STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL045115		(XZ) MULTIPLE CONSTRUCTION  A. BUILDING:		COMPL	(X3) DATE SURVEY COMPLETED  C 12/17/2015	
0000 830	ROVIDER OR SUPPLIER SPRINGS VILLAGE	STREET A 368 CLE	ODRESS, CITY, ST AR CREEK RO	AD	121	7/2015
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D 000	The Adult Care Lice Henderson County conducted an annu- investigation on De- exit conference via 2015. The complain	ensure Section and the Department of Social Services at survey and complaint cember 15-16, 2015 with an telephone on December 17, at investigation was initiated by inty Department of Social ber 19, 2015.	D 900			
	Other Staffing  10A NCAC 13F .06i Staff  The following describition duties, including allowing allowing to a staff a staff and the staff and t		D 206	Mandatory Star was held and staff was in that direct in that direct in that direct in the mand of the line will have staff informed of the line rules as houselleping houselleping	crestati Nowed to Nowed to excepting as law hours of staff sonsible dry dun 7 7 m to 9 will be eregulated	dry Pm 12/22

Division of Health Service Regulation DATE SURVEY STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING: B. WING 12/17/2015 HAL045115 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 358 CLEAR CREEK ROAD CHERRY SPRINGS VILLAGE HENDERSONVILLE, NC 28792 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX. PRIEFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR USC IDENTIFYING INFORMATIONS TAG TAG DEFICIENCY Management staff
will monitor direct
Care staff to ensure
Compliance and redirect
and retirain to maintain
compliance
12/22/15 D 206 D 206 Continued From page 1 -Two PCAs and two Medication Aides (MAs) are usually scheduled to work first and second shift. -The laundry staff works Monday through Friday on first shift. -First and second shift PCA's did laundry on the weekends. -Second shift staff did laundry daily. -Resident laundry included all linens, towels, and clothes for residents on the day they are assisted with showers and included tablecloths for the evening meal. -Extra laundry may be necessary when residents soiled dothes and bed linens. -After the PCAs assisted a resident with a shower. and dressing, they made the resident's beds with clean sheets, took all the resident's dirty clothes, linens, and towels from the resident rooms, washed, folded, and returned all clean laundry to resident rooms. -Each PCAs was assigned 4 to 5 showers per shift on first and second shift daily which includes week-ends, but the number of showers may increase if the previous shift did not complete all the assigned resident showers. -On days when the PCA is teamed with a PCA who has physician ordered "light duties," there was only one PCA to assist with showers. -There were at least 17 residents of the census of 56 who required some assistance with toileting and dressing, -There were at least a total of 12 residents who required extensive assistance with getting undressed and redressed for bed, toileting assistance, and transfer assistance into bed in the evenings. -Other personal care aide duties included answering resident requested by call bell or otherwise and assisting residents to bed in the -The staff had to open the coded doors for

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE/CLIA IDENTIFICATION NUMBER:  HALO45115		(X2) MULTIPLE CONSTRUCTION A. BUILDING:  B. WING		(X3) DATE SUPVEY COMPLETED - C 12/17/2015	
	ROWDER OR SUPPLIER SPRINGS VILLAGE	358 CLE	DORESS, CITY, STATE AR CREEK ROAD SONVILLE, NO. 28	A STATE OF THE STA		
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROMDERS PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEPICIENCY)	APPROPRIATE	DATE DATE
D 206	facility on first shift will weekends.  -Food service duties food to the tables, tail utensils to the kitcher clothes on second shift resident's needs.  -There were not suffiresident's needs.  -The personal care a weekends usually did the personal care a weekends usually did the personal care a weekends usually did the meal break.  -Resident showers giknown) on second shift done with all the cause the PCAs care the PCA	s after management left the sek days and all day on the included taking the residents king the dirty dishes and n, and leundering the table sift. clent PCAs to attend to the ides on second shift and d not take a meal break. d continued to work during o "undone" (frequency not nift because they could not all other duties required. are and dental care "suffer"	D 208	DEFICIENCY		
	now staff would quit of shortly thereafter. -"I'm tired of always to shift." -"We spend 1 to 1 and dining room during se	ly hired new staff, but the either during their training or being short staffed on second and a half hours holping in the				

