EFF. 22 20

PRINTED: 12/19/2016 FORM APPROVED

	F CORRECTION		A BUILDING		JM 25 XIII 7	COMPL	
<u> </u>		FCL817022	8 WANG			11/2	8/2016
LAME OF PR	ovader or supplier		ADDRESS, CITY, 5T			-	
2 H FAN	ELY CARE HOME		rborough ro. I, NC 27306	AD			
(2(4):10		ATEMENT OF DEFICIENCIES	10	PROM	DER'S PLAN OF CORRECTIO	H	PES
PREFIX TAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC (DENTEYING INFORMATION)	PREFIX TAG	(EACH C	TERECTIVE ACTION SHOULD TERENCED TO THE APPROP DEFICIENCY)	SE.	COMPLETE
C 000	initial Comments		C 000				
	The Adult Care Licen			ŀ			
	Caswell County Dapa	artment of Social Services	ı				
-		and follow-up survey on					
	November 28, 2016.						
			· .				
C 074	10A NCAC 13G .031 Furnishings	5(s)(1) Housekeeping and	C 074				
	10A NCAC 13G .031: Furnishings	5 Housekeeping And			V	•	
i	(a) Each family care	home shalt:					
	(1) have walls, ceiling	s, and floors or floor					
- 1	coverings kept clean	and in good repair;					
	This Rule shall apply	to new and existing homes.					
	This Rule is not met	as evidenced by:					
- 1	Based on observation	ns and interviews, the lacility					
	Taxed to assure the w	sils, ceiling, cabinets and	İ				
	repaired and the carp	throoms were cleaned and let in the living was repaired.					
	The findings are:						
l	Observation of bathro	om #2, which was located		Bathroom	#2-plaster a between the d the wall. ras removed	المهر	12/12-
	mux to the pantry, on revealed:	11/28/16 at 11:35 a.m.	- F	repaired	between the	showed	. jaji4
		ked between the shower		stall ar	d the wall.	Damas	ed
	stall and the wall need	to the shower		alasta	ses commed.	and.	- x-1000000
	-There was a large sp	usce between the wooden		new ses	ater wast in	Lace.	
ľ	cabinet doors, which	was under the sink. The	1	and soi	oter put in part in partial	done	
	deeds ton bib enoob	gather completely,		in wither	com # 2 have	leen i	
9	Observation on 11/28	/16 et 11:40 revealed:		fitted we	th latches to	e mour	er.
į.	-There was an area in	the living room with one		proper cl	poure and s	rauce	•
1	missing thread of carp	et, which was four teet		any spa	es or opening	Ł. [
	iong, near the couch a	across from the dining room.			ung carpet		
	THORE WERE INC AREA	s with missing threads of		trave lue	n depoined a	4	
	h Service Regulation	se feet long, at the entrance		covered.	with others T	מ	
PATORY DI	RECTOR'S OR PROVIDENCE	UPPLIER NEPRESENTATIVE'S SIGNATUR	p.			<u>~</u>	
las	w / Teat		ad	7m 1	ile مير	- 10	DES CASTE
*	a la com		CLIZER	MILLENTYAL	K-10	29/	211

