PRINTED: 12/19/2016

Division o	of Health Service Regu	ulation			FORM	APPROVED
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					_F	₹
		FCL017022	B. WING		1	28/2016
NAME OF D	ROVIDER OR SUPPLIER	STDEET AL	DDRESS, CITY, STA	ATE ZID CODE		
NAME OF P	ROVIDER OR SUPPLIER					
D & H FAN	IILY CARE HOME		RBOROUGH ROA NC 27305	AD		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		COMPLETE DATE
170		,	IAG	DEFICIENCY)		
C 000	Initial Comments		C 000			
C 000	miliai Comments		000			
	The Adult Care Licen	sure Section and the				
		artment of Social Services				
		l and follow-up survey on				
	November 28, 2016.					
C 074		5(a)(1) Housekeeping and	C 074			
	Furnishings					
	10A NCAC 13G .031	5 Housekeening And				
	Furnishings	o Housekeeping / thu				
	(a) Each family care	home shall:				
	(1) have walls, ceiling					
	coverings kept clean					
	This Rule shall apply	to new and existing homes.				
	This Rule is not met	as evidenced by:				
		ns and interviews, the facility				
		valls, ceiling, cabinets and				
	baseboards in the ba	throoms were cleaned and				
	repaired and the carp	pet in the living was repaired.				
	The findings are:					
	The indings are.					
	Observation of bathro	oom #2, which was located				
	next to the pantry, on	n 11/28/16 at 11:35 a.m.				
	revealed:					
	-	cked between the shower				
	stall and the wall nex	it to the shower.	1			

Division of Health Service Regulation

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

-There was a large space between the wooden cabinet doors, which was under the sink. The doors did not close together completely.

Observation on 11/28/16 at 11:40 revealed:
-There was an area in the living room with one missing thread of carpet, which was four feet long, near the couch across from the dining room.
-There were two areas with missing threads of carpet, which was three feet long, at the entrance

TITLE (X6) DATE

Division of Health Service Regulation

Division o	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
					R	.
		FCL017022	B. WING		1	
		FCL017022			111/2	8/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		1111 YARE	OROUGH ROA	AD.		
D & H FAMILY CARE HOME MILTON, N						
	OLIMANA DV OT			DDO///DEDIO DI ANI OF CODDECTION		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF		DATE
				DEFICIENCY)		
0.074	0 " 15		0.074			
C 074	Continued From page	2 1	C 074			
	door of 1 of 3 residen	t rooms.				
	Observation of bathro	oom #1, which was located				
		m, on 11/28/16 at 11:50 a.m.				
	revealed:	,				
	-One fourth of the cei	ling near the entrance door				
	had black and brown	-				
	-A large area of plaste	er on the ceiling, which was				
	above the shower hea					
		er on the ceiling had a spider				
	web around it.	3 1				
	-There were two sma	Il holes on the wall above				
		vas less than the size of a				
	dime.					
	-Three of four basebo	pards had brown stains and				
	dust.					
	Interview with a on 11	1/28/16 at 5:15 p.m.				
	revealed:					
	-Staff cleaned the wa	lls and baseboards in the				
	bathroom daily.					
	-The resident had not	t noticed a problem with the				
	ceilings in the bathroo	om.				
	-Staff had a strip over	the missing threads of				
	carpet, but the strip w	as removed because it was				
	a trip hazard.					
	Interview with the Adr	ministrator on 11/28/16 at				
	4:30 p.m. revealed:					
	-She was aware of the	e stains on the ceiling in				
	bathroom #1.					
	-She sprayed a "chen	nical" on the ceiling to try to				
	blend the color with the	ne rest of the ceiling.				
	-The stains on the cei	iling was not mildewed.			ĺ	
					ĺ	
	Interview with the Adr	ministrator on 11/28/16 at				
	5:17 p.m. revealed:					
	-Staff cleaned the bat	throom daily.				

Division of Health Service Regulation

bathrooms cleaned.

