STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL054059	A. BUILDING: _____ B. WING _____	R 01/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANT MARY'S FAMILY CARE HOME # 3	3713 HERRING ROAD LA GRANGE, NC 28551

(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 survey on 01/05/2017.	C 000		
C 145	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; This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to assure 2 of 3 sampled staff (Staff B and Staff C) had a Health Care Personnel Registry check done upon hire at the facility. The findings are: 1. Review of Staff B's personnel file revealed: -Staff B had been hired at the facility 09/08/15 as a Personal Care Aide. -There was no documentation of Health Care Personnel Registry check in Staff B's personnel file. Interview with Staff B on 01/05/17 at 2:05 PM revealed Staff B was not aware of any Health Care Personnel Registry check being done when she was hired. Refer to Interview with the Administrator on 01/05/17 at 11:20 AM.	C 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL054059	A. BUILDING: _____ B. WING _____	R 01/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANT MARY'S FAMILY CARE HOME # 3	3713 HERRING ROAD LA GRANGE, NC 28551

(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 145	Continued From page 1 2. Review of Staff C's personnel file revealed: -Staff C had been hired at the facility 07/10/14 as a Personal Care Aide. -There was no documentation of Health Care Personnel Registry check in Staff C's personnel file. Attempted Interview with Staff C on 01/05/17 at 10:55 AM revealed Staff C was not available for interview at this time. Refer to Interview with the Administrator on 01/05/17 at 11:20 AM. Interview with the Administrator on 01/05/17 at 11:20 AM revealed: -She had not done a Health Care Personnel Registry on Staff B or Staff C. -She thought you had to be a Certified Nursing Assistant to have a Health Care Personnel Registry check done. -She would make sure that Staff B and Staff C had a Health Care Personnel Registry done within the next couple of days. -She was responsible for making sure that all staff qualifications were met. The facility's failure to assure all staff had no findings on the Health Care Personnel Registry was detrimental to the safety and welfare of the residents. Review of the Facility's plan of protection dated for 01/05/17 revealed: -The Health Care Personnel Registry checks will be done on all staff by January 13, 2017. -The Administrator will assure that all these have been done. -All new hires will have a Health Care Personnel Registry done prior to employment.	C 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL054059	A. BUILDING: _____ B. WING _____	R 01/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANT MARY'S FAMILY CARE HOME # 3	3713 HERRING ROAD LA GRANGE, NC 28551

(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 145	Continued From page 2 THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED FEBRUARY 19, 2017.	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: Based on interviews and record reviews, the facility failed to assure that 2 of 3 sampled staff (Staff B and Staff C) had received state wide criminal back ground checks. The findings are: 1. Review of staff B's personnel file revealed: -Staff B had been hired at the facility 09/08/15 as a Personal Care Aide. -Staff B had only received a county wide criminal back ground check since being hired at the facility. Interview with Staff B on 01/05/17 at 2:05 PM revealed: -Staff B had only gone to the court house to get a back ground check for work. -She was not told to make sure it was a state wide criminal back ground check. Refer to Interview with the Administrator on 01/05/17 at 11:20 AM.	C 147		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL054059	A. BUILDING: _____ B. WING _____	R 01/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANT MARY'S FAMILY CARE HOME # 3	3713 HERRING ROAD LA GRANGE, NC 28551

(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 147	Continued From page 3 2. Review of staff C's personnel file revealed: -Staff C had been hired at the facility 07/10/14 as a Personal Care Aide. -Staff C had only received a county wide criminal back ground check since being hired at the facility. Attempted Interview with Staff C on 01/05/17 at 10:55 AM revealed Staff C was not available for interview at this time. Refer to Interview with the Administrator on 01/05/17 at 11:20 AM. Interview with the Administrator on 01/05/17 at 11:20 AM revealed: -She had only made sure that the criminal background checks were done. -She did not know that there was a requirement for the staff to have a state wide background check. -She would make sure that Staff B and Staff C got a new background check done within the next couple of days. -She was responsible for making sure that all staff qualifications were met.	C 147		
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	C 153		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL054059	A. BUILDING: _____ B. WING _____	R 01/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANT MARY'S FAMILY CARE HOME # 3	3713 HERRING ROAD LA GRANGE, NC 28551

