

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL031006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/16/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WINDHAM HALL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>329 COOPER STREET KENANSVILLE, NC 28349</b>
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D 000	Initial Comments	D 000		
D 074	<p>10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, facility failed to maintain the walls, ceilings and floors in good repair in all hallways, resident rooms and common areas. The findings are:</p> <p>Observations of resident's Room #40 on 3/15/16 at 10:15am revealed: -There was a 5-foot by 3-foot area of brown stains and peeling paint on the wall around the water and heating pipes. -There were multiple holes in all walls where fixtures had been removed. -There were three 1-foot long black vertical stains on the wall adjacent to the bed. -The drywall was unpainted around the soap dispenser by the sink. -The plastic baseboard moldings were detaching from all walls and covered in grime. -The light switch had a sticky grime buildup.</p> <p>Observations of common-use men's bathroom #1 on 3/15/16 at 10:20am revealed: -The ceiling paint was peeling. -The drywall was unpainted around the soap dispenser by the sink.</p>	D 074	<p>IN REFERENCE TO 10A NCAC 13F .0306(A)(1) Housekeeping AND FURNISHINGS. All ISSUES CONCERNING Housekeeping AND FURNISHINGS THAT WERE NOTED IN THE ANNUAL SURVEY WILL BE COMPLETED BY MAY 25<sup>th</sup>, 2016. Also, IN ADDITION TO ITEMS NOTED, THE OWNER IS BEING VERY AGGRESSIVE IN RENOVATING THE FACILITY AND ROOMS TO ENSURE THAT THE WALLS, CEILINGS; FLOORS ARE IN GOOD REPAIR IN ALL HALLWAYS; RESIDENTS ROOMS; AND COMMON AREAS.</p> <p>CONTINUE PAGE 2 -&gt;</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	<i>Jamesia Niangma</i> Director	TITLE	(X6) DATE <b>4/21/16</b>
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D 074	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-The handicap support railings on each side of the toilet had peeling paint and was rusted.</li> <li>-The floor moldings had grime on all walls.</li> <li>-There was a broken ceramic towel bar holder on the wall.</li> <li>-There was a broken ceramic toilet paper holder on the wall.</li> <li>-The light switch had a sticky grime buildup.</li> </ul> <p>Observations of common-use men's bathroom #2 on 3/15/16 at 10:30am revealed:</p> <ul style="list-style-type: none"> <li>-The ceiling paint was peeling.</li> <li>-The ceiling exhaust fan was broken with no cover plate.</li> <li>-The drywall was torn around the soap dispenser by the sink.</li> <li>-The handicap support railings on each side of the toilet had peeling paint and was rusted.</li> <li>-The floor moldings had grime.</li> <li>-There was a broken ceramic towel bar holder on the wall.</li> <li>-There were two 4-inch diameter holes in the drywall behind the paper towel holder.</li> <li>-The light switch had a sticky grime buildup.</li> </ul> <p>Observations of common-use men's bathroom #3 on 3/15/16 at 10:40am revealed:</p> <ul style="list-style-type: none"> <li>-The ceiling paint was peeling.</li> <li>-The drywall was torn around the soap dispenser by the sink.</li> <li>-The handicap support railings on each side of the toilet had peeling paint and was rusted.</li> <li>-The floor moldings had grime.</li> <li>-There were multiple tan drip stains on two walls beginning from 1 foot from the ceiling to the floor.</li> <li>-The ceiling vent was rusted and covered in dust.</li> </ul> <p>Observation of resident Room #17 on 3/15/16 at 10:50am revealed:</p> <ul style="list-style-type: none"> <li>-The left white-brick wall had a reddish grime</li> </ul>	D 074	<p>CONTINUED FROM PAGE 1.</p> <p>THE DIRECTOR AND MAINTENANCE PERSON WILL CONTINUE TO DO WEEKLY WALK THROUGH AUDITS. THEY WILL NOTE AND REPAIR ANY AREA THAT NEEDS ATTENTION. RESULTS FROM THE WEEKLY AUDIT WILL BE REPORTED TO THE ADMINISTRATOR. THE ADMINISTRATOR WILL FOLLOW UP TO ENSURE ANY REPAIR NEEDED IS HANDLED IN AN AGGRESSIVE MANNER. THIS WILL BE AN ONGOING PROCESS.</p>	

*Jamesia Neemgwa - Director 4/21/16*

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D 074	<p>Continued From page 2</p> <p>which extended across the entire wall and downwards 3 feet from the ceiling. -There was a 3-foot ceiling stain in the far left corner of the room.</p> <p>Observations of resident Room #12 on 3/15/16 at 10:52am revealed the ceiling border on the left wall had an unpainted 3-foot section of patched drywall.</p> <p>Observations of common-use women's bathroom #1 on 3/15/16 at 10:30am revealed: -The ceiling paint was peeling. -There was a 1-foot by 1-foot square opening in the ceiling where the ceiling fan was removed. -The drywall was torn around the soap dispenser by the sink. -The handicap support railings on each side of the toilet had peeling paint and rusted. -The floor moldings had grime on all walls. -The light switch had a sticky grime buildup.</p> <p>Observations of residents' laundry room on 3/15/16 at 11:30am revealed: -There was a 4 by 2-foot section of stained rotted ceiling. -There was a yellow and a silver pipe running into the center of the ceiling through a 1-foot hole in the ceiling's drywall. -The light switch had a sticky grime buildup. -The floor behind the washer and dryer had multiple articles of clothing covered in a heavy thick layer of dust.</p> <p>Observations of resident Room #28 on 3/15/16 at 1:15pm revealed: -The ceiling paint was peeling. -The floor moldings were detached from the walls and covered with grime. -The door had several dents and unpainted</p>	D 074		

