DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: **FCL-001-150**	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 10/06/22

NAME OF PROVIDER	STREET ADDRESS, CITY, STATE, ZIP CODE
Just Like Home Family Care	**617 Durham St, Burlington, NC 27217**

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C 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on October 6, 2022.	C 000		
C 145	10A NCAC 13G .0406 (a) (5) Other Staff Qualifications 10A NCAC 13G .0406 (a) (5) Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no 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 record reviews and interviews, the facility failed to ensure 1 of 3 sampled staff (C) had no findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256. The findings are: Review of Staff C's personnel record revealed: -Staff C was hired as a medication aide (MA) in March 2022. -There was no documentation of a HCPR check. Interview with Staff C on 10/06/22 at 12:46pm revealed: -She worked at the facility 6 years ago. -She was a MA and she had worked at several other facilities. -She did not know if a HCPR check was completed when she was hired in March 2022. Interview with the Administrator on 10/06/22 at 2:19pm revealed:	C 145		

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C 145	Continued From page 1 -Staff C was hired in March 2022 as a MA. -She thought she had obtained a HCPR check on Staff C in March 2022. -She had obtained a HCPR check for Staff C on 10/06/22 and there were no findings. -She was responsible for ensuring a HCPR check was completed for staff upon hiring.	C 145		
C 147	10A NCAC 13G .0406 (a) (7) Other Staff Qualifications 10A NCAC 13G .0406 (a) (7) Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check completed in accordance with G.S. 131D-40 and results available in the staff person's personnel file. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled staff (C) had a criminal background check completed in accordance with G.S. 131D-40 and the results available in the staff person's personnel file. The findings are: Review of Staff C's personnel record revealed: -Staff C was hired as a medication aide (MA) in March 2022. -There was no documentation of a criminal background check for Staff C. Interview with Staff C on 10/06/22 at 12:46pm revealed:	C 147		

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C 147	Continued From page 2 -She worked at the facility 6 years ago and she had a personnel file at that time. -She was a MA and she had worked at several other facilities. -Other Administrators at other facilities would not give her anything from her personnel files. -She did not know if a criminal background check was completed when she was hired in March 2022. Interview with the Administrator on 10/06/22 at 2:19pm revealed: -She had Staff C's old personnel file somewhere, but she could not locate it at that time. -She had completed a criminal background check for Staff C when she worked at the facility years ago. -She had not completed a criminal background check for Staff C in March 2022. -She was responsible for ensuring a criminal background check was completed prior to hiring staff.	C 147		
C 254	10A NCAC 13G .0903 (c) Licensed Health Professional Support 10A NCAC 13G .0903 (c) Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist, respiratory care practitioner, or physical therapist in the on-site review and evaluation of the residents' health status, care plan, and care provided, as required in Paragraph (a) of this Rule, is completed within 30 days after admission or within 30 days from the date a resident develops the need for the task and at least quarterly	C 254		

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C 254	Continued From page 3 thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure a Licensed Health Professional Support evaluation was completed initially and quarterly for 1 of 1 sampled resident (#1) with a LHPS task of fingerstick blood sugar (FSBS) monitoring. The findings are: Review of Resident #1's current FL-2 dated 09/29/22 revealed: -Diagnoses included anemia, polyneuropathy, schizoaffective disorder, and bipolar disorder. -There was an order to monitor fasting fingerstick blood sugar twice daily at 7:00am and 4:00pm. Review of Resident #1's record revealed there were no LHPS evaluations. Observation of Resident #1 on 10/06/22 at 8:24 am revealed:	C 254		

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C 254	Continued From page 4 -Resident #1 sat on the living room couch. -A medication aide (MA) obtained the glucometer for Resident #1. -The MA obtained a lancet, alcohol pad and glucometer strip. -The MA pricked Resident #1's finger and obtained a blood drop to place on the glucometer strip. -Resident #1's FSBS was 74. Interview with Resident #1 on 10/06/22 at 12:45pm revealed: -She had a FSBS completed twice daily by the MA. -Her FSBS were done before breakfast and before dinner. Interview with the Administrator on 10/06/22 at 2:19pm revealed: -She did not have a LHPS nurse to complete LHPS evaluations. -She had not attempted to obtain a LHPS nurse. -She was responsible for ensuring a LHPS nurse was available to complete LHPS evaluations for residents who had a LHPS task.	C 254		
C 261	10A NCAC 13G .0904 (b) (2) Nutrition and Food Service 10A NCAC 13G .0904 (b) (2) Nutrition and Food Service (b) Food Preparation and Service in Family Care Homes: (2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based	C 261		

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C 261	Continued From page 5 on documented needs or preferences of the resident. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the table service included a non-disposable place setting consisting of at least a knife, fork, and spoon. The findings are: Observation of the lunch meal service on 10/06/22 at 12:30pm revealed: -The medication aide (MA) set the table with a glass, napkin and spoon. -She served 4 residents a chunk of pork roast, scoop of cabbage, scoop of rice and beans, a yeast roll and a glass of soda pop. -After a request was made, the MA obtained and gave the residents a fork. -One resident used his left-hand fingers to hold the pork roast steady while he bared down hard with his fork to cut a smaller chunk of the pork roast. -Another resident picked up her chunk of pork roast with her fingers to bite it. -A third resident tried to cut his pork roast with his fork but was not able to cut the pork roast. -A fourth resident poked her large chunk of pork roast with her fork and lifted the entire piece to her mouth to take a bite. -Also, the fourth resident attempted to cut the pork roast with her fork but was not able. Interview with a resident on 10/06/22 at 12:40pm	C 261		

