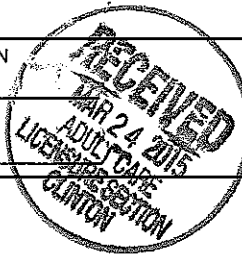


Division of Health Service Regulation



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL082012	(X2) MULTIPLE CONSTRUCTION A BUILDING: _____ B WING: _____	(X3) DATE SURVEY COMPLETED 02/20/2015
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NAME OF PROVIDER OR SUPPLIER AUTUMN WIND ASSISTED LIVING OF ROSEBC	STREET ADDRESS CITY STATE ZIP CODE 507 PINWOOD STREET ROSEBORO, NC 28382
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(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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on February 19-20, 2015	D 000		
D 137	<p>10A NCAC 13F .0407(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interview, and record review, the facility failed to assure 1 of 6 staff (Staff C) sampled had no listing of substantiated findings on the North Carolina Health Care Personnel Registry (HCPR), and 1 of 6 staff (Staff E) sampled had a HCPR check performed by the facility before hire, according to G.S. 131E-256.</p> <p>The findings are:</p> <p>A. Review of Staff C's personnel file on 2/20/2015 revealed: -Staff C was hired as a Nursing Assistant/Medication Aide on 10/28/2014. -Health Care Personnel Registry (HCPR) check dated 11/10/2014 documented one (1) substantiated finding of fraud to a resident which occurred while the staff was employed at a Home Care Agency and entered on the Registry 08/10/2006</p> <p>Observation of Staff C on 2/19/2015 from 9:35am</p>	D 137	<p>All employees had HCPR checks done on 2/23/15</p> <p>We have implemented twice yearly HCPR checks to ensure no findings are listed after hire. These will be done the month of June and December. Office manager will be responsible to do these, and it will be monitored by the Administrator or Floor Supervisor. We will do these (all staff) June + December although all were just done on 2/23/15. Any employees (new) being considered for hire... the HCPR check will be conducted during interview. Hire will be based upon whether a listing is found on site.</p>	2/23/15

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: Denise Naylor
3/23/15
Adm.

