STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001047	A. BUILDING: _____ B. WING _____	09/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY TENDER LOVE AND CARE	532 GREENWOOD DRIVE BURLINGTON, NC 27215

(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 an annual and follow-up survey on 9/15/17.	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: Based on observations, interviews and record reviews, the facility failed to assure 1 of 3 facility (Staff B) had no findings on the Health Care Personnel Registry (HCPR). The findings are: Review of Staff B's personnel record on 9/15/2017 revealed: - Staff B was hired on 6/7/2017 as a relief staff to provide transportation for the residents. - There was no documentation of a Health Care Personnel Registry check in Staff B's record. Observation of Staff B on 9/15/2017 at 2:20 p.m. revealed, Staff B left the facility alone in the facility van and returned with three residents about 45 minutes later. Interview with Staff B on 9/15/2017 at 2:25 p.m. revealed Staff B had taken the residents to school occasionally when the Supervisor in Charge (SIC)	C 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001047	A. BUILDING: _____ B. WING _____	09/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY TENDER LOVE AND CARE	532 GREENWOOD DRIVE BURLINGTON, NC 27215

(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 was not available to transport the residents. Interview with the Administrator on 9/15/2017 at 2:40 p.m. revealed, Staff B had taken the residents to school and to the store only a few times. Interview with a resident on 9/15/2017 at 3:10 p.m. revealed, Staff B transported the residents to their day programs and to the store, but most days the SIC had provided transportation for the residents. Interview with another resident on 9/15/2017 at 3:35 p.m. revealed: - Staff B transported the residents to the store when they had asked one or two times. - The Administrator had gone along on occasion. Telephone interview with the SIC on 9/15/2017 at 4:09 p.m. revealed: - Staff B had transported the residents on the days that she was unavailable. - She was not aware that a Health Care Personnel Registry Check was required since Staff B was not direct care staff. Interview on 9/15/17 at 3:15 p.m. revealed the Administrator gave no explanation of why Staff B had no documentation of a HCPR check.	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.	C 147		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001047	A. BUILDING: _____ B. WING _____	09/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY TENDER LOVE AND CARE	532 GREENWOOD DRIVE BURLINGTON, NC 27215

(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 2 131D-40; This Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to ensure that 3 of 3 facility staff, (Staff B, C, and D) had obtained a statewide criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40. The findings are: 1. Review of Staff B's personnel record on 9/15/2017 revealed: -Staff B was hired on 6/7/2017 as support staff to provide transportation for the residents. -There was a county criminal record check found in the record, but there was no documentation a statewide criminal background check had been obtained. Observation of Staff B on 9/15/2017 at 2:20 p.m. revealed, Staff B left the facility alone in the facility van and returned with three residents about 45 minutes later. Interview with Staff B on 9/15/2017 at 2:25 p.m. revealed, he took the male residents to school occasionally when the facility Supervisor in Charge (SIC) was not available to transport the residents. Interview with the Administrator on 9/15/2017 at 2:40 p.m. revealed: -Staff B had taken the residents to school and to the store. -Staff B had transported only a few times. Interview with a resident on 9/15/2017 at 3:10 p.m. revealed, Staff B transported the residents to	C 147		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001047	A. BUILDING: _____ B. WING _____	09/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY TENDER LOVE AND CARE	532 GREENWOOD DRIVE BURLINGTON, NC 27215

(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	C 147		

their day programs and to the store, but most days, the SIC had provided transportation for the residents.

Interview with another resident on 9/15/2017 at 3:35 p.m. revealed, Staff B transported the residents to the store when they had asked one or two times.

Telephone interview with the SIC on 9/15/2017 at 4:09 p.m. revealed:
-Staff B had transported the residents on the days that she was unavailable.
-She was not aware that documentation of a statewide criminal record check was to be obtained on all employees.

Interview on 9/15/17 at 3:15 p.m. with the Administrator revealed:
- She gave no explanation for the lack of required documents.
- She was not aware that any of the employees needed state criminal record checks.

2. Review of the personnel record for Staff D revealed:
- There was no hire date was documented in the record.
- There was no position title documented.
- There was a local district/county criminal background check in the record.
- There was no documentation of a statewide criminal background check.

Interview with Staff D at 2:35 p.m. revealed:
- She was hired to cook, clean, do laundry and any other tasks.
- She would help with residents if needed, but residents were independent at the facility.
- She did not pass medications, but had her

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001047	A. BUILDING: _____ B. WING _____	09/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY TENDER LOVE AND CARE	532 GREENWOOD DRIVE BURLINGTON, NC 27215

(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 4	C 147		

qualifications.
- She had been working for about three days this week.
- She was most often in the home when the residents were out of the facility.

