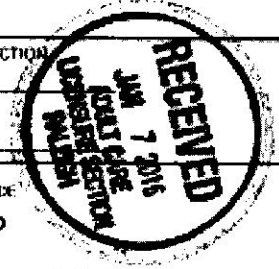


Division of Health Service Regulation



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/02/2015
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NAME OF PROVIDER OR SUPPLIER BECKY'S REST HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 316 LOWER BRUSH CREEK ROAD FLETCHER, NC 28732
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	(X5) PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Buncombe County Department of Social Services conducted an annual survey on December 1-2, 2015.	D 000		
D 131	<p>10A NCAC 13F .0406(a) Test For Tuberculosis</p> <p>10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on interview and record review, the facility failed to assure 3 of 5 sampled staff (Staff A, B, and C) were tested upon employment for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>A. Review of Staff A's personnel file revealed: -A hire date of 9/24/15 as a Supervisor-In-Charge (SIC) -A copy of a TB test dated 10/5/15 with a negative result.</p>	D 131		

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

Becky A. Mcintosh

TITLE
Administrator

DATE
1-4-16

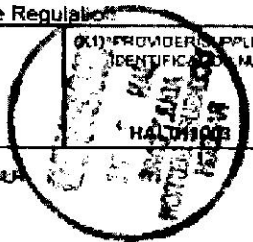
STATE FORM

250031

If continuation sheet 1 of 10

Reviewed and accepted OS 4/2/16

Division of Health Service Regulation



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALTH 1908	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/02/2015
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NAME OF PROVIDER OR SUPPLIER BECKY'S REST HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 318 LOWER BRUSH CREEK ROAD FLETCHER, NC 28732
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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)	DATE COMPLETE
D 131	<p>Continued From page 1</p> <p>Telephone interview with Staff A on 12/2/15 at 9:25am revealed: -She was currently at the facility getting a 2nd step TB test placed. -The pharmacy RN had placed her 1st step TB test when she came to work in the facility, but she was unsure of when the TB test had been placed.</p> <p>Refer to interview with the Administrator on 12/1/15 at 4:30pm.</p> <p>Refer to interview with the pharmacy RN on 12/2/15 at 9:50am.</p> <p>B. Review of Staff B's personnel file revealed: -A hire date of 10/11/15 as an SIC. -A copy of a TB test dated 11/19/15 with a negative result.</p> <p>Refer to interview with the Administrator on 12/1/15 at 4:30pm.</p> <p>Refer to interview with the pharmacy RN on 12/2/15 at 9:50am.</p> <p>Attempted telephone interview with Staff B on 12/2/15 was unsuccessful by exit.</p> <p>C. Review of Staff C's personnel file revealed: -A hire date of 9/4/15 as an SIC. -A copy of a TB test dated 5/14/15 (performed at former employment) with a negative result -A copy of a TB test dated 10/5/15 with a negative result.</p> <p>Refer to interview with the Administrator on 12/1/15 at 4:30pm.</p> <p>Refer to interview with the pharmacy RN on 12/2/15 at 9:50am.</p>	D 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALD11003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/02/2015
NAME OF PROVIDER OR SUPPLIER BECKY'S REST HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 316 LOWER BRUSH CREEK ROAD FLETCHER, NC 28732		
(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 131	<p>Continued From page 2</p> <p>Attempted telephone interview with Staff C on 12/2/15 was unsuccessful by ext.</p> <hr/> <p>Interview with the Administrator on 12/1/15 at 4:30pm revealed: -She was aware employees needed a TB test upon employment. -She used the facility pharmacy Registered Nurse (RN) to place and read new employees TB tests -She always notified the pharmacy RN when a new employee was to begin work and to schedule a time with the RN to place the TB test. -The pharmacy RN traveled frequently and would "put her off" due to scheduling conflicts with the RN's other responsibilities. -She had put an ad in the paper attempting to hire an RN part-time or full-time to assist her with TB tests and other staff training that was needed in the facility -The ads were unsuccessful and she had been unable to find an RN to assist her.</p> <p>Interview with the pharmacy RN on 12/2/15 at 9:50am revealed: -The facility notified her about new employees and she would make an appointment to come out to the facility "as soon as possible." -"Usually get here within a day or two of being notified." -"Sometimes I have to teach in [two facilities in] South Carolina, so I do have to work around my schedule somewhat."</p> <hr/> <p>A plan of protection was received from the facility on 12/2/15 and included: -Before employees begin the work schedule, the employee will get TB test and all other paperwork</p>	D 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/02/2015