Addendur

Aproved a Action Hedge

	OF DEFICIENCIES IF CORRECTION	(XI) PROVIDER/SUPPLIER/CUA IDENT/FICATION NUMBER:	DXZ) MULTIPA A. BUILDING:	É CONSTRUCTION	(X3) DATE S COMPL	
		PCL017822	R WAIC		i i i i i i i i i i i i i i i i i i i	R 18/2016
NAME OF PE	HOWIDER OR SUPPLIER	STREET	DORESS, CITY, ST	TATE, ZIP CODE		
		1th YA	RBOROUGH RO	AD		
DAHFAR	MLY CARE HOME	MILTON	NC 27384			
OXA ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFEK TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SHORDS REFERENCED TO THE API DEFICIENCY)	OULD BE	(M) COMPLETE DATE
C 074	SUMMARY STANMENT OF DEFICIENCIES (PLACE DEPICIENCY MUST BE PRECEDED BY FULL SECREATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 door of 1 of 3 resident rooms. Observation of bethroom #1, which was located next to the staff's room, on 11/28/16 at 11:50 a.m. revealed: One fourth of the ceiling near the entrance door had black and brown stains. A large area of plaster on the ceiling, which was above the shower head, had peeled off. The light fixture cover on the ceiling had a spider web around it. There were two small holes on the wall above the sink. Each hole was less than the size of a dime. Three of four baseboards had brown stains and dust. Interview with a on 11/28/16 at 5:15 p.m. revealed: Staff cleaned the walls and baseboards in the bethinoon daily. The resident had not noticed a problem with the ceilings in the bathroom. Staff had a strip over the missing threads of carpet, but the strip was removed because it was a trip hazard.		C 074		transactions of constructions of constructions and the constructions of constructions of constructions of planter thrown thrown thrown	12/19/4 12/15/16
	bathroom #1.	he stains on the ceiling in micel" on the ceiling to try to		dust and stain		
	blend the color with t	the rest of the ceiling.		فلقد وفسيط والأمأ	4 0=1-1-	1. 101.1
		siting was not mildowed.		administrator will with the staff to	e ruen in	1311
	Interview with the Art	Iministrator on 11/28/16 at		with the days to	ie imper	of ce
	5:17 p.m. revealed:	THE COLOR		of reporting prob	demo The	
	-Staff cleaned the ba	throom daily.		Maraha in a .	1812-2-	L.
		s for staff to keep the		observe in a tem		
	bathrooms cleaned.			so repairs can be	dene.	
محليا أنم حجلت	In Service Regulation					

