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: _____ B. WING _____	04/09/2021

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 The Adult Care Licensure Section conducted an annual survey on April 6-9, 2021.	C 000		
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 record reviews and interviews, the facility failed to assure 1 of 3 sampled staff (Staff C) had a statewide criminal background check completed upon hire. The findings are: Review of Staff C's Personal Care Aide (PCA) personnel record revealed: -Staff C was hired January 2018. -There was no documentation of a statewide criminal background check completed upon hire for Staff C. Telephone interview with Staff C on 04/08/21 at 2:25 pm revealed: -He was not aware his criminal background check was missing from his personnel record. -He knew the criminal background check was to be completed before he started to work and did not know why the statewide background check was not in his personnel record. -The Administrator was responsible for reviewing staff records and completing criminal background checks for staff.	C 147		

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C 147	Continued From page 1 Interview with the Administrator on 04/08/21 at 2:20 pm revealed: -Staff C was her son and had worked in the facility, on third shift, since January 2018. -She completed a statewide criminal background check for Staff C upon hire and thought the documentation was in his personnel record. -She was not aware the document was missing and it was her responsibility to ensure the criminal background check was completed for staff. -She requested another statewide criminal background check on Staff C on 04/08/21.	C 147		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 1 of 3 sampled residents had completed tuberculosis (TB) testing upon admission in compliance with the control measures for the Commission for Health Services.	C 202		

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C 202	Continued From page 2 The findings are: Review of Resident #2's current FL-2 dated 08/17/20 revealed: -Diagnoses included schizoaffective disorder, bi-polar type, anemia and vitamin D deficiency. -Date of admission was documented as 10/02/19. Review of Resident #2's Resident Register revealed an admission date of 10/02/19. Review of Resident #2's record revealed: -A local county health department medical procedure statement dated 10/02/19 revealed Resident #2 had a TB skin test placed on 10/02/19. -There were instructions for Resident #2 to return to the health department on 10/04/19 to have the TB skin test read. -There was no documentation of Resident #2 returning to the health department to have the TB skin test read. -There was no documentation Resident #2 completed the 1st TB skin testing or had another TB skin testing for admission to the facility. Interview with Resident #2 on 04/08/21 at 11:00 am revealed: -She thought the TB skin test placed at the local health department was positive and went to a local hospital (could not remember the date) to have a TB saliva test (detects the presence of TB bacteria). -She was not sure, but thought the saliva test for TB was negative. -She did not have documentation for the TB saliva testing. -She did not know her TB testing was not in compliance with the commission for Health Services TB skin testing for admission to the	C 202		

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C 202	Continued From page 3 facility. -The Administrator was responsible for ensuring her TB skin testing was completed for admission and in her records. Interview with the Administrator on 04/08/21 at 12:pm revealed: -She was not aware Resident #2 did not have completed TB testing documentation in her records. -Resident #2 had one TB skin test placed, thought the test was positive and went to a local hospital for a TB saliva test to rule out TB. -She could not find documentation completed TB testing in Resident #2's records. -She was responsible for ensuring all residents had completed TB testing upon admission to the facility.	C 202		