- We help pass out plates, fill Division of Health Service Regulation

Division of Health Service Regulation (X3) CATE SURVEY STATEMENT OF DEFICIENCIES (XI) PROMDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION COMPLETED DENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 12/17/2015 HAL045115 NAME OF PROVIDER OR SUPPLIER. STREET ACCRESS, CITY, STATE, ZIP CODE 358 CLEAR CREEK ROAD CHERRY SPRINGS VILLAGE HENDERSONVILLE, NC 28792 (XX) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID 113 (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX FREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE RESULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY D 206 D 206 Continued From page 3 residents, pickup plates, cleanup the dining room, and wash the tablecloths after supper." Review of the second shift shower schedule revealed the following: -Monday: 9 showers -Tuesday: 10 showers -Wednesday: 8 showers -Thursday: 10 showers -Friday: 9 showers -Saturday: 8 showers -Sunday: 9 showers Confidential interviews with 11 residents during the survey revealed: -Two stated there was not enough staff on duty. The facility was short-handed and overworked. -One stated the facility is always short of staff on Saturday and Sunday. -One stated "9/10th's" of the time there is only one aide taking care of the "entire house." -One stated it takes 5 minutes to an hour for the call bells to be answered. -One stated staff come in the room and say "I'll be right back," and then come back an hour later. -One stated her roommate had not had a shower in 7 days. (Roommate could not remember.) -Three of 6 residents stated staff answered call lights timely. -"I can't remember the last time staff came in to help with my shower," The resident was scheduled to receive showers on Tuesdays and Saturday's on second shift. Confidential interview with 3 resident family member/guardians during the survey revealed they had no concerns with residents' personal care Confidential interview with a 4th resident family

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: \_ B. WING HAL045115 12/17/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CCGE. 358 CLEAR CREEK ROAD CHERRY SPRINGS VILLAGE HENDERSONVILLE, NC 28792 (XI) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID: PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FUILL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATIONS TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY D 208 Continued From page 4 D 206 member/guardian during the survey revealed the staff were sometimes "short" on the week-ends and if there were any "issues, it was on week-ends." (This family member/guardian chose to not discuss any of the issues.) Telephone interveiw with the Administrator on 12/17/15 at 2:00pm revealed: -The laundry staff had been working 5 days per week, six hours per day and left the facility at -One laundry staff working 30 hours per week could not do all the laundry for 56 residents. -The facility has three commercial washers and three commercial dryers. -As of today, 12/17/15, the staff were informed they were not supposed to do laundry from 7:00am to 9:00pm. Interview with the Resident Care Coordinator on 12/16/15 at 3:20pm revealed: -She had been informed by the previous Administrator that direct care staff were not supposed to do housekeeping and food service duties from 7:00am to 9:00om. -The facility currently had one laundry staff which worked 30 hours per week and she knew all the laundry could not be completed in that time. Declaration of Residents D912 0912 G.S. 131D-21(2) Declaration of Residents' Rights Rights reviewed with all staff and each 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. sacknowledgement

Division of Health Service Regulation DOC DATE SURVEY (X1) PROVIDENSUPPLIERICI IA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WNG 12/17/2015 HAL045115 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 358 CLEAR CREEK ROAD CHERRY SPRINGS VILLAGE HENDERSONVILLE, NC 28792 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION m 0040 ID: COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR USC IDENTIFYING INFORMATION). CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY D912 Continued From page 5 D912 This Rule is not met as evidenced by: All Medication Aides Techs Based on observations, interviews, and record hired after 12/16/15 will reviews, the facility failed to ensure residents received care and services which were adequate, have imployment virification and or 5/10/15 hour appropriate, and in compliance with relevant federal and state laws and rules and regulations regarding medication aide training and competency. training BEFORE allowed The findings are: Based on observation, interview and record pass nedications w review, the facility failed to assure 3 of 5 sampled Staff (Staff A, C, and E), who were hired after 10/1/13 as Medication Aides (MA) had successfully completed the 15 hour medication administration training and 1 of 5 sampled Staff (Staff B) completed the Medication Clinical Skills All mud keh | Aids currently Validation prior to administering medications. [Refer to Tag 935, G.S. 131D-4.5B(b) Adult Care employed have had a Home Medication Aides Training and Competency (Type B Violation).] renimiformat of completed D935 G.S.§ 131D-4.5B(b) ACH Medication Aides; D935 trainings and or certificates Training and Competency G.S. § 131D-4.5B (b) Adult Care Home and will be compliant Medication Aides; Training and Competency Evaluation Requirements. with regulations (b) Beginning October 1, 2013, an adult care associated with training 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:

Division of	of Health Service Reg	ulation			FORM APPROVE
	FOR CERTCHENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045115	(X2) MULTIP A. BUILDING B. WVG	LE CONSTRUCTION	COMPLETED  C 12/17/2015
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D935	(1) A five-hour training Department that inclin all of the following a. The key principles administration.  b. The federal Center Prevention guideline applicable, safe inject procedures for monitobleeding occurs or the exists.  (2) A clinical skills even NCAC 13F.0503 and (3) Within 60 days for individual must have a. An additional 10-h developed by the Detraining and instruction.  2. The federal Center Prevention guideline applicable, safe inject procedures for monitobleeding occurs or the exists.  b. An examination of the business of the Division of Health 1.	ing program developed by the udes training and instruction is of medication are for Disease Control and in so infection control and, if stion practices and toring or testing in which the potential for bleeding reluation consistent with 10A of 10A NCAC 13G .0503, om the date of hire, the completed the following: your training program upartment that includes on in all of the following: of medication are of Disease Control and in on infection control and, if	D935	Management of Will ensure of Compliance with use of whole with use of and employed Spreadsheet Kept current the Business Manager.	uations trackers te to be
	review, the facility fai		1/ =		

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. B.JILDING: B. WING 12/17/2015 HAL045115 NAME OF PROVIDER OR SUPPLIER. STREET ADDRESS, CITY, STATE, ZIP CODE 358 CLEAR CREEK ROAD CHERRY SPRINGS VILLAGE HENDERSONVILLE, NC 28792 (XS) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CEPICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE DAT RECULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY D935 D935 Continued From page 7 successfully completed the 15 hour medication administration training and 1 of 5 sampled Staff (Staff B) completed the Medication Clinical Skills Validation prior to administering medications. The findings are: A. Review of Staff A's personnel and training record revealed: -She was hired 9/14/15 as a Medication Aide (MA). -Staff A had successfully passed the Medication Aide Test on 9/28/00. -Staff A had successfully completed the Medication Clinical Skills checklist on 9/16/15. -There was no documentation a Medication Aide Employment Verification was completed. -There was no documentation Staff A completed a 5, 10, or 15 hour medication administration training. Observation of Staff A, MA, during the noon medication pass on 12/15/15 from 11:15am to 11:40am revealed the MA correctly administered eyedrops, oral medications, and an insulin injection. Telephone interview with Staff A, MA, on 12/16/15 at 3:57pm revealed: -She currently worked as a MA in the facility on first shift. -She had 10 to 12 years experience working as -She had worked as an MA at another facility for 4 years prior to coming to work at the current facility. Interview with the Business Office Manager on 12/16/15 at 11:15am revealed: -Staff A was hired on 9/14/15 as a MA.

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Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIERICLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 12/17/2015 HALD45115 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 358 CLEAR CREEK ROAD CHERRY SPRINGS VILLAGE HENDERSONVILLE, NC 28792 SUMMARY STATEMENT OF DEFICIENCIES COMPLETE PROVIDER'S PLAN OF CORRECTION QU(0.10) D JEACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD RE PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) D935 D935 Continued From page 8 According to Staff A's employment application, Staff A had worked at another facility as a MA prior to coming to work in their facility. A Medication Aide Employment Verification was not completed for Staff A when she was hired. -The Resident Care Coordinator (RCC) would know if Staff A had received the 15 hour medication training, because the RCC worked with the Nurse Consultant to schedule required medication training. Refer to interview with the facility Nurse Consultant on 12/16/15 at 11:52am. Refer to interview with the Business Office Manager on 12/16/15 at 12:15pm. Refer to interview with the Resident Care Coordinator on 12/18/15 at 12:45pm. Refer to interview with the Administrator on 12/16/15 at 5:00pm. B. Review of Staff B's personnel and training record revealed: -She was rehired on 8/25/15 as a MA. -Staff B had a documented previous hire date of 4/25/12 -Staff B had successfully passed the Medication Aide Test on 8/22/07. -Staff B had successfully completed the Medication Clinical Skills checklist on 4/25/12. -There was no documentation Staff B had completed a Medication Clinical Skills checklist after being rehired on 8/25/15. -Staff B had a Medication Aide Employment Verification which was completed on 10/18/13. -There was no documentation Staff B had completed a 5, 10, or 15 hour medication administration training.