PRINTED: 12/19/2018 FORM APPROVED

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERSUPPLIERICIA IDENTIFICATION NUMBER:	A SURDING	E CONSTRUCTION	COMPL COMPL	
		FGL917022	is Weig		11/2	₹ 1 8/2 016
NAME OF P	ROYDER OR SUPPLIER	STREET	NOORESS, CITY, 5	IATE, 7th code		
~ # W C14	ARLY CARE HOME		RBDROUGH RO			
15 中日 5 神田	RET CARE HORE		NC 27305	····		
(X4) (D		ATTMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORR	ECTION	
PREFIX	GACH DEFICIENC REGULATORY OR	Y MUST BE PRECEDED BY PULL L'SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION 59 CROSS-REFERENCED TO THE AP DEFICIENCY)	OLEO RE	COMPLETE BATE
C 074	Continued From page	5 2	C 074	administrator wi	u do	12/1/14
	-Staff deaned the ba	throom every marning.		a weekly check is	n mailtu	
	-Staff had not had a			to all controls	المسترا و	
	bathrooms the momi	ng of 11/28/16.			ATABAN Y	
	-Staff checked and re	erroved spider webs weekly	Ţ	THERE WAS CHE	unlly	
	as needed.			cleans batheroms.	dans	
	-She manufaced the o	eanliness of the bathrooms		and will continue	To do	Ì
	weekty.		8	the the	e was	
	-The week of 11/20-1	1/26/16 someone had came		so throughly to es	roure.	
		bathroom #1, but they had		toucheronn are un	W 20 -]
	not repaired it. She			stains and ands	· carlen	
		rify someone had worked on		stains and spide administrator will	- coe any.	
	the ceilingShe would get the baseboards and ceiling			the total water	do as.	
		aseboards and ceiting	i i	weekly check of	raculity.	
į	repaired.			to ensure cleaned	a check-	
	the missing threads (ng on getting strips to cover of carpet over one month		list are perform	ld.	-0
	ago,	The state of the s		1		
	missing throads as to	strips to cover the areas of		**		
	and the resident's roo	ne carpet in the fiving room om.	n e		29	
C 140	10A NCAC 13G .040 Tuberculosis	5(a)(b) Test For	C 140			
	10A NCAC 13G .040	5 Test For Tuberculosis				
Į	(a) Upon employmen	nt or living in a family care	ŀ			
	home, the administra	tor, all other staff and any				
ł	live in non-residents :	shall be tested for				
ļ		in compliance with control				
ł	measures adopted by	the Commission for Health	1	1		
Ì	Servicus as specified	in 10A NCAC 41A .0205	1	1		
ľ	including subsequent	amendments and editions	1	1		
1	Copies of the rule are	available at no change by		1		
	contacting the Depart	ment of Health and Human		,	ł	
	Services, Tuberculosi	is Control Program, 1902			ľ	
- 1	Mail Service Center, I	Raleigh, NC 27699-1902.	Ī			
1	(0) There shall be do	cumentation on file in the	[
1	nome that the adminis	strator, all other staff and	ĺ	1		
j	any live-in non-reside	nts are free of tuberculosis	1	;	1	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERSUFFILIERCLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE A BUILDING	СОНВТЯССТОН	(ACI) DATE COMP	SURVEY LETED
		FCL017922	& WHG_	8	R	
ME OF P	ROVIDER OR SUPPLIER	STREET	OORESS, CITY, STAT	IP ZO CONE	111.	28/2016
			RBOROUGH ROA			
a // // //	BLY CARE HOME		NC 27305	• · · · · · · · · · · · · · · · · · · ·		
(X4) ID PRREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES	a	PROMIDER'S PLAN OF CORR	SCTION:	
TAG	REGULATORY OF	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	PREFIX	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP	-IOLB O RE	COMPL
C 440				DEFICIENCY)		
G 140	Continued From pag		C 140		2 - 1270	
	disease that poses a safety of others.	a direct threat to the health or				
	This Rule is not met	as evidenced by:				
ι	Based on observation	ns, interviews and record	}		41	
	reviews, the facility to	siled to assure 1 of 3 Staff				
1	(C) rad documentar	on in compliance with control				
	measures using the tuberculosis (TB) ski				ı	
	The findings are:					
	Review of Staff C's, ! personnel file reveal	Supervisor-in-Charge (SIC),		Employee #3 or C a Aupervisor in-c has given a TB a	who is	12/2
		rk as a SIC on 5/26/13.		a Aupervisor in-c	harge	'-1-
	-A TB skin test had b	een placed on 4/8/14 and		was given a TB a	ken	
	read as negetive on a	V10/14	,	test prior to emp	Comment	ut .
	-There was no docum	nentation of any other TB	2	F. Vote 11 . TO A . 7		
	skin tests.		Ko	celety Her 78 ekin 7	eac Ta	
1	Interview with the Ade	ministrator on 11/28/16 at		esults are now co	errencez	2
Ì	5:17 p.m. revealed:	ALL DESCRIPTION OF STREET	4	in place in her	pusonnel	,
- I	Staff are required to	have a slep 1 TB test	1 H	file. This paperw	ork Ago	
- 11	completed before the	y started working at the	1 to	een forwarded to	gasovida	
	facility.		l ki	locumentation of a		000
	weeks after the first s	test was completed 2		To All the second of the	- regain	ري
	Staff C hard the sten	1 TB test completed April		B skin test for th	is employ	œ.
:	2013.	· · · · · · · · · · · · · · · · · · ·		Administration will	e ale-i	
		pleted on 4/10/14 was				
17	probably her second	Isteo.	*	imployee personne	fele	
- 1-	The Administrator wa	s aware documentation of a	1 10	o ensur all near	med.	
	B 1861 was missing h	Off Staff C's personnel file	1 4	oluments are	. 7	
Ţ	ecause Staff C had b	sken a documentation of a		perments are pre- treff will have I	sent.	
	is test out of the file t would return it on 12/2	he morning of 11/28/16 and	! [ica the nave &	emital	
	rvun resumti K DN 12/2 The Administrator on	716. I an SIC checked staff		is themore do	es sens . To	
	ersonnel files every 3		1 6	som pursmont-fil	en)	

