

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/17/2015
NAME OF PROVIDER OR SUPPLIER BEGIN AGAIN FAMILY CARE HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 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		
			see attached Rule met	10/6/15

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Sarah D. Pickett

TITLE

Administrator

(X6) DATE

10/27/2015

STATE FORM

8699

D4FB11

If continuation sheet 1 of 4

*Received + approved 11-3-15
Susan Vincent RN, BSN*

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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	<i>Rule met See attached</i> 	<i>10/6/15</i>
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	<i>Will be completed 10/23/2015</i>	

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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 assure 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	Completed a class on 10/23/15	10/23/2015

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C 176	Continued From page 3 CPR training. -She would schedule Staff F to take CPR training.	C 176		10/23/2015	

Employee A

SKILLS PERFORMANCE CHECKLIST FOR PERSONAL CARE STAFF IN
ADULT CARE HOMES

Facility Name Begin Again Family Care Home 2
Yvonne Fearr

County Durham

Employee Yvonne Fearrington

Employment Date 8/1/89

Staff Position SIC

Usual Shift _____

	Personal Care Service Skills (competency may be established by the administrator or a person designated by the administrator)	Date Completed	Assessed By (Initial)
A.	Interpersonal Skills		
1.	Exhibits a knowledge and understanding of resident's rights and applies the rights appropriately	2/8/02	YF
2.	Communicates verbally and non-verbally in a clear and appropriate manner.	2/8/02	YF
3.	Promotes resident's independence by maximizing resident's functional abilities and self-performance in activities of daily living	2/8/02	YF
4.	Interacts appropriately with resident's families regarding adjustment, complaints, and resident care.	2/8/02	YF
5.	Exhibits a knowledge of the aging process and special needs of residents with disabilities.	NA	
B.	Bathing		
1.	Uses appropriate techniques when prompting residents to bathe.	NA	
2.	Uses appropriate techniques in assisting residents into tub or shower.	NA	
3.	Uses appropriate techniques in assisting or providing residents with bath.	NA	
4.	Uses appropriate techniques in assisting residents with bed bath.	NA	
C.	Dressing & Grooming		
1.	Uses appropriate techniques in assisting with dressing and undressing residents.	NA	
2.	Uses appropriate techniques in assisting with oral hygiene or denture care.	NA	
3.	Uses appropriate techniques in assisting with or cleaning and trimming nails of resident (with nails in normal condition).	NA	
4.	Uses appropriate techniques in assisting with or shaving a resident with normal skin condition.	NA	
5.	Uses appropriate techniques in hair and scalp grooming or trimming hair.	NA	
D.	Locomotion/Transfers		
1.	Uses appropriate techniques in assisting with resident mobility without assistive devices.	NA	

	Personal Care Service Skills (competency may be established by the administrator or a person designated by the administrator)	Date Completed	Assessed By. (Initial)
2.	Uses appropriate techniques with use of wheel chair.	NA	
3.	Uses appropriate techniques with dangling and standing.	NA	
4.	Uses appropriate techniques and body mechanics in lifting and transferring residents manually.	2/8/02	CEP
E.	Toileting		
1.	Uses appropriate techniques in assisting residents with use of commode, bed pan, urinal, and with adjusting clothes.	NA	
2.	Uses appropriate techniques assisting residents with transferring on/off the toilet.	NA	
3.	Uses appropriate techniques with cleaning and changing pads	NA	
4.	Uses appropriate techniques in maintaining residents bowel or bladder continence.	NA	
5.	Uses appropriate techniques in taking urine or fecal specimens.	NA	
F.	Eating/Feeding		
1.	Uses appropriate techniques in positioning residents for eating/feeding.	NA	
2.	Uses appropriate techniques to assist with feeding residents without swallowing difficulties.	NA	
3.	Demonstrates knowledge of monitoring dietary treatment.	NA	
G.	Skin Care		
1.	Uses appropriate techniques in providing care for normal, unbroken skin.	NA	
2.	Uses appropriate skin care techniques in prevention of pressure ulcers.	NA	
3.	Uses appropriate techniques in turning and positioning residents.	NA	
H.	First Aid		
1.	Demonstrates knowledge of basic first aid.	2/8/02	CEP
2.	Demonstrates knowledge of Heimlich/CPR procedures.	7/01	CEP
I.	Accident/Injury Prevention		
1.	Demonstrates knowledge of restraints alternatives.	NA	
2.	Demonstrates knowledge of appropriate use of safety measures including side rails and call bells.	NA	

	Personal Care Service Skills (competency may be established by the administrator or a person designated by the administrator)	Date Completed	Assessed By. (Initial)
3.	Demonstrates knowledge of use of fire extinguisher and fire/disaster drill procedures.	2/8/02	WJF
4.	Demonstrates appropriate techniques of infection control/universal precautions.	2/8/02	WJF
J.	Activities		
1.	Demonstrates knowledge of the role of activities in promoting a wellness perspective for the resident.	2/8/02	WJF
2.	Uses appropriate techniques in assisting and encouraging physical activity and/or personal exercise.	2/8/02	WJF
K.	Other		
1.	Uses appropriate techniques in assisting client with self-monitoring of temperature, pulse, and weighing.	2/8/02	WJF
2.	Uses appropriate techniques in taking and recording temperatures, pulse, respiration, and routine height and weight measurements.	2/8/02	WJF
3.	Uses appropriate techniques in making an occupied bed.	NA	
4.	Uses appropriate techniques in providing perineal care.	NA	
5.	Uses appropriate techniques in application of condom catheters.	NA	
6.	Uses appropriate techniques in assisting residents in understanding medical orders and routines and encouraging compliance.	2/8/02	WJF
7.			
8.			
9.			
10.			
11.			
12.			

	Personal Care Special Health Related Skills (competency to be demonstrated to a registered nurse or, for those skills listed by a *, a licensed physical or occupational therapist.	Date Completed	Assessed By (Initial)
1.	Uses appropriate techniques in assisting with feeding residents with special conditions (swallowing difficulty).	NA	
2.	Uses appropriate techniques in assisting with mobility/gait training using assistive devices. *	NA	
3.	Uses appropriate techniques in assisting with range of motion exercises. *	NA	
* 4.	Uses appropriate techniques in taking and recording blood pressure.	2/8/02	EG
5.	Uses appropriate techniques in assisting with applying and removing prosthetic devices. *	NA	
6.	Uses appropriate techniques in applying ace bandages, TED's and binders.	NA	
7.	Uses appropriate techniques in emptying and recording drainage of catheter bag.	NA	
8.	Uses appropriate techniques in shaving clients with skin disorders.	NA	
9.	Uses appropriate techniques in administering non-medical enemas.	NA	
10.	Uses appropriate techniques in inserting rectal tubes and flatus bags.	NA	
11.	Uses appropriate techniques in bowel and bladder retraining (to regain) continence.	NA	
12.	Uses appropriate techniques in testing urine or fecal specimens.	NA	
13.	Uses appropriate techniques in using mitts or restraints as safety measures.	NA	
14.	Uses appropriate techniques in changing non-sterile dressings.	2/8/02	EG
15.	Uses appropriate techniques in forcing or restricting fluids.	NA	
* 16.	Uses appropriate techniques in applying prescribed heat and cold. *	2/8/02	EG
17.	Uses appropriate techniques in caring for non-infected decubitus ulcers (pressure ulcers).	NA	
18.	Uses appropriate techniques in administering vaginal douches after instruction.	NA	
19.	Uses appropriate techniques in assisting with prescribed physical or occupational therapy. *	NA	

Edwina Gabriel cert # 082579 NC