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ADULT CARE
LICENSURE SECTION
RALEIGH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055004	A. BUILDING: _____ B. WING _____	02/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH BROOK REST HOME	1611 NORTH BROOK III SHCOOL ROAD VALE, NC 28168

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D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on February 9, 2016.	D 000		
D 159	10A NCAC 13F .0503 (d) Medication Administration Competency 10A NCAC 13F .0503 Medication Administration Competency (d) The clinical skills validation portion of the competency evaluation shall be conducted by a registered nurse or a registered pharmacist consistent with their occupational licensing laws and who has a current unencumbered license in North Carolina. This validation shall be completed for those medication administration tasks to be performed in the facility. Competency validation by a registered nurse is required for unlicensed staff who perform any of the personal care tasks related to medication administration specified in Rule .0903 of this Subchapter. This Rule is not met as evidenced by: Based on review of records and staff interviews, the facility failed to assure 2 of 3 staff reviewed, who administered medications, were clinically validated to administer medications (Staff B and D). The findings are: A. Review of Staff B's personnel file revealed: -A hire date of 9/1/12. -She was hired as a Personal Care Aide / Medication Aide (PCA / MA). -She passed the written medication exam on 7/24/12. -No documentation of a completed clinical medication administration validation.	D 159	(Staff B) This person is no longer employed at our facility.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Connie Dedmon 3-9-16 | TITLE: Co-Administrato | (X6) DATE: 3-9-16

Roy Lee Dedmon, Co-Administrator 3-9-16

Plan of Correction Approved and Accepted on 3/21/16 by Joseph Cline, RN

Joseph Cline

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D 159	Continued From page 1 Interview on 2/9/16 at 2:30pm with Staff B, PCA / MA revealed: -She had worked at the facility for about 3 years. -She did remember when she started the Licensed Health Professional Support Nurse (LHPS) completing a medication "worksheet" on her before she could give medications. -She verbalized to the surveyor that the nurse went over how to administer medications, diabetic issues, and other things dealing with medications. -The facility staff have training classes throughout the year on medications. B. Review of Staff D's personnel file revealed: -A hire date of 9/1/15. -She was hired as a Personal Care Aide / Medication Aide. -She passed the written medication exam on 11/24/15. -No documentation of a completed clinical medication administration validation. Attempted interview on 2/9/16 at 2:30pm with Staff D, PCA / MA was unsuccessful. Inteview on 2/9/16 at 3:00pm with Staff C, PCA / MA revealed: -She had worked at the facility for 17 years. -She trained new staff when they were hired. -She was "very confident" that there had been medication competency validations completed, but she did not know why they were not in the staff files. -She did remember the Licensed Health Professional Support (LHPS) Nurse coming and doing the competency validations. Interview on 2/9/16 at 3:30pm with the Administrator revealed:	D 159	(Staff D) This staff person completed her Clinical medication administration on 2-13-16 Plan of Action Co-Administrator, Connie Redmon, will ensure any new staff will complete the Clinical Medication Administration.	Completed 2-13-16

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D 159	Continued From page 2 -He had contacted the Co-Administrator who was primarily responsible for the staff paperwork, and she did not know where the competency evaluations were. -The LHPS Nurse done "lots" of training for the facility. Attempted interview on 2/9/16 at 3:00pm with the LHPS Nurse was unsuccessful.	D 159		
D 161	10A NCAC 13F .0504(a) Competency Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task (a) An adult care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure that 2 of 3 staff reviewed (Staff B and D) were competency validated for Licensed Health Professional Support (LHPS) tasks. The findings are: A. Review of Staff B's personnel file revealed: -A hire date of 9/1/12.	D 161		

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D 161	Continued From page 3 -She had been trained as a Certified Nursing Assistant. -She was hired as a Personal Care Aide / Medication Aide (PCA/MA). -There was no documentation of a completed LHPS competency validation. Interview on 2/9/16 at 2:30pm with Staff B, PCA/MA revealed: -She had worked at the facility for around 3 years. -She did remember when she started working at the facility, the nurse going over with her how to assist residents who used assistive devices for ambulation and "Sleeping machine" CPAP (A device used for residents with sleep apnea). -She verbalized to the surveyor what the nurse went over with her. B. Review of Staff D's personnel file revealed: -A hire date of 9/1/15. -She was hired as a Personal Care Aide / Medication Aide. -There was no documentation of a completed LHPS competency validation. Attempted interview on 2/9/16 at 2:30pm with Staff D, PCA/MA was unsuccessful. Inteview on 2/9/16 at 3:00pm with Staff C, PCA/MA revealed: -She had worked at the facility for 17 years. -She trained new staff when they were hired. -She was "very confident" that there had been a LHPS competency validation completed, but she did not know why they were not in the staff files. -She did remember the Licensed Health Professional Support (LHPS) Nurse coming and going over with the new staff how to assist residents who used assistive devices for ambulation, and CPAP machine.	D 161	(Staff B) This person is no longer employed at our facility (Staff B) This person is no longer employed at our facility. (Staff B) This (staff D) person completed the LHPS competency validation on 2-13-16. Plan of Action Co. Administrater will ensure new staff complete the LHPS Competency Validation.	Completed 2-13-16

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D 161	Continued From page 4 Interview on 2/9/16 at 3:30pm with the Administrator revealed: -He had contacted the Co-Administrator who was primarily responsible for the staff paperwork, and she did not know where they were. -The LHPS Nurse always came when they had a new employee to do training with them. Attempted interview on 2/9/16 at 3:00pm with he LHPS Nurse was unsuccessful.	D 161		
D934	G.S. 131D-4.5B. (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5 This Rule is not met as evidenced by: Based on review of records and staff interviews, the facility failed to assure 1 of 3 sampled medication aides (Staff D) had completed the state mandated infection control course.	D934		

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D934	Continued From page 5 Review of Staff D's personnel file revealed: -A hire date of 9/1/15. -She was hired as a Personal Care Aide / Medication Aide. -There was no documentation of any infection control training being completed. Attempted interview on 2/9/16 at 2:30pm with Staff D, PCA/MA was unsuccessful. Inteview on 2/9/16 at 3:00pm with Staff C, PCA/MA revealed: -She had worked at the facility for 17 years. -She helped train new staff when they start working. -All new staff are trained in infection control. -The State mandated infection control training is completed once a year, and it had not been completed for 2016. Interview on 2/9/16 at 3:30pm with the Administrator revealed: -He had contacted the Co-Administrator who was primarily responsible for the staff paperwork, and she did not know where the infection control documentation was. -The Licensed Health Professional Support Nurse was the person who administered the state mandated infection control training. Attempted interview on 2/9/16 at 3:00pm with he LHPS Nurse was unsuccessful.	D934	This (staff D) person completed the Infection Control Training on 2-13-16 This staff C completed the Infection Control training on 2-13-16. Plan of Action Co-Administrator, Connie Dedmon, will ensure all staff will receive Infection Control Training once a year.	Completed 2-13-16 Completed 2-13-16