PRINTED: 12/19/2016 FORM APPROVED

	OF DERCIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING	LE CONSTRUCTION	COMP COMP	
		FCL017622	8 WH3		and the second	R 28/2016
ANE OF PI	ROVIDER OR SUPPLIER	STHEET.	NOORESS, CITY, S	TATE, ZIP CODE		
AHPAR	HLY CARE HOME	1111 YA	RBOROUGH AX	OAD .		
		MILTON	, NC 27305			
OH) ID PREFIX TAG	(ÉACH DETICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY PULL R LSC IDENTYYING INFORMATION)	IO PREFIX TAG	PROMOTER'S PLAN OF CO [EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETE DATE
C 140	Continued From pag	18 4	C 140	Employee was hire	Den stadi	3.
	283 - 900		0 1-10	Employee C was c	William IST	en TB
į	Staff C was not avail	IBDIE TOT IMERVIEW.				
	481 1181 - 1			pkin test on ols!	13 which i	pao
C 145	10A NGAC 13G .04	06(a)(5) Other Staff	C 145	regative employe		
	Qualifications			at a		J. T.
	104 NCAC 13C 04	06 Other Staff Qualifications		step 2 on w/27/13	CUITH TRY	There
		on of a family care home		results.		
	shaft	er se with the B HOUSE		all prospecti	he wool	duces of
	(a) (b)(-0.00)	mated findings listed on the		are question		0 . 5
- 1	North Carolina Health Care Personnel Registry according to G.S. 131E-256;			The 4 Family Ca	e are rea	sure
				1		4.
ĺ		6 8 0c	1	to provide doce a prior two ste take step 1 of	imentati	رو صم
j	·		a P	a the standard	n TB tes	tou
	This Rule is not met as evidenced by:			a sprior Two see		100 77
	TYPE B VIOLATION	L:		take step 1 on	the two-	DIED IS
	Roport on rehouse extra	una international and many		to the state of	Dining at	Lacile
ļ	MINISTRATE THE PROPERTY AND	xns, interviews and record alled to assure 1 of 3 Staff	1	test prior to 4	received in	0
1	(C) had documentate		1	Before King	at facil	the pote
l	Personnel Registry	(HCPR) check completed		0	ate di last .	100
	upon hired.		1	employee are re	agree and	in there
	∞ %•		1	Otep 1 TB test d	one and	Skp 2
9	The findings are:			1 3 3 4 4 4 4 4	71. 11. 1m	to I want
	Danimu of Class A-	Companions in Character and	1	done 2 weeks aft	, 7-01	July
ł	personnel file reveal	Supervisor-in-Charge (SIC),		at paciety.		
ļ		eo: ork as a SIC on 5/28/13,		1 0		
1		mentation of a HCPR check	1	1		
j	in the file.	construction for the 1404,12 (SIBA)				
ł	interview with a mair	ient on 11/28/16 at 5:15 p.m.		C. A		19/06.
1	mysaled Staff C was	nice to her at the facility.		Employee & has		U1446
				HCPR check cun		
	Interview with the Ad	iministrator on 11/28/16 at			Les bere	[
	5 17 p.m. revealed:		3.	her personnel. document will i	file. This	ļ !
		s completed on staff before	1	decument will a	emain in	[
	they start working at	the facility.	1	employees file a		
	-A HCPR check was	completed on Staff C three	ł	- meogree free a	na will	1
1	to four days after she	was hired to work at the		not be semoned. admin jobrator	by staff	
<u> </u>	th Service Regulation	277		admin intrater	1144 4-4	

50000	OF DETICIONCIES	(X1) PROVIDER/SUPPLIERICUA	OCZS WALLTOP	LE CONSTRUCTION	(KS) DATE SURVEY
ID PLAN C	F CORRECTION	IDENTIFICATION MUMRER:	A BUILDING	E	COMPLETED
		FCL017022	B. WING		R
ME OF PR	IOMOGA OR SUPPLIER	STREET	ADORESS, CITY, 8	TATE DO COME	11/28/2016
			REOROUGH	• • • • • • • • • • • • • • • • • • • •	
a n /ps	NLY CARE HOME		L NC 27305		
OVIG ID	SUMMARY S	TATEMENT OF GEFICIENCIES BY MUST BE PRECEDED BY FULL	10	PROMOER'S PLAN OF CORR	ECTION (IS)
TAG	REGULATORY OR	LSC EXEMPTING OF ORMATION	TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AR DEFICIENCY)	IOURO SE COMPLETE
C 145	Continued From pag	8 5	C 145	that every empl	vue
	facility.			personnel files a	
1	-She thought there w	res documentation of Staff		and the second s	the second secon
	C's HCPR check in t	er personnel file. had taken the documentation		and contain add	quare
	of HCPR out of her r	ersonnel file without her		doluments to en	sure
	approval.			any employer at	
1		nd an SIC checked staff		Case had a FICIR d	me privite A
	personnel files every	3 to 4 months. alf personnel files one to one	1	administer will	
	and a half months ag	to and there was			
	documentation of Sta			staff personnel.	Control of the contro
1	Staff C was not available for interview.		j	monthly and li	mit stage
- 1			Ī	access to person	roll i. O.
Ī	The facility submitted	i a Plan of Protection dated		Prospective emp	loud a b
ŀ	11/28/16, as follows:			0	7
ŀ	Immediately, the Ad	ministrator would get	}	10+ H Jamely Ca	re will
		Health Care Personnel		have a Health,	Care Personnel
	personnel file.	ck and place it into Staff C's	Ì	1. Paristan Al ak	allowed.
1.	If the original HCPR	check was not returned		Registry Check P	
] 1	back to the facility by	Staff C on 12/2/16, the	!	uprior to teng	employeed
	Momenstrator would g redone.	et Staff C's HCPR check		Hired at DHH 3	Jamely
		outd check staff personnel		Care Home.	8
1	files once monthly to	make sure there was		Care Trome.	į
j e	documentation of the	HCPR check			
	Personnel information	outd not allow staff to take out of the file.		į	
] -	THE CORRECTION :	DATE FOR THE TYPE B			
1	VIOLATION SHALL N	OT EXCEED JANUARY 12,			
2	2017	- Ing			
	OA NCAC 13G ,0406	(a)(7) Other Staff	C 147	Resident . L	
0	Qualifications			Resident has a cur criminal backge check in her pa file. Administra	sent 12/0/16
1	CA NCAC 13G .0408	Alban Smitt A sign		and the care	orenac

