

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 11/12/2019
NAME OF PROVIDER OR SUPPLIER JUST LIKE HOME FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Keith Blackwell DHSR Construction Section conducted a Biennial Follow-up Survey on November 12, 2019 from 10:55 AM to 12:30 PM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies are as follows:	{C 000}		
{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. JKB 11/12/2019 At the time of the follow up survey it was observed that the fire escape for the second floor did not have handrails on the inside of (house side 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. JKB 11/12/2019 At the time of the follow up survey it was observed that the front rails did not have lower	{C 149}		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 11/12/2019
NAME OF PROVIDER OR SUPPLIER JUST LIKE HOME FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 149}	Continued From page 1 guard rails. This is not compliant with the rule.	{C 149}		
{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. JKB 11/12/2019 At the time of the follow up survey the facility did not have current fire drill log available for review. The last recorded fire drill was 12/19/2018. This is not compliant with the rule.	{C 172}		
{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.	{C 174}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 11/12/2019
NAME OF PROVIDER OR SUPPLIER JUST LIKE HOME FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 174}	Continued From page 2 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the resident call system did not work. This is not compliant with the rule. JKB 11/12/2019 At the time of the follow up survey it was observed that 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. JKB 11/12/219 At the time of the follow up 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. A Fire Watch was issued at 12:30 PM to continue until the Fire Alarm System is repaired and operating. 3. At the time of the survey it was observed that the front left bedroom window is broken. This is not compliant with the rule. JKB 11/12/219 At the time of the follow up survey it was observed that the front left bedroom window is broken. This is not compliant with the rule.	{C 174}		