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C 261	Continued From page 6 revealed: -The pork roast was tough. -She was not able to cut it with a fork and her meat was not cut for her. -She could not eat the pork roast because it was tough. Interview with another resident on 10/06/22 at 2:07pm revealed: -Staff usually gave them a spoon to use for meals. -Sometimes residents receive a fork, it depended on the meal that was served. -She thought a spoon was fine for eating the lunch meal, because she used her fingers to eat the meat. -She thought giving a knife to people with mental health diagnoses might be a bad idea. -She thought residents with a mental health diagnoses might be in a bad mood when they came to the table to eat. -She had not observed any of the other four residents being violent or attacking anyone. Interview with a third resident on 10/06/22 at 3:20pm revealed: -Staff gave him a spoon to eat with most of the time. -He thought he was able to cut the pork roast with the fork with effort. -The pork roast was hard to cut but easy to chew. Interview with the Administrator on 10/06/22 at 2:19pm revealed: -She provided residents with a spoon or fork depending upon the meal she served to them. -She thought providing the residents with a spoon to	C 261		

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C 261	Continued From page 7 to use to eat pork roast was appropriate. -She thought if she had served the lunch meal on 10/06/22 she would have cut the pork roast thinner. -If the pork roast was cut thinner, she thought the residents would be able to cut it with a spoon. -She provided residents with a spoon because it helped them to scoop food up from the plate. -She provided them with a fork when she thought the food items served required a fork. -She was told in the past that she could not cut up residents' food without a physician's order. -She was responsible for ensuring residents were provided with a non-disposable place setting consisting of a spoon, fork and knife.	C 261		
C 935	G. S. 131D-4.5B (b) Adult Care Home medication aides; training and competency evaluation requirements G. S. 131D-4.5B (b) Adult Care Home medication aides; training and competency evaluation requirements (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the	C 935		

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C 935	Continued From page 8 potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a medication aide had completed the 5 hours, 10 hours, or 15 hours approved medication training course for 1 of 1 sampled staff (Staff C). The findings are: Review of Staff C's personnel record revealed: -Staff C was hired as a medication aide (MA) in March 2022. -There was no documentation of an approved 5 hours, 10 hours, or 15 hours medication training course. -There was documentation of Staff C's medication clinical skills checklist completed on 03/04/22. -There was documentation of Staff C passed the	C 935		

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C 935	Continued From page 9 medication aide test on 03/27/13. -There was no documentation of verification of employment as a medication aide prior to March 2022. Interview with Staff C on 10/06/22 at 12:46pm revealed: -She worked at the facility 6 years ago and she was hired again in March 2022. -She was a MA and she had worked at several other facilities. -She had not obtained an employment verification form to be completed by her previous employers. Interview with the Administrator on 10/06/22 at 2:19pm revealed: -She had a nurse complete MA training with Staff C. -She did not know a specific certificate was required after the MA training was complete. -Staff C had been a MA since 2013. -She had not requested an employment verification form for Staff C. -She was responsible for ensuring MAs completed a 5 hours, 10 hours or 15 hours medication aide training course.	C 935		
C 992	G. S. 131D-45 Examination and Screening for the Presence of Controlled Substances G. S. 131D-45 Examination and Screening for the Presence of Controlled Substances (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	C 992		

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C 992	Continued From page 10 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 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 record reviews and interviews, the facility failed to ensure a drug screening for the presence of controlled substances was completed prior to employment for 2 of 3 sampled staff (Staff B & C). The findings are: 1. Review of Staff B's personnel record revealed:	C 992		

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C 992	Continued From page 11 -Staff B was hired as a personal care aide (PCA) in 04/11/21. -There was no documentation of a completed drug screening for Staff B. Interview with Staff B on 10/06/22 at 2:17pm revealed: -She worked at the facility as a PCA every other weekend. -She had not completed a drug screening when she was hired in 2021. Interview with the Administrator on 10/06/22 at 2:19pm revealed: -She thought Staff B had completed a drug screening. -She looked for a completed drug screening for Staff B but did not locate any test results. Refer to interview with the Administrator on 10/06/22 at 2:19pm. 2. Review of Staff C's personnel record revealed: -Staff C was hired as a medication aide (MA) in March 2022. -There was no documentation of a completed drug screening for Staff C. Interview with Staff C on 10/06/22 at revealed: -She had not completed a drug screening when she returned to work at the facility. -She had completed drug screenings in the past for other jobs and never had a problem. Refer to interview with the Administrator on 10/06/22	C 992		

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C 992	Continued From page 12 at 2:19pm. _____ Interview with the Administrator on 10/06/22 at 2:19pm revealed: -She had not personally completed any drug screening for staff because she was told that she needed to show the box of the drug test used. -She was told that she needed to show the box because it listed the names of the substances that the test would detect. -She had a local lab that she usually sent staff to for drug screening. -She was responsible for ensuring staff had completed a drug screening prior to employment at the facility.	C 992		

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