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Division of Health Service Regulation (X3) DATE SURVEY (K2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROMDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 12/17/2015 HAL045115 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 358 CLEAR CREEK ROAD CHERRY SPRINGS VILLAGE HENDERSONVILLE, NC 28792 PROVIDERS PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X40 ID) COWPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX. PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LISC IDENTIFYING INFORMATION). TAG TAG DEFICIENCY 0935 D935 Continued From page 9 Interview with the Business Office Manager on 12/16/15 at 11:15am revealed: -She was unable to find a Medication Clinical Skills Validation completed after the rehire date of 8/25/15 for Staff B in the personnel record. -"You will have to ask the RCC about the Medication Clinical Skills Validation," because the RCC coordinates the needed training with the Nurse Consultant. Interview with the facility Nurse Consultant on 12/16/15 at 11:50am revealed: - I know I did a Medication Clinical Skills checklist on [Staff B's name]" when Staff B was rehired on 8/25/15. -She was not sure of the exact date she had completed the checklist with Staff B. -"I don't keep copies, but I always give [the Business Office Manager's name and Resident Care Coordinator's name] the paperwork.\* Interview with Staff B, MA, on 12/16/15 at 4:32pm revealed: - "The Registered Nurse did a checkoff med list with me in August when I came back" to work -The RN had her demonstrate how to perform a fingerstick blood augar testing and demonstrate how to draw up insulin. -The RN also gave a "prepouring lecture" to advise Staff B not to prepour medications. -The RN had Staff B look at actual prescriptions and facility procedures to get those prescriptions to the facility pharmacy. -The RN instructed Staff B on the importance and how to clarify medication orders with physicians. -The RN \*really tries to explain how to catch a -The RN also did go over diabetic care with Staff

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	ATEMENT OF DUFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: HAL045115		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING		CON	C 12/17/2015	
AME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE				
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D935	Continued From page 10		D935			100000	
	insulins. -Staff B had been a	ptoms of hypo and reaction times of various Medication Aide at a local ty from late 2010 to June					
4	Refer to interview w Consultant on 12/10	with the facility Nurse 8/15 at 11:52sm.		9			
- 1	Refer to interview w Manager on 12/16/	with the Business Office 15 at 12:15pm.				1 22	
	Refer to interview w Coordinator on 12/1	ith the Resident Care 16/15 at 12:45pm.					
	Refer to interview w 12/16/15 at 5:00pm	iffs the Administrator on					
1	record revealed: -She was hired on 6 Aide and then was a -Staff C had succes Aide Test on 6/5/12 -Staff C had succes Medication Clinical -There was no document verification.	C's personnel and training 3/11/14 as a Personal Care promoted to MA on 12/2/15, afully passed the Medication sfully completed the Skills checklist on 6/18/14, amentation a Medication Aide ation was completed. mentation Staff A completed medication administration					
	12/16/15 at 11:15an -According to Staff ( Staff C had worked prior to coming to w -A Medication Aide (	C's employment application, at another facility as a MA					

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Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILD NG: a. WING 12/17/2015 HAL045115 NAME OF PROMIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 358 CLEAR CREEK ROAD CHERRY SPRINGS VILLAGE HENDERSONVILLE, NC 28792 PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID YEACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFOC PREED DATE REGULATORY OR LISC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 0935 D935 Continued From page 11 -The Resident Care Coordinator (RCC) would know if Staff C had received the 15 hour medication training, because the RCC worked with the Nurse Consultant to schedule required medication training. Attempted telephone interview with Staff C, on 12/16/15 at 3.59pm was unsuccessful by exit. Refer to interview with the facility Nurse Consultant on 12/16/15 at 11:52am. Refer to interview with the Business Office Manager on 12/16/15 at 12:15pm. Refer to interview with the Resident Care Coordinator on 12/16/15 at 12:45pm. Refer to interview with the Administrator on 12/16/15 at 5:00pm. D. Review of Staff E's personnel and training record revealed: -She was hired 10/5/15 as a Medication Aide -Staff E had successfully passed the Medication Aide Test on 11/24/15. -Staff E had successfully completed the Medication Clinical Skills checklist on 10/21/15. -There was no documentation Staff E had completed a 5, 10, or 15 hour medication administration training before beginning to administer medications. Review of five sampled residents. November 2015 Medication Administration Records revealed: -Staff E administered an ointment and two different oral medications to 2 of 5 sampled