PRINTED: 12/19/2016 FORM APPROVED

	TOF DERCIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DESTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(CO) DATE SURVEY COMPLETED
		FC1.017422	R. WING		R 11/28/2016
HAME OF P	ROMBER OR SLIPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE	
D & H FAI	WILY CARE HOME	1111 YA	REPORTUGH RO	AD .	
	MET CARE NOME		I, NC 27305		
(344) 10		ATEMENT OF DEFICIENCIES	D	PROMDER'S PLAN OF CORRECTS	OM .
PREFEX TAG	(EACH DEFICIENC REGULATORY OR	Y MUST BE PRECEDED BY PLAL LSC IDENTIFYING INFORMATION)	PREFOX TAG	(FACH CORRECTIVE ACTION SHOUL CROSS REFERENCED TO THE APPROX DEFICIENCY)	D BE COMMETS
C 147	Continued From page	e 6	C 147	will ensure all	
	shall:			on ofmules will -	home
81	(7) have a criminal b	ackground check in	1	employees will -	
	accordance with G.S.	114-19.10 and G.S.	1	proper documen	ntation
	131D-40;	one consultations. Validation Company of the Compan	i	22	
			1	of cumiral toach	egenund the
	This Rule is not met as evidenced by: TYPE B VIOLATION		1	prior to emolorin	rest on file
*				12 - 3"	
			ł	administrator w	ue
	Based on observations, interview and record reviews, the facility failed to provide documentation of the criminal background check				1
				thick puronnel j	reles
89			1		
	for 1 of 3 Staff (C)	W		monthly to mak	ce sure
	The Endings are:			documents are production of administration with	ployee
	Review of Staff C's. S	Supervisor-in-Charge (SIC).		documents are no	lesent
	personnel file reveale	ed:		Date 1 100	
		rk as a SIC on 5/26/13		namen strator wi	u
	-There was no docum	nentation of a criminal	F	limit staff acce	
	background check in				
	Interview with the Art	ministrator on 11/28/16 at		sper ormel files to	ensur
	5:17 p.m. revealed:		1) <u>.</u>	1
į		nd check was completed on		all files are in	ACI,
- 1	staff before they start	working at the facility.	-	all prospective e	malaken
	-A criminal backgrous	od check was completed on			1.7
1	Staff C before she sta	arted working at the facility		of D+ It Family	care
	-The Administrator wa	RE Sware Staff C's criminal	1		
i	background check wa	s not in the personnel file.		will be required	w puride
]	because Staff C had	taken the criminal		administrator w	
1	background check ou	t of the file the morning of	1		
1	11/28/16 and would re	Hum it on 12/2/16		af criminal back	cound
	-The Administrator an	d an SIC checked staff		Charle Production	0
ļ	personnel files every	3 to 4 months.		Check before they	t are
	Staff C was not availa	ble for interview.		hered by facility decumentation a	1. Thip
	The facility submitted	a Plan of Protection dated		decumentation a	ull be
Į	11/28/16, as follows:	and the same of th		required by 1 don	insoluter
	-Immediately, the Adn	ninistrator would get	1	at is week	0
sion of Heat	In Service Regulation	wood gat		the fore stark or en	plones in the

