Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001150	A. BUILDING: 01 B. WING _____	12/19/2018

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 Report by Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on December 19, 2019 from 9:00 AM to 11:00 AM at the above referenced facility. DHSR records indicate the home was first licensed on July 17, 2013 as a Family Care Home for five ambulatory Residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2012 North Carolina State Building Code - Section 425.2 - Residential Care Homes. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. The cited deficiencies are as follows:	C 000	RECEIVED FEB 05 2019 CONSTRUCTION SECTION	
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for	C 117	Sanitation has been out to the facility. 1-17-19 The administrator will send copy of report	2-18-19

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Pamela Jackson TITLE Administrator (X6) DATE 1-17-19

Division of Health Service Regulation

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C 117	Continued From page 1 review. This Rule is not met as evidenced by: At the time of the survey it was observed that the facility did not have a current approved sanitation report available for review. This is not compliant with the rule.	C 117	With paperwork. Will ensure that staff place forms in the correct notebook. This will be checked each time a inspector/survey person come	
C 149	Outside Entrances/Exits-Handrails At Porches SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the fire escape for the second floor did not have handrails on the inside of the stairwell. This is not compliant with the rule. 2. At the time of the survey it was observed that the front rails did not have lower guard rails. This is not compliant with the rule. 3. At the time of the survey it was observed that the front rails were loose. This is not compliant with the rule.	C 149	The fire escape for the 2nd floor do have a handrail on the inside of stairwell. I will submit photo with paperwork. I will added lower guard rails to the rails on the front porch. Also I will have rails tighten. The administrator will check every 3 months to ensure the rails dont loosen.	2-18-19
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair.	C 152	The administrator will have will have the floors secured to the base molding	2-18-19

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C 152	Continued From page 2 This Rule is not met as evidenced by: At the time of the survey it was observed that the vinyl floor in the living room was not secured to the base molding and is curling up. This is not compliant with the rule.	C 152	and make sure its not curling up. The administrator will check floor every 3 months to ensure its safe.	2-18-19
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: At the time of the survey the facility did not the fire drill log available for review. This is not compliant with the rule.	C 172	The 4 Fire Safety rehearsals was available for review. But the administrator was told by staff they wasn't asked to be seen. So I can submit them with paperwork.	
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that	C 174	1.) The call system will be repaired. The staff check the call system once a month to ensure its working properly.	2-18-19

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Residential Care Facility

(For facilities, as defined, with not more than 12 residents)

Demerit Score: 9

Date of Insp/Chg: 01 / 17 / 2019

Status Code: A

Health Department: 1 Alamance

Current Facility ID: 3001430588

Old Facility ID:

Water Supply: [x] Municipal/Community [ ] On-Site Supply

Wastewater: [x] Municipal/Community [ ] On-Site System

Water sample taken today? [ ] Yes [x] No

[x] Inspection [ ] Re-inspection [ ] Visit [ ] Name Change [ ] Verification of Closure [ ] Status Change

Name of Establishment: JUST LIKE HOME LLC

Permittee: TAMEKA JACKSON

Location Address: 617 DURHAM ST

Number of Residents: 5

City: BURLINGTON State: NC Zip: 27217

Mailing Addr. 617 DURHAM ST

City: BURLINGTON State: NC Zip: 27217

Classification

[x] Approved (20 or less demerits, and no 6-point demerits) [ ] Disapproved (More than 40 demerits or failure to improve provisional classification)

[ ] Provisional (more than 20, but 40 or less demerits, or a 6-point demerit)

	Demerits	Comments
1. **WATER SUPPLY: Public supply; private supply approved 6 (.1611)**		
2. **LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6 (.1613)**		** SEE COMMENT SHEET ATTACHED **
3. **FOOD SUPPLIES AND PROTECTION**: **Supplies: All food clean, wholesome, no spoilage 6 (.1619)** **Protection**: Adequate during storage, preparation and serving, potentially hazardous food 45°F or below, or 140°F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 (.1620)		
4. FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; **substances containing poisonous material not used for cleaning or polishing eating or cooking utensils 6;** disposable items properly stored and handled, used only once 2 (.1618)		
5. FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 4 (.1621)		
6. DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 (.1612)		
7. HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4 (.1611)		
8. TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 (.1610)	4	
9. BEDS: LINEN: FURNITURE: All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 (.1617)		
10. STORAGE: MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 (.1616)		
11. FLOORS: In good repair 1; kept clean 2 (.1607)	3	
12. WALLS AND CEILINGS: In good repair 1; kept clean 2 (.1608)		
13. LIGHTING AND VENTILATION: Windows and fixtures in good repair 1; kept clean 2 (.1609)	2	
14. VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborages and breeding areas 2 (.1615)		
15. SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 (.1614)		