(X6) DATE

3/23/15 We took this to deliver to Clinton office at 3:45. Office closed, so we mailed.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL082012	(X2) MULTIPLE CONSTRUCTION A BUILDING: _____ B WING _____	(X3) DATE SURVEY COMPLETED 02/20/2015
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NAME OF PROVIDER OR SUPPLIER AUTUMN WIND ASSISTED LIVING OF ROSEBC	STREET ADDRESS CITY STATE ZIP CODE 507 PINWOOD STREET ROSEBORO, NC 28382
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D 137	<p>Continued From page 1</p> <p>to 11:05am revealed: -Staff C worked on the 7:00am - 3:00pm shift as the Medication Aide. -Staff C was observed administering medications to residents.</p> <p>Interview with Staff C on 2/19/2015 at 9:35am revealed: -Staff C had been employed at the facility since 10/28/2014. -Staff C ' s duties included medication administration and assisting with the needs of residents living in the facility.</p> <p>Interview with the Office Manager on 2/20/2015 at 12:40pm revealed: -The Office Manager was responsible to complete the HCPR checks on employees -The Office Manager was aware of the substantiated finding of fraud listed on the HCPR for Staff C -The Office Manager went to the Administrator when the Office Manager became aware of the substantiated finding listed on the HCPR for Staff C. -The Office Manager was told by the Administrator that the Administrator was aware of the finding when Staff C applied for a position at the facility</p> <p>Interview with the Administrator on 2/20/2015 at 12:50pm revealed: -The Administrator was aware of the substantiated finding for Staff C of fraud to a resident. -The Administrator did not remember if she became aware of the substantiated finding for Staff C before Staff C was hired at the facility -The Administrator stated she remembered Staff C coming to her and saying she wanted to let her</p>	D 137		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL082012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B WING _____	(X3) DATE SURVEY COMPLETED 02/20/2015
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NAME OF PROVIDER OR SUPPLIER AUTUMN WIND ASSISTED LIVING OF ROSEB	STREET ADDRESS CITY STATE ZIP CODE 507 PINWOOD STREET ROSEBORO, NC 28382
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(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
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D 137	<p>Continued From page 2</p> <p>know what had happened</p> <ul style="list-style-type: none"> -The Administrator did not remember exactly what Staff C told her, but it was not that concerning to the Administrator. -The Administrator considered Staff C to be a "good, awesome worker." <p>B. Review of Staff E's personnel file on 2/20/2015 revealed:</p> <ul style="list-style-type: none"> -Staff E was hired as a Housekeeper on 10/2/2013. -There was no documentation of a Health Care Personnel Registry (HCPR) check having been completed <p>Observation of the facility on 2/20/2015 revealed:</p> <ul style="list-style-type: none"> -Staff E was working on the 7:00am - 3:00pm shift. -Staff E was observed going in and out of resident rooms performing housekeeping tasks <p>Interview with Staff E on 2/20/2015 at 11:30am revealed:</p> <ul style="list-style-type: none"> -Staff E had been employed at the facility since 10/3/2013. -Staff E worked Monday through Friday from about 6:15am to 3:00pm. -Staff E's job duties included cleaning the resident rooms <p>Interview with the Office Manager on 2/20/2015 at 4:05pm revealed:</p> <ul style="list-style-type: none"> -The Office Manager was responsible to complete the HCPR checks on employees -The Office Manager was out of the country when Staff E was hired -Staff E was hired by the Floor Supervisor with approval for hire from a Co-Administrator -The Office Manager felt safe to say the HCPR check had not been done by the Co-Administrator 	D 137		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL082012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B WING _____	(X3) DATE SURVEY COMPLETED 02/20/2015
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NAME OF PROVIDER OR SUPPLIER AUTUMN WIND ASSISTED LIVING OF ROSEBC	STREET ADDRESS CITY STATE ZIP CODE 507 PINWOOD STREET ROSEBORO, NC 28382
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D 137	<p>Continued From page 3</p> <p>in the absence of the Office Manager, if the HCPR check documentation was not in Staff E's personnel file</p> <p>-The Office Manager could not find documentation of a completed HCPR check for Staff E in Staff E's personnel file.</p> <p>The facility submitted the following Plan of Protection on 2/20/2015:</p> <p>-The employee with the substantiated finding of fraud on the HCPR will be suspended from work.</p> <p>-The Office Manager will complete a HCPR check on all employees by the next business day.</p> <p>-In the future, not only will the facility access the registry before hire, but the Office Manager will also recheck on all employees every six months.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 6, 2015</p>	D 137	<p>The employee with the substantial finding was suspended immediately upon findings by State - Terminated when issue couldn't be resolved. Office Manager completed a HCPR check on all employees by the next business day</p>	2/20/15 2/23/15
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D912	<p>G S. 131D-21(2) Declaration of Residents' Rights</p> <p>G S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2 To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to assure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to Staff Qualifications.</p>	D912	<p>A review of resident rights will be addressed at a staff meeting on 4/3/15. Office personnel will also attend.</p>	4/3/15
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Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER AUTUMN WIND ASSISTED LIVING OF ROSEBO	STREET ADDRESS CITY STATE ZIP CODE 507 PINWOOD STREET ROSEBORO, NC 28382
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D912	Continued From page 4 The findings are: Based on observations, interview, and record review, the facility failed to assure 1 of 6 staff (Staff C) sampled had no listing of substantiated findings on the North Carolina Health Care Personnel Registry (HCPR), and 1 of 6 staff (Staff E) sampled had a HCPR check performed by the facility before hire, according to G.S. 131E-256. [Refer to tag 137, Rule 10A NCAC 13F 0407 Other Staff Qualifications (Type B Violation)].	D912		
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D935	<p>G S § 131D-4.5B(b) ACH Medication Aides; Training and Competency</p> <p>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.</p> <p>(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:</p> <p>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:</p> <p>a. The key principles of medication administration.</p> <p>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 potential for bleeding</p>	D935	<p><i>Office manager verified all med techs who were hired after 10/1/13 that they had worked during the previous 24 months in an adult care home as a med tech or had the required training.</i></p> <p><i>Office manager will put together a new employee check list that includes all requirements for new hire, including check for HCPR, check for medication competency validation to verify previous employment.</i></p> <p><i>A list of new hire instructions will be in a booklet that will give instruction on what is needed in case office manager is out. All new hires will have employee hire →</i></p>	<p><i>2/23/15</i></p> <p><i>4/6/15</i></p> <p><i>4/6/15</i></p>
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL082012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/20/2015
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NAME OF PROVIDER OR SUPPLIER AUTUMN WIND ASSISTED LIVING OF ROSEBC	STREET ADDRESS CITY STATE ZIP CODE 507 PINWOOD STREET ROSEBORO, NC 28382
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D935	<p>Continued From page 5</p> <p>exists</p> <p>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.</p> <p>(3) Within 60 days from the date of hire, the individual must have completed the following:</p> <p>a An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:</p> <ol style="list-style-type: none"> 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. <p>b An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 2 of 3 staff (Staff C and Staff D) who began performing medication aide duties after October 1, 2013 met the requirements to administer medications</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. Review of Staff C, Medication Aide/Nursing Aide's personnel file revealed: -Staff C was hired on 10/28/2014 as a Medication Aide/Nursing Assistant. -Staff C passed the medication aide test on 7/22/2008 -Staff C completed the Medication Clinical Skills Checklist on 11/17/2014. -Documentation dated 10/20/2014, 11/12/2014, 	D935	<p>checklist reviewed by either office manager, Administrator, or Floor supervisor - 2 will verify checklist completed on all new hires</p>	4/6/15

