STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001150	A. BUILDING: _____ B. WING _____	R 03/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JUST LIKE HOME FAMILY CARE	617 DURHAM STREET 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 and Alamance County Department of Social Services conducted a follow-up survey on March 9, 2015.	{C 000}		
{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: The Type B Violation was abated. Non-compliance continues. Based on interview and record review, the facility failed to assure two of two facility staff (Staff A and C) had an offer of employment conditioned upon a statewide criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40. The findings are: 1. Review of the employee record for Staff C revealed: - Staff C was hired as a Supervisor-In-Charge (SIC). - Hire date was 11/01/14. - There was no consent for nor documentation of a statewide criminal background check in the record. - A form in the employee record dated 12/16/14 had the clerk of courts' seal ensuring, in bold letters, that only a county search as listed on the top of the form was completed, not a statewide search.	{C 147}		

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 147}	Continued From page 1 Refer to interview on 3/09/15 at 12:10 p.m. with the Administrator. 2. Review of the employee record for Staff A revealed: - Staff A was hired as a Supervisor-In-Charge (SIC). - The hire dated was 10/23/13. - There was no documentation of a statewide criminal background check. - There was only a local county criminal background check dated 12/15/14. Interview on 3/09/15 at 10:30 a.m. with Staff A, SIC revealed she had worked in the facility since it started in 2013. Refer to interview on 3/09/15 at 12:10 p.m. with the Administrator. _____ Interview with the administrator on 3/09/15 at 12:10 p.m. - 12:20 p.m. revealed: - The Administrator was responsible for completing staff qualifications such as the criminal background checks. - Each staff member had a criminal background check completed at the local court house. - The Administrator had not read the form with the clerk of courts' seal ensuring, in bold letters, that only a county search as listed on the top of the form was completed. - She was not aware it was not a statewide criminal background check. - She would ensure a statewide criminal background checks would be completed as soon as possible on each staff member.	{C 147}		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
FCL001150	A. Building B. Wing	3/9/2015

Name of Facility	Street Address, City, State, Zip Code
JUST LIKE HOME FAMILY CARE	617 DURHAM STREET BURLINGTON, NC 27217

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **C0140** Reg. # **10A NCAC 13G .0405(a)(b)** LSC	Correction Completed **01/15/2015**	ID Prefix **C0145** Reg. # **10A NCAC 13G .0406(a)(5)** LSC	Correction Completed **01/15/2015**	ID Prefix **C0176** Reg. # **10A NCAC 13G .0507** LSC	Correction Completed **01/15/2015**
ID Prefix **C0246** Reg. # **10A NCAC 13G .0902(b)** LSC	Correction Completed **01/15/2015**	ID Prefix **C0311** Reg. # **10A NCAC 13G .0909** LSC	Correction Completed **01/15/2015**	ID Prefix **C0911** Reg. # **G.S 131D 21(1)** LSC	Correction Completed **01/15/2015**
ID Prefix **C0912** Reg. # **G.S. 131D-21(2)** LSC	Correction Completed **01/15/2015**	ID Prefix **C0921** Reg. # **G.S 131D 21(11)** LSC	Correction Completed **01/15/2015**	ID Prefix **C0934** Reg. # **G.S.131D-4.5B (a)** LSC	Correction Completed **01/15/2015**
ID Prefix **C992** Reg. # **G.S. § 131D-45** LSC	Correction Completed **01/15/2015**	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By _____ **State Agency**	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**
Reviewed By _____ **CMS RO**	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on: 12/1/2014	_____	**Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?** **YES** **NO**