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	FCL001150	A. BUILDING: _____ B. WING _____	04/09/2026

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 04/09/26.	C 000		
C 034	10A NCAC 13G .0302 (n) Design and Construction 10A NCAC 13G .0302 Design and Construction (n) The facility shall maintain and have available for review current sanitation and fire safety inspection reports. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure there was a current annual fire inspection report available for review. The findings are: Review of the facility's Fire Inspection reports revealed there was no documentation for a current fire inspection and the date of the last annual fire inspection could not be determined. Review of the facility's Fire Rehearsals revealed there was no documentation fire drill rehearsals for each quarter on each shift and the date of the last fire drill rehearsals could not be determined. Interview with the Supervisor-in-Charge (SIC) on 04/09/26 at 12:15pm revealed; -The Administrator was responsible for making sure the fire inspections were completed. -She was not responsible for conducting or documenting the fire drills.	C 034		

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C 034	Continued From page 1 -The Administrator conducted and documented the fire drills when they were being done. Interview with the Administrator on 04/09/26 at 12:30pm revealed: -She was aware she needed a current fire inspection but she did not have one for the facility. -Her previous inspector had retired and she had not found a new inspector to complete her fire inspection reports. -She was responsible for ensuring fire drills were conducted and documented. -She had conducted fire drills with the residents but she had not documented the drills. -She was aware there should be documentation of unannounced fire drills every year on each shift.	C 034		
C 102	10A NCAC 13G .0317 (a) Building Service Equipment 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. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure that the fire	C 102		

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C 102	Continued From page 2 safety equipment was maintained in a safe and operating condition, as yearly and monthly inspections were not completed for two fire extinguishers. The findings are: Observation of the facility during the initial tour on 04/09/26 at 8:35am revealed: -There was a fire extinguisher attached to the wall outside a resident's room next to the front door of the facility. -The fire extinguisher was an ABC type extinguisher (multipurpose fire extinguisher for ordinary paper/wood fire, flammable liquids, and electrical fires). -There was an inspection tag on the fire extinguisher with the last annual inspection date as 09/20/24 and the last monthly check date was 08/19/25. -There was no other documentation available for review to determine when staff last inspected the fire extinguisher. -The charge indicator of the fire extinguisher was observed in the green (safe) area of the charge gauge indicating the extinguisher was operational if needed for fire suppression. Observation of the facility during the initial tour on 04/09/26 at 8:45am revealed: -There was a fire extinguisher attached to the wall outside of the kitchen in the dining room area next to the back door of the facility. -The fire extinguisher was an ABC type extinguisher. -There was an inspection tag on the fire extinguisher with the last annual inspection date as 09/20/24 and the last monthly date was 08/19/25. -There was no other documentation available for	C 102		

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C 102	Continued From page 3 when staff inspected the fire extinguisher. -The charge indicator of the fire extinguisher was observed in the green (safe) area of the charge gauge indicating the extinguisher was operational if needed for fire suppression. Review of the facility's Fire Inspection reports revealed no documentation for a current fire inspection was obtained and it could not be determined when the last fire inspection was completed. Review of the facility's Fire Rehearsals revealed there was no documentation for quarterly fire drill rehearsal on each shift and the date of the last fire drill rehearsal not be determined. Interview with the Supervisor-in-Charge (SIC) on 04/09/26 at 12:15pm revealed: -She was not aware the fire extinguishers were not current on annual and monthly inspections. -The Administrator was responsible for making sure the fire extinguisher inspections were completed. Interview with the Administrator on 04/09/26 at 12:30pm revealed: -There were two fire extinguishers in the facility. -She was aware she needed a current annual and monthly inspections for the fire extinguishers but she did not have them completed for the facility. -Her previous inspector had retired and she had not found a new inspector to complete her fire extinguisher inspections.	C 102		
C 120	10A NCAC 13G .0316 (f) Fire Safety and Emergency Preparedness Plan	C 120		

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C 120	Continued From page 4 10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan (f) There shall be at least four unannounced fire drills of the fire evacuation plan every year on each shift. For the purpose of this Rule, a fire drill is the method of practicing how occupants of the facility shall evacuate in the event of a fire or other emergency. Documentation of the fire drills shall be maintained by the administrator or their designee in the facility and be made available upon request to the Division of Health Service Regulation, county department of social services, and the local fire code enforcement official. The documentation shall include the date and time of the fire drill, the shift, the names of staff members present, and a short description of drill. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to maintain documentation for four unannounced fire drills every year on each shift. The findings are: Review of the facility's license revealed: -The facility was licensed effective 01/01/26 for a capacity of 5 ambulatory residents. -The expiration date of the facility's license was 12/31/26.	C 120		