Observation of Staff D on 9/15/17 throughout the survey revealed:
- She was doing the laundry, greeted residents once they came through the door from being out of the facility that day and she cooked and served the dinner to the residents sitting at the table at the evening meal.
- She had the key to the medicine closet and provided medications to be reviewed by surveyors.
- She assisted the Administrator with miscellaneous tasks such as putting up food in the kitchen.
- She knew criminal background checks were to be obtained and she had a county background check completed.

Interview on 9/15/17 at 3:15 p.m. with the Administrator revealed:
- Staff D was hired at the end of August 2017 to help with cleaning, cooking laundry.
- She had been in the state greater than five years.
- She had some contact with residents but not with personal care.
- She and the supervisor-in-charge (SIC) who assisted with staff qualifications thought the county criminal background check was sufficient.
- The "county" had advised them of only a county check at the clerk of courts.
- She and the SIC would ensure statewide criminal background checks would be complete.

Telephone interview with the SIC on 9/15/2017 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001047	A. BUILDING: _____ B. WING _____	09/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY TENDER LOVE AND CARE	532 GREENWOOD DRIVE BURLINGTON, NC 27215

(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 5 4:09 p.m. revealed: -She assisted with the staff qualifications. -She was not aware that documentation of a statewide criminal record check was to be obtained on all employees. 3. Review of the personnel record for Staff C revealed: - There was no hire date documented in the record. - She was hired as a supervisor-in-charge (SIC) and a medication aide. - A county and district background check dated 10/14/09 was in the personnel record. - There was no documentation of a statewide criminal background check. Interview with Staff C at 2:45 p.m. revealed: - She was hired to assist residents, pass medications, assist the administrator and be in charge of the the facility when the administrator was not there. - She had been working for many years, possibly 1998 or 2000. - She had lived and worked in the state greater than 5 years. - The facility had been advised to go to the county courthouse to get the criminal background check. - She was not aware the courthouse county background check was not a statewide criminal background check. Interview on 9/15/17 at 3:15 p.m. with the Administrator revealed: - The SIC assisted her with staff qualifications. - She thought the county criminal background check was sufficient. - The "county" had advised them of only a county check at the clerk of courts. - She and the SIC would ensure statewide	C 147		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001047	A. BUILDING: _____ B. WING _____	09/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY TENDER LOVE AND CARE	532 GREENWOOD DRIVE BURLINGTON, NC 27215

(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 6 criminal background checks would be complete.	C 147		
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 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 observations, interviews and record reviews, the facility failed to ensure 1 of 3 facility staff (Staff B) had completed within the last 24 months a course on Cardio-Pulmonary Resuscitation (CPR) and choking management, including the Heimlich maneuver. The findings are: Review of personnel record on 9/15/2017 1:45 p.m. revealed: -Staff B was hired on 6/7/2017 was relief staff to provide transportation for the residents. -There was no documentation Staff B had	C 176		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001047	A. BUILDING: _____ B. WING _____	09/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY TENDER LOVE AND CARE	532 GREENWOOD DRIVE BURLINGTON, NC 27215

(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 176	Continued From page 7 completed the required Cardio-Pulmonary Resuscitation training. Observation of Staff B on 9/15/2017 at 2:20 p.m. revealed, Staff B left the facility alone in the facility van and returned with three residents about 45 minutes later. Interview with Staff B on 9/15/2017 at 2:25 p.m. revealed, Staff B took the male residents to school occasionally when the facility Supervisor in Charge (SIC) was not available to transport the residents. Interview with the facility Administrator on 9/15/2017 at 2:40 p.m. revealed: -Staff B took the male residents to school and to the store alone. -Staff B had transported only a few times. -She did not think Staff B had CPR training. -The SIC assisted her with staff qualifications and would get training soon. Interview with a resident on 9/15/2017 at 3:10 p.m. revealed, Staff B transported the residents to their day programs and to the store alone, but most days the SIC had provided transportation for the residents. Interview with another resident on 9/15/2017 at 3:35 p.m. revealed: -Staff B had transported the residents alone to the store when they had asked one or two times. -Staff B had also taken the facility Administrator along at times. Telephone interview with the SIC on 9/15/2017 at 4:09 p.m. revealed: -Staff B had transported the residents on the days the SIC was unavailable.	C 176		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001047	A. BUILDING: _____ B. WING _____	09/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY TENDER LOVE AND CARE	532 GREENWOOD DRIVE BURLINGTON, NC 27215

(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 176	Continued From page 8 -She was not aware that Staff B was required to be Cardio-Pulmonary Resuscitation certified since Staff B was not direct care staff.	C 176		
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 record review, the facility failed to assure 1 of 2 facility medication aides (Staff C) completed the mandatory annual infection prevention training. The findings are: Review of the personnel record for Staff C revealed: - There was no hire date listed in the record. - She was hired as a supervisor-in-charge (SIC) and a medication aide (MA).	C 934		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001047	A. BUILDING: _____ B. WING _____	09/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY TENDER LOVE AND CARE	532 GREENWOOD DRIVE BURLINGTON, NC 27215

