did not do a criminal background check on Staff A. -The Administrator was aware staff qualifications was not updated. -The Administrator had planned to update all staff training and requirements December 2014. <p>Interview with Staff A on 11/25/14 at 4:51 p.m. revealed:</p> <ul style="list-style-type: none"> -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>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>	C 147		
C 176	<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> <p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation</p> <p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation Each family care home shall have at least one staff person on the premises at all times who has</p>	C 176	<p>All staff completed CPR & First Aid. The administrator will make sure this is updated every 24 months so it will be monitor monthly by administrator</p>	1-13-15

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C 176	Continued From page 7 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.	C 176	<i>to make sure it stay updated.</i>	
	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 current training on Cardio-Pulmonary Resuscitation (CPR) for 3 of 3 Staff (A,B,C). 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 current training on CPR. 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			

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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	The administrator took Resident #3 to see his/her primary care doctor on 12-2-14 @ 1:30pm. The doctor wrote direct orders on how to dress wounds. Next time the administrator will make sure doctors fully write out complete directions to go by. The administrator will contact residents family member or doctor to get orders.	12-2-14

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C 246	Continued From page 11 revealed, "Please change dressings at least twice daily. Wet dressings on both lesions on the scalp, dry dressings over top of that". 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". Interview with Resident #3 on 11/25/14 at 3:49 p.m. revealed: - Resident #3 has skin cancer on "face and scalp". - The skin cancer was removed and dressings were placed on while at the hospital. - Resident #3 had been doing the dressing changes since discharged from the hospital. - 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. - Resident #3 prefer to do the dressing changes. - Resident #3 is aware dressing changes are to be completed twice daily. - The Resident completes dressing changes "once every two days because of the time involved in completing it". - When completing dressing changes, the resident wets the old dressing with normal saline. - Once the old dressing is wet, the resident removed the old dressing. - After removing the old dressing, the Resident then "cleanse forehead with normal saline". - The resident wets gauze with saline and place on his forehead, covers with another dry gauze, and secures with white tape. - Supplies were given to the resident by the administrator. - The administrator received the supplies from	C 246	The administrator will check orders monthly when medication come to make sure orders are updated. The pharmacy we use is good about sending new orders with medication.		

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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	As of 11-24-14 the administrator made all residents take their soap out of the bathroom and provided paper towels so they can dry their hands. The administrator will make sure staff monitor this daily.	11-24-14

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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	The administrator have one on one conversations with each resident at least once a week. The administrator check to see if the residents have any concerns and what's on their minds. The administrator strongly disagree about the retaliation part but will make sure the residents rights are respected. So we will have open door once weekly and the administrator will monitor it.	12-8-14
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 912	Continued From page 17	C 912	All staff went to the Health Dept. and took the first TB test on: Staff A 12-30-14 Staff B 12-19-14 Staff C 12-16-14 Which came back negative. Also the second TB test was done on Staff B 1-9-15	1-20-15 12-16-15
C 912	<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"> 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)] 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)] 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 	C 912	<p>and came back negative. Staff A and C is scheduled for their second TB test on 1-20-15. The administrator will make sure a complete 2 step TB test is done before hire. The administrator will do a monthly check of staff files to make sure they are updated. Also all criminal records are on file as of 12-15-14 to 12-16-15. The</p>	

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C 912	Continued From page 18 Tag C176, 10A NCAC 13G .0507. (Type B Violation))	C 912	administrator will make sure staff have Criminal reports before hired and this will be checked monthly by administrator to make sure its updated. As of 11-24-14 the	11-24-14
C 921	G.S 131D 21(11) Declaration Of Resident's Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 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.	C 921		
	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. The findings are: Confidential interviews with 4 of 5 residents revealed: - "I wish I could go out of this room". - "I feel confined". - "We only have my room, kitchen, and bathroom that we are allowed to use". - "We are not allowed to sit in the living room". - The Supervisor-In-Charge (SIC) made that "rule" because the "state was called". - The resident does not know why the state was called. - The resident does not know who made the call. - The resident was told by the SIC the state was called. - The resident states the "rule" has been going		administrator informed the residents they could utilize the living room area when they wanted to. The administrator encourage them to come out of their rooms. The administrator will monitor this weekly to make sure residents don't feel like their rights are taking away.	

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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	All of the staff will have their Infection Control finished on 1-15-15. The administrator will make sure this be monitor monthly to ensure staff stay updated.	1-15-15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/01/2014
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NAME OF PROVIDER OR SUPPLIER JUST LIKE HOME FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 617 DURHAM STREET BURLINGTON, NC 27217
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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>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	<p>The administrator gave a drug test to my staff on 1-14-15 which came back negative. The administrator will make sure all staff have a drug test before starting work.</p>	1-14-15