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
	FCL051063	A. BUILDING: _____ B. WING _____	03/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANDORA FAMILY CARE HOME	924 HOBBS STREET CLAYTON, NC 27520

(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 initial survey on March 1, 2018.	C 000		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 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: Based on observations, interviews and record reviews, the facility failed to assure 1 of 1 sampled staff (Staff A), had no substantiated findings on the North Carolina Health Care Personnel Registry upon hire according to G. S. 131E-256. The findings are: Review of Staff A's personnel record revealed: -Staff A was hired as a Medication Aide (MA) and Supervisor-in-Charge on 9/20/17. -There was no Health Care Personnel Registry (HCPR) check in Staff A's folder. Observation of Staff A during the survey on 3/01/18 revealed: -She administered medications as ordered. -She prepared the lunch and evening meal. -She assisted a female resident with bathing, dressing, and grooming. Interview on 3/01/18 at 4:35 p.m. with Staff A	C 145	My plan of correction moving forward will be to conduct a Health Care Personnel Registry (HCPR) check on every employee hired at Pandora Family Care Home before they assume any duties at our Adult Care Home. A HCPR check was done and submitted.	04/18/18 03/02/18

4/18/18 4:35 pm per telephone call, clarification date for correction is 3/2/18 HE

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE June Owens TITLE Administrator (X6) DATE 4/18/18

Reviewed & accepted Edwards 4/18/18

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C 145	Continued From page 1 revealed: -She helped residents with bathing, dressing, shaving, and eating assistance when needed. -She was unaware there was not a HCPR check in her personnel records; she thought the Administrator had obtained one when she was hired last September (9/20/17). -The Administrator had not said anything to her about obtaining a HCPR check. Interview on 3/01/18 at 5:00 p.m. with the Administrator revealed: -She had not remembered to get a HCPR check for Staff A upon hiring. -Staff A came to work for her directly from another facility; she had not thought about needing the HCPR check for Staff A's records. -She would get the HCPR check done tonight to put in Staff A's personnel records.	C 145	I, June Oburu, the Administrator will ensure this deficiency does not occur again by ensuring I update the new employee requirement list to include a HCPR check on every new employee at Pandora Family Care Home. I will ensure compliance with this rule by conducting a semiannual check on every employee file to ensure that each employee file has a yearly HCPR check.	04/18/18 06/01/18