Comment Sheet Attached [x] Yes [ ] No

Rept Received

TOTAL DEMERIT SCORE 9

Inspection by: [signature]

EHS I.D.# 1750 - ELLMORE, ELIZABETH

Purpose: General Statute 130A-20 requires the Commission for Health Services to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1605 specifies the contents of an inspection form to record the results of inspections made of residential care facilities. This form is to be used in making inspections of residential care facilities. Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and three copies for: 1. Original to the person in charge. 2. One copy for the supervising agency (or more as requested). 3. Copy for the local health department. Disposition: Please refer to Records Retention and Disposition Schedule S.B.6., for County/District Health Departments which is published by the North Carolina Division of Archives & History. Additional forms may be ordered from: Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632. (Courier 52-01-00)

N.C. Department of Environment and Natural Resources

Division of Environmental Health

COMMENT ADDENDUM

Name: JUST LIKE HOME LLC

ID: 3001430588

Street: 617 DURHAM ST

City: BURLINGTON

General Comments:

4) Replace the missing appliance bulb in refrigerator.

N.C. Department of Environment and Natural Resources

Division of Environmental Health

COMMENT ADDENDUM

Name: JUST LIKE HOME LLC

ID: 3001430588

Street: 617 DURHAM ST

City: BURLINGTON

Time In: 10:54 ☒ am ☐ pm

Time Out: : ☐ am ☐ pm

Total Time:

8 Make sure towels and toilet paper are provided in restroom. Clean mold and other buildup in bathroom shower/tub.

11 Clean floors in corners and hard to reach areas including laundry closet. The vinyl flooring is peeling up at seams and along some borders. Recommend installation of quarter round molding, base cove molding or sealing at edge with caulking such as along edge of tub. The vinyl flooring is torn and damaged in some areas; replace or repair damaged flooring where necessary.

13 Clean window sills of buildup. Replace broken glass on outer panes of double pane windows in den. Some of the window frames have flaking and peeling paint and need to be refinished and repainted.

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C 174	Continued From page 3 the resident call system did not work. This is not compliant with the rule. 2. At the time of the survey it was observed that the fire alarm system was in a silenced alarm condition and the staff did not know how to reset the alarm. This is not compliant with the rule. 3. At the time of the survey it was observed that the fire extinguishers were not being checked by staff and the tags were not being dated and initialled on a monthly basis. This is not compliant with the rule. 4. At the time of the survey it was observed that the front left bedroom window is broken. This is not compliant with the rule.	C 174	2.) The alarm was taking off silence ~~mode~~ made. The administator showed staff how to properly reset it again. The system is checked monthly by admin. 3.) The fire extinguishers will be checked by the 25th of each month and signed off by staff or administator. 4.) The front left bedroom window will be replaced. The administator will check windows once monthly for any damages.	2-18-19

DATE: 8-28-17 Time: 2:30

Staff: Tamera

Desp: It was 1 resident sitting on the front porch smoking. I rang the alarm went out and screamed fire. we ran around the house. Made the meeting spot in 1min 10 sec.

Date: 10-17-2017 11:22 A.M

Staff: Sharon

Desp: Staff

4 residents inside home
I ranged the bell (Fire Alarm)
we ran around to the exit and
gathered in the backyard
under 1 minut 45 seconds

Date: 02-21-18 1:47 P.M.

Staff: Sharon

Desp: 4 residents inside home in their rooms, I ranged the alarm, and we went out the front door and around the house and gathered up, took about 1 minte and 42 seconds

Date 05 - 03 - 18 10:20 A.M

Staff Sharon

Desp 3 resident's at the home
1 at work, while in their rooms
I ranged the alarm and we met
in the Dining Room, out the back door
and on the side of the home and it
took 1 minute and 57 seconds

Date: 9-12-18 9:45 P.M.

Staff: Sharon

Desp: 4 resident's in their rooms getting ready for Bed, I ranged the alarm, we gathered in the hallway and sprinted at the back door and in to the backyard

Time 1 minute
36 seconds