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NAME OF PROVIDER OR SUPPLIER BECKY'S REST HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 316 LOWER BRUSH CREEK ROAD FLETCHER, NC 28732
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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 131	Continued From page 3 requirements. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 16, 2016.	D 131		
D012	<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, interviews and record reviews, 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 rule and regulations related to TB testing for facility staff and medication staff qualifications.</p> <p>The findings are:</p> <p>A. Based on interview and record review, the facility failed to assure 3 of 5 sampled staff (Staff A, B, and C) were tested upon employment for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services [Refer to Tag 0131, 10A NCAC 13F 0406(a) Test for Tuberculosis (Type B Violation)].</p> <p>B. Based on interview and record review, the facility failed to assure 3 of 5 sampled staff (Staff</p>	D012		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/02/2015
NAME OF PROVIDER OR SUPPLIER BECKY'S REST HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 316 LOWER BRUSH CREEK ROAD FLETCHER, NC 28732		
(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
D912	Continued From page 4 A, B, and C) who administered medications, were clinically validated to administer medications prior to administering medications [Refer to Tag 935, G.S. 131D-4 5B(b) ACH Medication Aides Training and Competency (Type B Violation)].	D912		
D935	G.S. § 131D-4 5B(b) ACH Medication Aides; Training and Competency G.S. § 131D-4 5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (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: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. 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 exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503 (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication	D935		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALD11003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/02/2015
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NAME OF PROVIDER OR SUPPLIER BECKY'S REST HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 316 LOWER BRUSH CREEK ROAD FLETCHER, NC 28732
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	(X5) PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
D935	<p>Continued From page 5</p> <p>administration.</p> <p>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> <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: TYPE B VIOLATION</p> <p>Based on interview and record review, the facility failed to assure 3 of 5 sampled staff (Staff A, B, and C) who administered medications, were clinically validated to administer medications prior to administering medications.</p> <p>The findings are:</p> <p>A. Review of Staff A's personnel record revealed</p> <ul style="list-style-type: none"> -Staff A was hired as a Supervisor-In-Charge (SIC) on 9/24/15. -Staff A passed the Medication Exam on 8/4/09. -Staff A had a Licensed Health Professional Support Validation on 10/2/15. -A medication administration clinical skills checklist had been completed on 11/4/15 by the pharmacy Registered Nurse (RN). <p>Telephone interview with Staff A on 12/2/15 at 9:25am revealed:</p> <ul style="list-style-type: none"> -She had 15 years prior experience working as a medication aide in other assisted living facilities prior to coming to this facility. 	D935		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/02/2015
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NAME OF PROVIDER OR SUPPLIER
BECKY'S REST HOME # 2