-Her expectation was for staff to keep the

STATE FORM 6899 M68V11 If continuation sheet 2 of 9

Division of	<u>of Health Service Regu</u>	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		FCL017022	B. WING		11/28/2016
		FGL017022			11/20/2010
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
		1111 YAF	BOROUGH ROA	AD.	
D & H FAMILY CARE HOME MILTON, N		NC 27305			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(-)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	
iAG		,	170	DEFICIENCY)	
C 074	Continued From page	. ?	C 074		
0 074	Continued From page	, 2	0074		
	-Staff cleaned the bat	hroom every morning.			
	-Staff had not had a c	hance to clean the			
	bathrooms the morning	ng of 11/28/16.			
	-Staff checked and re	moved spider webs weekly			
	as needed.				
		eanliness of the bathrooms			
	weekly.				
		1/26/16 someone had came			
		bathroom #1, but they had			
	not repaired it. She d	-			
		ify someone had worked on			
	the ceiling.	and and aniling			
	-She would get the ba	aseboards and ceiling			
	repaired.	ng on getting strips to cover			
		f carpet over one month			
	ago.	r carpet over one month			
	_	strips to cover the areas of			
		e carpet in the living room			
	and the resident's roc				
C 140	10A NCAC 13G .040	E(a)(b) Toot For	C 140		
C 140	Tuberculosis	o(a)(b) lest Foi	0 140		
	Tuberculosis				
	10A NCAC 13G 040	5 Test For Tuberculosis			
		nt or living in a family care			
		tor, all other staff and any			
	live-in non-residents	_			
		in compliance with control			
		the Commission for Health			
		in 10A NCAC 41A .0205			
	including subsequent	amendments and editions.			
	Copies of the rule are	available at no charge by			
		ment of Health and Human			
		is Control Program, 1902			
	Mail Service Center, I	Raleigh, NC 27699-1902.			
	(b) There shall be do	cumentation on file in the			

Division of Health Service Regulation

home that the administrator, all other staff and any live-in non-residents are free of tuberculosis

STATE FORM 6899 If continuation sheet 3 of 9 M68V11

Division of Health Service Regulation

	of Health Service Regu	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			_		
			D. WING		R
		FCL017022	B. WING		11/28/2016
NAME OF D	ROVIDER OR SUPPLIER	STDEET A	DDRESS, CITY, STA	TE ZID CODE	
NAME OF T	TOVIDER OR SOLT LIER		, ,	•	
D & H FAN	MILY CARE HOME		BOROUGH RO	AD	
		MILTON,	NC 27305		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	V (X5)
PRÉFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	RIATE DATE
				DETICIENCY)	
C 140	Continued From page	3	C 140		
	Continued From page				
	disease that poses a	direct threat to the health or			
	safety of others.				
	This Rule is not met	as evidenced bv:			
		ns, interviews and record			
		illed to assure 1 of 3 Staff			
		on in compliance with control			
	• •	•			
	measures using the 2				
	tuberculosis (TB) skir	i test.			
	T. C. II				
	The findings are:				
		Supervisor-in-Charge (SIC),			
	personnel file reveale	ed:			
	-She was hired to wo	rk as a SIC on 5/26/13.			
	-A TB skin test had be	een placed on 4/8/14 and			
	read as negative on 4	1/10/14.			
		nentation of any other TB			
	skin tests.	•			
	Interview with the Adr	ministrator on 11/28/16 at			
	5:17 p.m. revealed:				
		have a step 1 TB test			
	•	y started working at the			
		y started working at the			
	facility.	toot was sampleted 2			
		test was completed 2			
	weeks after the first s				
		1 TB test completed April			
	2013.				
		npleted on 4/10/14 was			
	"probably" her second				
		as aware documentation of a			
	TB test was missing f	rom Staff C's personnel file,			
		taken a documentation of a			
		the morning of 11/28/16 and			
	would return it on 12/2				
		nd an SIC checked staff			
	personnel files every				

Division of Health Service Regulation

STATE FORM 6899 M68V11 If continuation sheet 4 of 9

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	FCL017022	B. WING	R 11/28/2016
NAME OF PROVIDER OR SUPPLIER	STREET ADD	PRESS, CITY, STATE, ZIP CODE	

1111 YARBOROUGH ROAD

O & H FAN	S H FAMILY CARE HOME MILTON, NC 27305						
(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 140	Continued From page 4	C 140					
	Staff C was not available for interview.						
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications	C 145					
	 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; 						
	This Rule is not met as evidenced by: TYPE B VIOLATION						
	Based on observations, interviews and record reviews, the facility failed to assure 1 of 3 Staff (C) had documentation of a Health Care Personnel Registry (HCPR) check completed upon hired.						
	The findings are:						
	Review of Staff C's, Supervisor-in-Charge (SIC), personnel file revealed: -She was hired to work as a SIC on 5/26/13There was no documentation of a HCPR check in the file.						
	Interview with a resident on 11/28/16 at 5:15 p.m. revealed Staff C was nice to her at the facility.						
	Interview with the Administrator on 11/28/16 at 5:17 p.m. revealed: -An HCPR check was completed on staff before they start working at the facilityA HCPR check was completed on Staff C three to four days after she was hired to work at the						

