STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032003	A. BUILDING: _____ B. WING _____	09/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEGIN AGAIN FAMILY CARE HOME #2	407 NORTH HYDE PARK AVENUE DURHAM, NC 27703

(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 September 17, 2015.	C 000		
C 153	10A NCAC 13G .0501 (a) Personal Care Training And Competency 10A NCAC 13G .0501 Personal Care Training And Competency (a) The facility shall assure that personal care staff and those who directly supervise them in facilities without heavy care residents successfully complete a 25-hour training program, including competency evaluation, approved by the Department according to Rule .0502 of this Section. For the purposes of this Subchapter, heavy care residents are those for whom the facility is providing personal care tasks listed in Paragraph (i) of this Rule. Directly supervise means being on duty in the facility to oversee or direct the performance of staff duties. This Rule is not met as evidenced by: Based on interview and record review the facility failed to assure 3 of 6 personal care staff had successfully completed a 25-hour training program, including competency evaluation (Staff A,D,E). The findings are: 1. Review of Staff A's personnel record revealed: -There was no documentation of personal care service hours or competency evaluation.	C 153		

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C 153	Continued From page 1 -Staff A's hire date was documented as 8/1/89. Refer to interview with the Administrator on 9/17/15 at 1pm. 2. Review of Staff D's personnel record revealed: -There was no documentation of personal care service hours or competency evaluation. -Staff D's hire date was documented as 4/22/15. Refer to interview with the Administrator on 9/17/15 at 1pm. 3. Review of Staff E's personnel record revealed: -There was no documentation of personal care service hours or competency evaluation. -Staff E's hire date was documented only as in the year of 1989. Refer to interview with the Administrator on 9/17/15 at 1pm. Interview with the Administrator on 9/17/15 at 1pm revealed: -She had 6 employees. -All of her staff provided personal care including dressing, grooming, bathing, and assistance with eating if necessary. -She believed she had records of personal care hours for her staff and would try to locate them and fax them.	C 153		
C 176	10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation 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	C 176		

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C 176	Continued From page 2 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. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to asssure at least one staff person who has completed within the last 24 months a course on cardio-pulmonary resuscitation on the premises at all times(Staff F). The findings are: Interview with Staff F on 9/17/15 at 7:35am revealed: -She lived in the home during the week providing care for the residents. -Other staff covered the weekend shifts. -She was routinely the only staff at the house during that time. Review of Staff F's personnel record revealed no documentation of current CPR. -The last CPR training had expired in August 2015. Interview with the Administrator on 9/17/15 at 1pm revealed all other staff were current on their	C 176		

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C 176	Continued From page 3 CPR training. -She would schedule Staff F to take CPR training.	C 176		