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C 120	Continued From page 5 Observation of the facility on 04/09/26 at 8:30am revealed: -There were three residents in the facility and one resident was blind. -The Supervisor-in-Charge (SIC) and the Administrator were the only staff members in the facility. Review of the facility's Fire Rehearsals revealed there was no documentation for fire drill rehearsals and the date of the last completed fire drill could not be determined. Observation of a fire drill on 04/09/26 at 1:40pm revealed: -There were three residents in the facility in their own bedrooms. -At 1:41pm, the Administrator activated the smoke alarm in the dining room. -The smoke detector emitted a loud chirping noise continuously. -One resident immediately came from his bedroom and exited through the front door to the outside porch and then to the curb on the left side of the facility. -The two other residents slowly came from their bedrooms next to the front door and exited out the front door to the outside porch and then to the curb on the left side of the facility. -All residents had exited the facility after a period of 5 minutes and after a period of 6 minutes the residents returned to the facility. Interview with a resident on 04/09/26 at 8:35am revealed: -They had fire drills, but she did not know how often, and she could not remember the last time. -She heard the fire alarm during a fire drill at the facility. -She exited without being told during a fire drill	C 120		

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C 120	Continued From page 6 because she knew to leave the facility when she heard the alarm. Interview with a second resident on 04/09/26 at 9:00am revealed: -They had fire drills constantly and he exited the facility without being told even though he was blind. -He heard the fire alarm during a fire drill at the facility and knew to leave the facility when he heard the alarm. Interviews with a third resident on 4/09/26 at 9:07pm revealed: -The staff did fire drills every so often. -She exited without being told during a fire drill because she knew to leave the facility when she heard the alarm. Interview with the SIC on 04/09/26 at 12:15pm revealed: -She was not responsible for conducting or documenting the fire drills. -The Administrator conducted and documented the fire drills when they were being done. Interview with the Administrator on 04/09/26 at 12:30pm revealed: -She was responsible for ensuring fire drills were conducted and documented. -She had conducted fire drills with the residents but she had not documented the drills. -She was aware there should be documentation of unannounced fire drills every year on each shift.	C 120		
C 273	10A NCAC 13G .0904(d)(3) Nutrition and Food Service	C 273		

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C 273	Continued From page 7 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (3) Daily menus for regular diets shall be based on the U.S. Department of Agriculture Dietary Guidelines for Americans 2020-2025, which are hereby incorporated by reference, including subsequent amendments and editions. These guidelines can be found at https://dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf, at no cost. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that 8 ounces of milk or other equivalent dairy products were served three times daily to the Assisted Living (AL) residents. The findings are: Review of the facility's census revealed a census of 3 residents. Review of the facility's daily menu for 04/09/26 revealed no milk or equivalent dairy products listed on the menu to be served on 04/09/26 for the lunch meal service. Observation of the kitchen on 04/09/26 at 9:15am revealed there was 1 opened gallon of whole	C 273		

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C 273	Continued From page 8 milk, 1 opened gallon of lactose free milk, and 1 opened gallon of almond milk in the refrigerator. Observation of the lunch meal service on 04/09/26 between 11:45am and 12:05pm revealed: -There were 3 residents present in the dining room. -There were 3 place settings prepared for residents with 1 cup at the place setting pre-filled with water. -The beverages were pre-filled by the Supervisor-in-Charge (SIC). -Beverages included soda and water. -There were 3 residents who were not offered or served milk and there were no other dairy products offered or served to the 3 residents. Interview with a resident on 04/09/26 at 12:05pm revealed: -The dining tables were set with beverages pre-filled before she walked in for every meal. -She could not remember the last time she was offered milk during her meal but she would not drink milk even if it was offered to her. Interview with a second resident on 04/09/26 at 12:08pm revealed: -The dining tables were set with beverages before he walked in for every meal. -The only time staff offered milk to him and the other residents was during the breakfast meal for their cereal. Interview with a resident on 04/09/26 at 12:10pm revealed: -The dining tables were set with beverages pre-filled before she walked in for every meal. -She could not remember the last time she was offered milk during her meal but she would drink	C 273		

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C 273	Continued From page 9 milk if it was offered to her. Interview with a SIC on 04/09/26 at 12:15pm revealed: -She was not aware milk should have been offered with each meal to residents. -Milk was always available from the kitchen in the reach-in-refrigerator for all residents during every meal. -She was aware milk was not served and was not offered during the lunch meal service on 04/09/26 for all the residents. Interview with the Administrator on 04/09/26 at 12:30pm revealed: -She was aware milk or another equivalent dairy product should have been offered with each meal to residents. -She was aware residents were not offered milk during the lunch meal on 04/09/26 but most residents usually did not want the milk previously.	C 273		