STREET ADDRESS, CITY, STATE, ZIP CODE
**316 LOWER BRUSH CREEK ROAD
FLETCHER, NC 28732**

(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
D935	<p>Continued From page 6</p> <ul style="list-style-type: none"> -The pharmacy RN had gone over a "brief pamphlet" of the "basic things we do" in resident care with her when she was hired. -The pharmacy RN had asked her and other medication aides who were in a group for training to verbally tell the RN the steps for drawing up insulin and administering insulin. -The pharmacy RN had also asked her and the other medication aides of the group to verbally explain the steps of administering a medication via nebulizer. -She did not recall the pharmacy RN requiring return demonstration from the group members for insulin administration or nebulizer treatment administration. -She was not sure of the dates of the training sessions she had attended with the pharmacy RN. <p>Refer to interview with a Medication Aide on 12/1/15 at 3:56pm.</p> <p>Refer to interview with Administrator on 12/1/15 at 4:30pm.</p> <p>Refer to interview with the pharmacy RN on 12/2/15 at 9:50am.</p> <p>B. Review of Staff B's personnel record revealed.</p> <ul style="list-style-type: none"> -Staff B was hired as an SIC on 10/11/15. -Staff B passed the Medication Exam on 6/2/09 -A medication administration clinical skills checklist had been completed on 11/4/15 by the pharmacy RN. <p>Refer to interview with a Medication Aide on 12/1/15 at 3:55pm.</p> <p>Refer to interview with Administrator on 12/1/15 at 4:30pm.</p>	D935		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/02/2015
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NAME OF PROVIDER OR SUPPLIER BECKY'S REST HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 316 LOWER BRUSH CREEK ROAD FLETCHER, NC 28732
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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
D935	<p>Continued From page 7</p> <p>Refer to interview with the pharmacy RN on 12/2/15 at 9:50am.</p> <p>Attempted telephone interview with Staff B on 12/2/15 was unsuccessful by exit.</p> <p>C. Review of Staff C's personnel record revealed: -Staff C was hired as an SIC on 9/4/15. -Staff C passed the Medication Exam on 8/28/00. -Staff C had a Licensed Health Professional Support Validation on 10/2/15. -A medication administration clinical skills checklist had been completed on 11/4/15 by the pharmacy RN.</p> <p>Refer to interview with a Medication Aide on 12/1/15 at 3:55pm.</p> <p>Refer to interview with Administrator on 12/1/15 at 4:30pm.</p> <p>Refer to interview with the pharmacy RN on 12/2/15 at 9:50am.</p> <p>Attempted telephone interview with Staff C on 12/2/15 was unsuccessful by exit.</p> <hr/> <p>Interview with a Medication Aide on 12/1/15 at 3:55pm revealed: -Medication Aides in the facility routinely administered subcutaneous injections, nebulizer treatments, eye drops, nasal sprays, transdermal patches and ointments, and controlled substance medications during a routine medication pass.</p> <p>Interview with Administrator on 12/1/15 at 4:30pm revealed: -She and the Business Office Manager were</p>	D935		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/02/2015
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NAME OF PROVIDER OR SUPPLIER BECKY'S REST HOME # 2	STREET ADDRESS, CITY, STATE ZIP CODE 316 LOWER BRUSH CREEK ROAD FLETCHER, NC 28732
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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)	OAS COMPLETE DATE
D935	<p>Continued From page 8</p> <p>responsible for maintaining the personnel records and making sure all staff training was completed before staff were allowed to administer medications</p> <ul style="list-style-type: none"> -The pharmacy RN was responsible for completing the medication clinical skill checklist for new medication aides. -She always notified the pharmacy RN when a new employee was to begin work and to schedule a time with the RN to perform the medication administration clinical skills checklist. -The pharmacy RN traveled frequently and would "put her off" due to scheduling conflicts with the RN's other responsibilities. -She was not aware Staff A, B, and C had administered medications before having completed the medication administration clinical skills checklist with the pharmacy RN. <p>Interview with the pharmacy RN on 12/2/15 at 9:50am revealed:</p> <ul style="list-style-type: none"> -The facility notified her about new employees and she would make an appointment to come out to the facility "as soon as possible." -"Usually get here within a day or two of being notified." -"Sometimes I have to teach in [two facilities in] South Carolina, so I do have to work around my schedule somewhat." <hr/> <p>A plan of protection was received from the facility on 12/2/15 and included</p> <ul style="list-style-type: none"> -The facility will assure medication clinical skills checkoff has been completed before an employee is allowed to administer medications. <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 16, 2016.</p>	D905		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XII) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALD11003	(X7) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/02/2015
NAME OF PROVIDER OR SUPPLIER BECKY'S REST HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 316 LOWER BRUSH CREEK ROAD FLETCHER, NC 28732		
(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