M68V11

Lottor at the second

Partition 1

	OF DEFICIENCIES OF CORRECTION	(U) PROMOER/SUPPLIER/CLIA IDENTIFICATION MUMBER:	(7C) MULTIPA A BUHLDING:	E CONSTRUCTION	COMPL	
		FCL017022	8. WING			2016
NAME OF PE	ROWDER OR SUPPLIER	STREET	ODRESS, QTY, 81	ATE, ZIP CODE		
D & H FAR	ALY CARE HOME		RBORDUGH RO	AD		
			NC 27304			
(A) ID PHEFIX TAG	(EACH DEFICIENC	ATEMENT OF DEPICEMENTS Y MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	PREFEK TAG	PROVIDER'S PLAN OF CON (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEPICIENCY)	SHOULD BE	(XA) COMPLETE (LATE
C 147	Continued From page	e 7	C 147			
	documentation of Sta	off C's criminal background				
		to the staff's personnel file.	- 1			
		al background check was not				j l
	=	facility by Staff C on 12/2/16,	1			1
1	the Administrator wo	ald get Staff C's criminal	1			
	background check re	done.				1 1
	-The Administrator w	ould check staff personnel	1	•		1
		make sure there was				
		criminal background check.				
i		ould not allow staff to take	1			
	personnel information	n out of the file.				
	THE CORRECTION	DATE FOR THE TYPE B	1			
		NOT EXCEED JANUARY 12.	1			
	2017		i:			İ l
C 912	G,S, 1310-21(2) Dec	deration of Residents' Rights	C 912	administrator checked all em files, in cluding C to enouse spirit	Has	12/5
	G.S. 131D-21 Declar	ration of Resident's Rights		checked all em	alinee "	4
		athin privoled to ever		114 11 11		
	2. To receive care an			yells, in charry	a empery	ee j
	adequate, appropriat	e, and in compliance with		I to en ourse sais	CHOUN	r 1
	relevant federal and s	state laws and rules and		7	7	
	regulations.			documents are	e presen	re
	a			for employment care this include to TB skin test	ent at	
1	This Rule is not met		1	Lamidie PALL	Lacili	tu.
1		rs, interviews and record	8	Carriery Care	0	[T]
		led to assure residents	20	This include -	enouses	* ,
	■ 10000	rvices which were adequate,	1	TO . 10:	day.	4
1		ompliance with relevant	1	115 DELEN NESC I	crowni	place
1	rederat and state law:	s and rules and regulations	29	Which, empley	we wu	e I
1	-	ing Health Care Personnel		which employ	min inte	utin)
1	upon hired.	criminal background checks		the state of the	mentus.	creek !
				pull to herey	g. mis u	revude
Ì	The findings are:		6.	prior to hiring the thirty will be the hish will be the fire hiring	ersenne!	ched
	1. Based on observa	tions, interviews and record		which will to	a requir	Lee C

MBBV11

PRINTED: 12/19/2016

Vivision of Health Service R	egulation egulation			FORM APPROVED
TATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION	(A1) PROMIDER/SUPPLIEF/CLIA IOSHTIFICATION NUMBER:	OC7) MULTIPLE C A BUILDING:	CONSTRUCTION	COMPLETED
	Eri 047men	B WING_		R
AME OF PROVIDER OR SUPPLIER	FCL017022			11/28/2016
		ADORESS, CITY, BTATI		
& H FAMILY CARE HOME	MILTON	RBOROUGH ROAE I, NC 27305	1	
PRESTA (EACH DEFICA	Y STATEMENT OF DEFICIENCIES BNCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS REPERENDED TO THE APPROP DEFICIENCY)	DE COMMENCE
(C) had document Personnel Registr upon hirad. [Refe .0406 (a)(5). (Typ 2. Based on observed reviews, the facilit documentation of for 1 of 3 Staff (C)	y failed to assure 1 of 3 Staff attorn of a Health Care y (HCPR) check completed r to Tag D145, 10A NCAC 13G e B Violation)] rvations, interview and record		This we worked ackground cheeks will be required in players prior to enthat residents at former care and services and services with a criminal start former care with a criminal start formerly care will potential start formerly care will protect a entertal start former care will provide a criminal start at D+ H From the proof of TB are TB skin test a criminal start at D+ H From the proof of TB are TB skin test a criminal start at D+ H From the control of TB are TB skin test a criminal start at D+ H From the control of TB are TB skin test a criminal start at D+ H From the control of TB are TB skin test a criminal	es criminal which by potential to Riving. To the Riving. To the large are diappropriate will be included and the prior to specifive amily care and are are prior to specifive and are are are are are are are are are are
of Heath Service Regulation		1 19	enag. Upon Piri.	a stay Jin
FORM		man Medic	of required to 4	have a comple
		+	wo step TB ski	n Lent