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NAME OF PROVIDER OR SUPPLIER AUTUMN WIND ASSISTED LIVING OF ROSEBO	STREET ADDRESS CITY STATE, ZIP CODE 507 PINWOOD STREET ROSEBORO, NC 28382
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D935	<p>Continued From page 6</p> <p>11/14/2014, 11/16/2014, and 11/17/2014 for completion of sections of a "Medication Administration and Documentation Test".</p> <ul style="list-style-type: none"> -There was no documentation of employment verification as a medication aide. -There was no documentation of completing the 5 hour, 10 hour, or 15 hour medication trainings. <p>Observation of Staff C on 2/19/2015 from 9:35am to 11:05am revealed Staff C administered medications to three residents in the facility which included oral medications, topical ointments, and injectables</p> <p>Review of February 2015 Medication Administration Records revealed:</p> <ul style="list-style-type: none"> -Staff C administered medications to residents on 2/3/2015, 2/5 & 6/2015, 2/11&12/2015, and 2/15, 16, 17 & 19/ 2015 -Staff C obtained resident blood samples and documented resident finger stick blood sugar readings. <p>Interview with Staff C on 2/19/2015 at 2:30pm revealed:</p> <ul style="list-style-type: none"> -Staff C was hired as a Medication Aide/Nurse Aide at the facility on 10/28/2014. -Staff C worked as a Medication Aide at another facility prior to current employment at this facility. -Staff C had received "a whole lot" of training since employment at the facility. -Staff C did not remember the topics of the training she had since employment at the facility. -Staff C remembered she had been trained on med cart over 3 days and nurse had completed he medication clinical skills checklist prior to being able to administer medications at the facility. <p>Interview with the Office Manager on 2/20/2015 at</p>	D935		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL082012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/20/2015
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NAME OF PROVIDER OR SUPPLIER AUTUMN WIND ASSISTED LIVING OF ROSEBC	STREET ADDRESS, CITY, STATE, ZIP CODE 507 PINWOOD STREET ROSEBORO, NC 28382
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D935	<p>Continued From page 7</p> <p>2:30pm revealed: -The Office Manager had not completed any employment verification as a medication aide for Staff C. -The Office Manager did not know if the Administrator had completed employment verification as a medication aide for Staff C -No 5/10/15 hour medication training had been provided for Staff C.</p> <p>Interview with the Administrator on 2/20/2015 at 2:55pm revealed: -The Office Manager was responsible to complete employment verification for medication aides. -The Administrator knew Staff C had worked as a medication aide previously at another facility -The Administrator had not completed any employment verification for medication aides -The Administrator knew about the requirement for 5/10/15 hour medication aide training.</p> <p>Refer to interview with the Nurse Consultant/Licensed Health Professional Support Nurse on 2/20/2015 at 4:15pm.</p> <p>2. Review of Staff D, Medication Aide/Nursing Assistant personnel file revealed: -Staff D was hired on 1/26/2015 as a Medication Aide/Nurse Aide. -Staff D passed the medication aide test on 9/26/2013. -Staff D completed the Medication Clinical Skills Checklist on 1/26/2015. -There was documentation dated 1/26/2015 for completion of a "Medication Administration and Documentation Test". -There was no documentation of employment verification as a medication aide. -There was no documentation of completing the 5</p>	D935		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL082012	(X2) MULTIPLE CONSTRUCTION A BUILDING: _____ B WING _____	(X3) DATE SURVEY COMPLETED 02/20/2015
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D935	<p>Continued From page 8</p> <p>hour, 10 hour, or 15 hour medication trainings</p> <p>Review of February 2015 Medication Administration Records revealed: -Staff D administered medications to residents at the facility on 2/2&3/2015, 2/8 &9/2015, 2/13&14/2015, and 2/16/ 2015. -Staff D obtained resident blood samples and documented resident finger stick blood sugar readings</p> <p>Staff D was not available for interview on 2/19/2015 or 2/20/2015</p> <p>Interview with the Office Manager on 2/20/2015 at 2:30pm revealed: -The Office Manager had not completed any employment verification as a medication aide for Staff D -The Office Manager did not know if the Administrator had completed employment verification as a medication aide for Staff D -No 5/10/15 hour medication training had been completed for Staff D</p> <p>Interview with the Administrator on 2/20/2015 at 2:55pm revealed: -The Office Manager was responsible to complete employment verification for medication aides. -The Administrator had not completed any employment verification for medication aides. -The Administrator knew about the requirement for 5/10/15 hour medication aide training.</p> <p>Refer to interview with the Nurse Consultant/Licensed Health Professional Support Nurse on 2/20/2015 at 4:15pm.</p>	D935		