(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 934	Continued From page 9 - She had passed the written medication aide test on 2/20/2000. - There was documentation of state mandatory infection prevention training in 2013 and on 2/01/16. - There was no documentation of the mandatory annual infection prevention training for 2017 in the employee record. Staff C was not available for interview. Interview on 9/15/17 at 3:35 p.m. with the Administrator revealed: - Staff C, MA, had been working in the facility for many years as a MA. - There was not a system in place to ensure the annual infection prevention training was scheduled in a timely manner. - The Administrator was not aware the infection prevention training was seven months overdue. - The training would be scheduled for the end of this month.	C 934		
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	C992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001047	A. BUILDING: _____ B. WING _____	09/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY TENDER LOVE AND CARE	532 GREENWOOD DRIVE BURLINGTON, NC 27215

(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 10 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. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure 2 of 2 staff (B and D) hired on or after 10/01/13 had a controlled substance screen prior to hire. The findings are: 1. Review of the personnel record for Staff D revealed: - There was no hire date documented in the record. - There was no position title documented. - There was no documentation of a controlled substance screening prior to hire.	C992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001047	A. BUILDING: _____ B. WING _____	09/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY TENDER LOVE AND CARE	532 GREENWOOD DRIVE BURLINGTON, NC 27215

(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 11 Interview on 9/15/17 at 2:35 p.m. with Staff D revealed: - She was hired to cook, clean, do laundry and any other tasks. - She would help with residents if needed, but residents were independent at the facility. - She did not pass medications, but she had her qualifications to administer medications. - She had been recently hired and working for only two days so far and would work one more day this week. - She was in the home when the residents and staff were out of the facility so she could clean and do the laundry. - She was in the home when residents and staff were present when she helped to cook dinner and assist the Administrator with tasks. - She had not been told to have a controlled substance screen before hire. Observation of Staff D on 9/15/17 throughout the survey revealed: - She was doing the laundry, greeted residents when they came through the door from being out of the facility that day and she cooked and served the dinner to the residents sitting at the table at the evening meal. - She had the key to the medicine closet and obtained medications to be reviewed. - She assisted the Administrator with miscellaneous tasks such as putting up food in the kitchen. - She was observed cooking and serving residents dinner at the table. Interview on 9/15/17 at 3:15 p.m. with the Administrator revealed: - Staff D was hired at the end of August 2017 to help with cleaning, cooking and laundry. - She had some contact with residents but not	C992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001047	A. BUILDING: _____ B. WING _____	09/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY TENDER LOVE AND CARE	532 GREENWOOD DRIVE BURLINGTON, NC 27215

(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 12 with personal care. Refer to interview on 9/15/17 at 3:15 p.m. with the Administrator. 2. Review of personnel record on 9/15/2017 1:45 p.m. revealed: - Staff B was hired on 6/7/2017 as a support staff to provide transportation for the residents as relief staff. - There was no examination and screening for the presence of controlled substances found in Staff B's record. Observation of Staff B on 9/15/2017 at 2:20 p.m. revealed, Staff B left the facility alone in the facility van and returned with three residents about 45 minutes later. Interview with Staff B on 9/15/2017 at 2:25 p.m. revealed, Staff B takes the guys to school occasionally when the facility Supervisor in Charge (SIC) is not available to transport the residents. Interview view with the facility Administrator on 9/15/2017 at 2:40 p.m. revealed, Staff B had taken the residents to school and to the store. The facility Administrator said Staff B has transported only a few times. Interview with a resident of the facility on 9/15/2017 at 3:10 p.m. revealed, Staff B transported the residents to their day programs and to the store, but most days the SIC had provided transportation for the residents. Interview with another resident on 9/15/2017 at 3:35 p.m. revealed, Staff B had transported the residents to the store when they had asked one	C992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001047	A. BUILDING: _____ B. WING _____	09/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY TENDER LOVE AND CARE	532 GREENWOOD DRIVE BURLINGTON, NC 27215

(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 13 or two times, and Staff B has also taken the facility Administrator along. Telephone interview with the SIC on 9/15/2017 at 4:09 p.m. revealed: - Staff B had transported the residents on the days that SIC was unavailable. - She was not aware that Staff B was required to have a controlled substance examination and screening since he was not direct care staff. Refer to interview on 9/15/17 at 3:15 p.m. with the Administrator. _____ Interview on 9/15/17 at 3:15 p.m. with the Administrator revealed: - She was not aware a controlled substance screen was to be obtained before hire. - She would ensure one was completed as soon as possible.	C992		