December 31, 2015

**Re: Plan of Correction regarding Annual Survey completed December 2, 2015
(ASPEN Event ID 44M011)**

D131 10A NCAC 13F.0406(a) Test for Tuberculosis

It is the policy of Becky's Rest Home, Inc. To assure all new employees receive a TB test with a negative result before they can begin work. A request for RN services will be faxed to the facility pharmacy before the new employee begins work. This communication will become part of personnel record. Once this task has been accomplished and a negative result is verified, the new hire will be placed on the schedule. Their 2nd step will be scheduled within one month. If a new employee brings valid proof of a negative PPD from their previous employer, the TB test given prior to being scheduled will meet the requirement. In the event that RN services are needed before the regular RN can come perform them, the new employee will be required to have the test performed by an outside provider (ie. Primary Care Physician, Health Department) and provide documentation of a negative result. A tracking tool has been developed to monitor compliance and will become part of the personnel record. Administrator or designee and BOM will monitor this tool for accuracy and completion

This will be corrected and in place by January 16, 2016

D912 GS 131D-21(2) Declaration of Residents Rights

In accordance with GS 131D-21 Declaration of Residents Rights, every resident shall have the right to receive care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations.

It is the policy of Becky's Rest Home, Inc to assure all medication and personal care staff are validated prior to performing care services. This will include but not be limited to rules regarding TB testing and medication staff training requirements. All employees will have a TB test prior to being placed on the schedule. Those employees providing documentation of a negative PPD that is less than one year old shall have met the requirement. All other staff will be scheduled in writing by facsimile for the 2nd step to be done within one month.

Any employee being hired to perform Medication Aide duties will assure they have either worked in an Adult Care Home as a Medication Aide within the last 24 months or satisfy all of the following requirements:

- 1. A five hour training program developed by the Department that includes training and instruction in all of the following:
 - a) The Key Principles of Medication Administration**
 - 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 exists****
- 2. A Clinical Skills Evaluation AC 13F.0503 and 10A NCAC 13G.0503**
- 3. Within 60 days from the date of hire, the individual must have completed the following:
 - a) An additional 10 hour training program developed by the Department that includes all of the following:****

1. **The Key Principles of Medication Administration**
2. **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 potential for bleeding exists**
 - b) **and examination developed and administered by the Division of Health Service Regulation in accordance with subsection of this section.**

A tracking tool has been developed to monitor compliance and will become part of the personnel file. The administrator or designee and the BOM will monitor this tool for accuracy and completion.

This will be corrected and in place by January 16, 2016

D935 GS131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements

It is the policy of Becky's Rest Home, Inc to assure that all Medication Aides meet the competency requirements set forth in GS 131D-4.5B (b) If persons being hired as Medication Aides have not worked as a Medication Aide in an Adult Care Home within the previous 24 months, they must satisfy the following requirements before performing any unsupervised Medication Aide duties

- 1) **Complete 5-hour training program developed by DHSR that includes training and instruction in all of the following:**
 - a) **Key principles of Medication Administration**
 - b) **The Federal Centers for Disease and Infection Control and Prevention Guidelines on Infection Control and, if applica, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists**
- 2) **A clinical skills evaluation consistent with 10A NCAC 13F.0503 and 10A NCAC 13G.0503**
- 3) **Within 60 days from the date of hire, the individual must have met the following:**
 - a) **An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:**
 - 1) **The key principles of Medication Administration**
 - 2) **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 exists**
 - b) **An examination developed and administered by the Division of Health Services Regulation in accordance with subsection (c) of this section**

Any new employee being hired as a Medication Aide must provide verifiable information/documentation that they have worked as a Medication Aide in an Adult Care Home within the previous 24 months . If they cannot prove or that have not met this requirement, they must satisfy all of the requirements listed above. These employees will not be allowed to perform any unsupervised Medication Aide duties until all requirements are met.