Division of Health Service Regulation

STATE FORM 6899 M68V11 If continuation sheet 5 of 9

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
		FCL017022	B. WING		R 11/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
D 0 11 EAR	AULY CADE LIONE	1111 YARI	BOROUGH ROA	AD.	
D & H FAI	MILY CARE HOME	MILTON, I	NC 27305		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
C 145	Continued From page	e 5	C 145		
C 145	facilityShe thought there w C's HCPR check in h -Apparently, Staff C h of HCPR out of her p approvalThe Administrator ar personnel files every -She last checked sta and a half months ag documentation of Sta Staff C was not availa The facility submitted 11/28/16, as follows: -Immediately, the Add documentation of the Registry (HCPR) che personnel fileIf the original HCPR back to the facility by Administrator would or redoneThe Administrator w files once monthly to documentation of the -The Administrator w personnel information THE CORRECTION	as documentation of Staff er personnel file. had taken the documentation ersonnel file without her had an SIC checked staff 3 to 4 months. haff personnel files one to one had an SIC checked staff 3 to 4 months. haff personnel files one to one had and there was haff C's HCPR check. hable for interview. I a Plan of Protection dated ministrator would get health Care Personnel hack and place it into Staff C's heck was not returned Staff C on 12/2/16, the had get Staff C's HCPR check hould check staff personnel hake sure there was hech HCPR check. hould not allow staff to take	U 145		
C 147	10A NCAC 13G .040 Qualifications	6(a)(7) Other Staff	C 147		
		6 Other Staff Qualifications n of a family care home			

Division of Health Service Regulation

STATE FORM 6899 M68V11 If continuation sheet 6 of 9

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			7 BOILDING.		R
		FCL017022	B. WING		11/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
D & H FAN	MILY CARE HOME		OROUGH ROA	AD	
	OLIMANA DV. OT	MILTON, N		DROWDERIO DI AN OF CORRECTIO	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
C 147	Continued From page	e 6	C 147		
	shall: (7) have a criminal b accordance with G.S. 131D-40;				
	This Rule is not met TYPE B VIOLATION	as evidenced by:			
	reviews, the facility fa	ns, interview and record iled to provide criminal background check			
	The findings are:				
	personnel file reveale -She was hired to wo	rk as a SIC on 5/26/13. nentation of a criminal			
	5:17 p.m. revealed: -A criminal backgrour staff before they start -A criminal backgrour Staff C before she start -The Administrator was background check was because Staff C had background check out 11/28/16 and would re	it of the file the morning of eturn it on 12/2/16. Ind an SIC checked staff			
	The facility submitted 11/28/16, as follows: -Immediately, the Adr	a Plan of Protection dated			

Division of Health Service Regulation

STATE FORM 6899 M68V11 If continuation sheet 7 of 9

Division of Health Service Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURV	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETE	:D
		FCL017022	B. WING		R 11/28/2	2016
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
D 0 11 E41	W V OARE HOME	1111 YARB	OROUGH ROA	AD		
D & H FAN	IILY CARE HOME	MILTON, N	C 27305			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE 0	(X5) COMPLETE DATE
C 147	Continued From page	e 7	C 147			
	documentation of State check and place it intuities and place it intuities. If the original criminal returned back to the fithe Administrator wou background check results. The Administrator would files once monthly to documentation of the The Administrator would personnel information.	ff C's criminal background of the staff's personnel file. It background check was not facility by Staff C on 12/2/16, and get Staff C's criminal done. It bould check staff personnel make sure there was criminal background check. It bould not allow staff to take				
C 912	G.S. 131D-21 Declar Every resident shall h 2. To receive care an adequate, appropriate relevant federal and s regulations. This Rule is not met Based on observation review, the facility fail received care and set appropriate, and in co	e, and in compliance with state laws and rules and	C 912			
	related to staff receiving Registry checks and a upon hired. The findings are:	ing Health Care Personnel criminal background checks				
	 Based on observa 	tions, interviews and record				

Division of Health Service Regulation

STATE FORM 6899 M68V11 If continuation sheet 8 of 9

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		(X3) DATE COMF	SURVEY PLETED	
			B. WING			R
		FCL017022	B. WING		11	/28/2016
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
D & H FAI	MILY CARE HOME		RBOROUGH ROAD , NC 27305			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 912	reviews, the facility fa (C) had documentati Personnel Registry (upon hired. [Refer to .0406 (a)(5). (Type I 2. Based on observa reviews, the facility fa documentation of the for 1 of 3 Staff (C). [ailed to assure 1 of 3 Staff on of a Health Care HCPR) check completed o Tag D145, 10A NCAC 13G 3 Violation)]	C 912			

Division of Health Service Regulation

STATE FORM 6899 M68V11 If continuation sheet 9 of 9