(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 153	Continued From page 4 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 interviews and record reviews, the facility failed to assure that 2 of 3 required staff members (Staff B and Staff C) had received 25 hours of personal care aide training within the first 6 months of hire. The findings are: 1. Review of staff B's personnel file revealed: -Staff B had been hired at the facility 09/08/15 as a Personal Care Aide. -There was no record of Staff B receiving personal care aide training since being hired at the facility. Interview with Staff B on 01/05/17 at 2:05 PM revealed staff B was not aware of taking any personal care aide training since she had been at the facility. Refer to Interview with the Administrator on 01/05/17 at 11:20 AM. 2. Review of staff C's personnel file revealed: -Staff C had been hired at the facility 07/10/14 as a Personal Care Aide. -There was no record of Staff B receiving personal care aide training since being hired at	C 153		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL054059	A. BUILDING: _____ B. WING _____	R 01/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANT MARY'S FAMILY CARE HOME # 3	3713 HERRING ROAD LA GRANGE, NC 28551

(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 153	Continued From page 5 the facility. Attempted Interview with Staff C on 01/05/17 at 10:55 AM revealed Staff C was not available for interview at this time. Refer to Interview with the Administrator on 01/05/17 at 11:20 AM. Interview with the Administrator on 01/05/17 at 11:20 AM revealed: -Staff B and Staff C had not received personal care aide training. -She had been trying to get the training scheduled at the local community college but has not been able to get a training done. -She was responsible for making sure that all staff qualifications were being met. -She was going to continue to try to get someone to provide the personal care aide training on all staff that required the training.	C 153		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights 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. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to assure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to other staff requirements.	C 912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL054059	A. BUILDING: _____ B. WING _____	R 01/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANT MARY'S FAMILY CARE HOME # 3	3713 HERRING ROAD LA GRANGE, NC 28551

(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 912	Continued From page 6 The findings are: Based on interviews and record reviews, the facility failed to assure 2 of 3 sampled staff (Staff B and Staff C) had a Health Care Personnel Registry check done upon hire at the facility. [Refer to Tag D0145 10A NCAC 13G .0406(a)(5) Other Staff Qualifications (Type B Violation).]	C 912		
C992	G.S. § 131D-45 G.S. § 131D-45. Examination and screening for G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (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	C992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL054059	A. BUILDING: _____ B. WING _____	R 01/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANT MARY'S FAMILY CARE HOME # 3	3713 HERRING ROAD LA GRANGE, NC 28551

(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	Continued From page 7 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. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure that 2 of 2 sampled staff (Staff B and Staff C) had received drug screening for controlled substances upon hire to the facility. The findings are: 1. Review of staff B's personnel file revealed: -Staff B had been hired at the facility 09/08/15 as a Personal Care Aide. -There was no record of Staff B receiving a drug screening prior to being hired at the facility. Interview with Staff B on 01/05/17 at 2:05 PM revealed: -She had not received a drug screen prior to being hired or since she had been working at the facility. -She was not told by the Administrator that she had to have one done and has not taken a drug screen. Refer to Interview with the Administrator on 01/05/17 at 11:20 AM. 2. Review of staff C's personnel file revealed: -Staff C had been hired at the facility 07/10/14 as	C992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL054059	A. BUILDING: _____ B. WING _____	R 01/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANT MARY'S FAMILY CARE HOME # 3	3713 HERRING ROAD LA GRANGE, NC 28551

(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	Continued From page 8 a Personal Care Aide. -There was no record of Staff B receiving a drug screening prior to hire at the facility. Attempted Interview with Staff C on 01/05/17 at 10:55 AM revealed Staff C was not available for interview at this time. Refer to Interview with the Administrator on 01/05/17 at 11:20 AM. Interview with the Administrator on 01/05/17 at 11:20 AM revealed: -She had not done a drug screen on Staff B or Staff C. -She was going to make sure that Staff B and Staff C both got a drug screen within the next few days. -She was responsible for making sure that all staff qualifications were being done. -She was not aware of the rule that all staff hired after 10/01/13 were required to have a drug screen done upon hire.	C992		