residents (Resident #1 and #4) on the following

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROMIDER/SUPPLIER/CLIA DOI DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BLILDING: \_ B. WING HAL045115 12/17/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 358 CLEAR CREEK ROAD CHERRY SPRINGS VILLAGE HENDERSONVILLE, NC 28792 SUMMARY STATEMENT OF DEFICIENCIES. PROVIDER'S FLAN OF CORRECTION (DCS) COMPLETE ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRSFIX. PRIFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR USC IDENTIFYING INFORMATION. DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE. DEFICIENCY) D935 Continued From page 12 D935 dates: 11/6/15, 11/7/15, 11/13/15, 11/14/15, 11/20/15, 11/21/15, and 11/28/15. Interview with Staff E, MA, on 12/16/15 at 8:09am -She primarily worked on third shift as a Medication Aide and Personal Care Aide. -There were 15 medications that were mutinely administered to residents at the 6am medication pass by the third shift medication aides. -She was trained with another Medication Aide on the medication cart "for 3 or 4 weeks" before being allowed to administer medications on her own. Interview with the Business Office Manager on 12/16/15 at 11:15am revealed: The Resident Care Coordinator (RCC) would know if Staff E had received the 15 hour. medication training, because the RCC worked with the Nurse Consultant to schedule required medication training. Refer to Interview with the facility Nurse Consultant on 12/16/15 at 11:52am. Refer to interview with the Business Office Manager on 12/16/15 at 12:15pm. Refer to interview with the Resident Care Coordinator on 12/16/15 at 12:45pm. Refer to interview with the Administrator on 12/16/15 at 5:00pm. Interview with the facility Nurse Consultant on 12/16/15 at 11:52am revealed:

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-"I don't teach the 15 hour medication course." -'I think they do the 15 hour medication class

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROMICER/SUPPLIENCUA STATEMENT OF DEFICIENCIES (XZ) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING: 12/17/2015 B. WING HAL045115 NAME OF PROMDER OR SUPPLIER STREET ACCRESS, CITY, STATE, ZIP COOR 358 CLEAR CREEK ROAD CHERRY SPRINGS VILLAGE HENDERSONVILLE, NC 28792 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) 1D COMPLETE EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR USC IDENTIFYING INFORMATION TAG TAG DEFICIENCY) D935 D935 Continued From page 13 online or something." Interview with the Business Office Manager on 12/16/15 at 12:15pm revealed: -The Administrator, the Resident Care Coordinator, and herself were responsible for the various tasks to ensure MAs had the required qualifications and received the required training before beginning to administer medications in the facility. -She was unaware new hires after 10/1/13 were required to have either Medication Aide Employment Verification form in the personnel file or documenation of having completed the 5,10, 15 hour medication administration training prior to administering medications in the facility, or completion of 15 hour medication training within 60 days of data of hire. -She had never seen an Medication Aide Employment Verification Form and was unaware of the requirement to perform one. Interview with the Resident Care Coordinator on 12/16/15 at 12:45cm revealed: -\*This is the first I've heard of any employment verification for Medication Aides." -"If it's my responsibility, I didn't know it." -The prior Administrator was "supposed to set up new hire Med Aides in the computer to do the 5, 10, or 15 hour medication training course." Interview with the Administrator on 12/16/15 at 5:00pm revealed: -She had just become the new Administrator for the facility on 11/9/15. -The prior Administrator had left one week prior to -She had already had her staff begin to audit all of the MA's personnel records that afternoon to ensure qualifications and training were complete.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION. (X3) DATE SURVEY AND FLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING:\_ B. WING 12/17/2015 HAL045115 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 358 CLEAR CREEK ROAD CHERRY SPRINGS VILLAGE HENDERSONVILLE, NC 28792 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROMDER'S PLAN OF CORRECTION (203) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD IN REGULATORY OR LISC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) D935 Continued From page 14 D935 -She had already spoken with a Registered Nurse that afternoon to schedule the required 15 hour medication training class for Staff A, C, and E that would be needed if she was unable to obtain Employment Verfications from their previous employers. -The facility Nurse Consultant was performing a Medication Administration Clinical Skills Validation with Staff B "at 5:00 o'clock today." A plan of protection was received from the facility on 12/16/15 and included the following: -Peer support providing immediate employee file audits on all employee files to assure Medication Aide employment verification has been obtained or the state required 5, 10, 15 hour medication training has been provided when appropriate. -A Medication Clinical Skills Validation performed by a Registered Nurse will be completed on all new hire Medication Aides before the Medication Aides are allowed to administer medications. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 31. 2016.

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