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NAME OF PROVIDER OR SUPPLIER AUTUMN WIND ASSISTED LIVING OF ROSEBC		STREET ADDRESS CITY STATE ZIP CODE 507 PINWOOD STREET ROSEBORO, NC 28382		
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D935	Continued From page 9 Interview with the Nurse Consultant/Licensed Health Professional Support Nurse (NC/LHPS) on 2/20/2015 at 4:15pm revealed: -The NC/LHPS nurse visits to the facility included performing clinical skills validations for medication aides and nurse aides -The NC/LHPS nurse administered a test to the medication aides to ensure competency to administer medications and perform finger stick blood sugars which took about 1 -1 ½ hours depending on how long it took the individual to take the test. -The NC/LHPS nurse stated she gave each medication aide a test booklet, the medication aide filled out the test, and the test was reviewed -The test the NC/LHPS nurse administered was developed through the consulting firm for which she was an employee and was not designed as a substitute for the 5/10/15 hour training. -The NC/LHPS nurse did not do anything with regards to 5/10/15 hour training for medication aides. -The NC/LHPS nurse knew everybody at the facility had already been a medication aide based on information she had been told by facility staff and each individual medication aide -It was up to the employer to complete employment verification for the medication aides employed by the facility	D935		

Herring, Belverly G

From: Forte, Hope
Sent: Thursday, March 26, 2015 1:11 PM
To: Sampson (lynn.fields@sampsondss.net)
Cc: Herring, Belverly G; Gibson, Cassandra; Rodgers, Marie; Oakley, Eva
Subject: Autumn Wind Assisted Living of Roseboro 2015-03-23 POC O0WN11
Attachments: Autumn Wind Assisted Living of Roseboro 2015-03-23 POC O0WN11.pdf

Please find the Plan of Corrections submitted for the survey on February 20, 2015 attached to this e-mail.

If you have any questions regarding the information provided in or attached to this email, please call our office at (910) 592-2932. Please be aware that information sent via electronic mail is immediately available for release to the public. Therefore, the information contained in and attached to this e-mail is now public information.

Sincerely,

Hope Forte, RN

Licensure Consultant
Adult Care Licensure Section
Division of Health Service Regulation

Hope Forte, Nurse Consultant
NC Department of Health and Human Services
Division of Health Service Regulation
Adult Care Licensure Section
109 West Main Street
Clinton NC 28328
Phone: 910 592-2932
Fax: 910 590-2516
Hope.Forte@dhhs.nc.gov

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