1. **The Key Principles of Medication Administration**
2. **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 potential for bleeding exists**
 - b) **and examination developed and administered by the Division of Health Service Regulation in accordance with subsection of this section.**

A tracking tool has been developed to monitor compliance and will become part of the personnel file. The administrator or designee and the BOM will monitor this tool for accuracy and completion.

This will be corrected and in place by January 16, 2016

D935 GS131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements

It is the policy of Becky's Rest Home, Inc to assure that all Medication Aides meet the competency requirements set forth in GS 131D-4.5B (b) If persons being hired as Medication Aides have not worked as a Medication Aide in an Adult Care Home within the previous 24 months, they must satisfy the following requirements before performing any unsupervised Medication Aide duties

- 1) **Complete 5-hour training program developed by DHSR that includes training and instruction in all of the following:**
 - a) **Key principles of Medication Administration**
 - b) **The Federal Centers for Disease and Infection Control and Prevention Guidelines on Infection Control and, if applica, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists**
- 2) **A clinical skills evaluation consistent with 10A NCAC 13F.0503 and 10A NCAC 13G.0503**
- 3) **Within 60 days from the date of hire, the individual must have met the following:**
 - a) **An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:**
 - 1) **The key principles of Medication Administration**
 - 2) **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 exists**
 - b) **An examination developed and administered by the Division of Health Services Regulation in accordance with subsection (e) of this section**

Any new employee being hired as a Medication Aide must provide verifiable information/documentation that they have worked as a Medication Aide in an Adult Care Home within the previous 24 months . If they cannot prove or that have not met this requirement, they must satisfy all of the requirements listed above. These employees will not be allowed to perform any unsupervised Medication Aide duties until all requirements are met.

A tracking tool has been developed for this purpose and will become part of the personnel record. The Administrator or designee and the BOM will monitor this tool for accuracy and completion.

This will be corrected and in place by January 16, 2016

**Becky's Rest Home, Inc
316 Lower Brush Creek Road
Fletcher, NC 28732
(828) 628-3395 (828) 628-1943**

It is the policy of Becky's Rest Home, Inc. to assure all new employees receive a TB test with a negative result before they can begin work. A request for RN services will be faxed to the facility Pharmacy before the new employee begins work. This communication will become part of the personnel record. Once this task has been completed and a negative result is verified, the new-hire will be placed on the schedule. Their 2nd step will be scheduled within one month.

If a new employee provides valid proof of a negative PPD from their previous employer, the test given prior to being scheduled will meet the requirement

12/2015

**Becky's Rest Home, Inc
316 Lower Brush Creek Road
Fletcher, NC 28732
(828) 628-3395 (828) 628-1943**

It is the policy of Becky's Rest Home, Inc. to assure that all medication staff and personal care staff are validated prior to performing care services. This will include but not be limited to rules regarding TB testing and medication staff training requirements

Any employee being hired to perform Medication Aide duties will assure they have either worked in an Adult Care Home as a Medication Aide within the last 24 months or satisfy all of the following requirements:

- 1. A five-hour training program developed by the Department that includes training and instruction in all of the following:
 - a) The key principles of Medication Administration**
 - 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 exists.****
- 2. A clinical skills evaluation consistent with 10A NCAC 13F.0503 and 10A NCAC 13G.0503**
- 3. Within 60 days from the date of hire, the individual must have completed the following:
 - a) An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:
 - 1) The key principles of medication administration**
 - 2) 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 exists**
 - 3) An examination developed and administered by the Division of Health Service Regulation******

12/2016