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D 074	<p>Continued From page 3</p> <p>scrape marks on the lower third section on both sides. -The door portal was dirty from fingerprints which were evident in the buildup. -The wall switch plate had a grime buildup.</p> <p>Observations of resident Room #32 on 3/15/16 at 1:25pm revealed: -The ceiling paint was peeling. -The ceiling had a 10-foot diameter area with a thick buildup of dust. -The floor moldings were detached from the walls and covered with grime. -The door had scrape marks on the lower third section on both sides. -The wall switch plate was missing leaving exposed wiring.</p> <p>Observations of resident Room #30 on 3/15/16 at 1:35pm revealed: -The ceiling was stained. -There were multiple holes on all walls where drywall anchors had been removed with a few still in place. -The entry door had multiple unpainted scraped areas on both sides. -A 3-foot section of wood floor molding on the far wall was rotted and cracked.</p> <p>Observations of resident Room #38 on 3/15/16 at 1:42pm revealed: -The ceiling was stained. -The wall switch plate was dirty and sticky. -The room number plate was loose. -The door frame and door had multiple holes by the door hinges.</p> <p>Observations of resident Room #36 on 3/15/16 at 1:55pm revealed: -There was a rusted 4-foot by 1-foot by 1-foot</p>	D 074		

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D 074	<p>Continued From page 4</p> <p>metal box protruding from the wall at the base on the far left. -The wall switch was covered with a sticky grime.</p> <p>Observations of the residents' living room area on 3/15/16 at 2:15pm revealed: -The apex of the ceiling had a 5-foot long split next to the smoke detector. -The exit door frame had excessive exposed rotted wood and peeling paint. -The window by the exit door had rotted wood and peeling paint at the base of the frame. -There were two electrical cables anchored to the wall by the television with thick dust and grime extending from the baseboard to the ceiling.</p> <p>Observations of the hallway throughout the facility on 3/15/16 at 2:45pm revealed: -There were multiple sections of peeling and/or unpainted sections at the baseboard level approximately every 2 to 3 feet. -All plastic baseboards were separating from the wall. -All baseboards had a black grime.</p> <p>Interview with a resident on 3/16/16 at 10:00am revealed: -The ceiling stains in all the rooms were from water damage when the roof leaks. -The facility leaks all the time. -The resident was not bothered by the leaks. -The resident thought the building was "fine."</p> <p>Interview with a second resident on 3/16/16 at 10:10am revealed: -The facility does not need repair. -The resident had no complaints about the building or furnishings. -The facility was "perfectly good."</p>	D 074		

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D 074	Continued From page 5  Interview with a third resident on 3/16/16 at 10:20am revealed: -The facility was always repairing the ceilings. -The resident was not bothered by ceiling stains. -The ceiling stains "gave [the facility] character like an old classic car." -The bathrooms did not need repair.  Interview with a fourth resident on 3/16/16 at 10:35am revealed: -The resident had no issues with housekeeping. -The resident had never reported any floor, ceiling or wall repair issues because maintenance man always addresses the problem. -The resident felt the facility was in good condition and enjoyed living there.  Interview with a fifth resident on 3/16/16 at 10:45am revealed: -The facility could use a new paint job. -The facility is always painting and repairing different areas. -The resident enjoyed living at the facility. -The resident felt the facility was in good condition.  Interview with a sixth resident on 3/16/16 at 11:00am revealed: -The ceiling paint had occasionally peeled and fell on the floor. -The resident did not feel the ceiling needed to be repainted because "its a fact of life that all ceilings peel." -The resident had no complaints with the walls, floors or ceilings at the facility.  Confidential staff interview revealed: -The building needs a complete paint job. -There are too many repairs for the one maintenance man to perform.	D 074		

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D 074	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- Anything needing repair was addressed with the Director and she would make a to-do list for the maintenance man.</li> <li>-The building has had leaks, rotted door frames and dripping ceilings for years.</li> </ul> <p>A second confidential staff interview revealed:</p> <ul style="list-style-type: none"> <li>-The facility was in need of paint in every room and every hallway.</li> <li>-The one maintenance man was effective at repairs.</li> <li>-There were too many repairs for the one maintenance man to address.</li> <li>-It would take 3 years for the current maintenance man to complete the to-do list from the director.</li> <li>-The facility needed to hire a whole crew of painters for one week which would allow the maintenance man to tend to recent repair requests in a reasonable amount of time.</li> </ul> <p>Interview with Maintenance Director on 3/16/16 at 7:45am revealed:</p> <ul style="list-style-type: none"> <li>-The entire building needs painting.</li> <li>-He had a to-do list which the director gave him daily.</li> <li>-He was unable to give a completion date if he were to paint and repair the building himself based on the to-do list.</li> <li>-The facility was behind on repairs.</li> <li>-He was kept aware of needed repairs and prioritized them accordingly.</li> <li>-He acknowledged that the floors, ceiling and walls needed repair.</li> <li>-He acknowledged that all areas in need of attention were on the to-do list.</li> <li>-Tasks were added to the list weekly and removed when completed.</li> </ul> <p>Interview with the Director on 3/16/16 at 11:45am revealed:</p>	D 074		

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D 074	Continued From page 7  -She had a to-do list for the maintenance man. -She acknowledged that the building needed a lot of repairs to walls, ceilings and floors. -The residents did not complain about the condition of the bathrooms and bedrooms. -She acknowledged during a walk-thru of the areas in need of repair that many were already on the list. -The maintenance man had been out sick recently. -The needed building repairs were too much for one person to fix in a reasonable amount of time. -The areas in need of repair on her list did not have a date for when they were first discovered. -The cross-out items on the list had no dates when they were completed. -She would address the repairs with the owner.	D 074	<p>IN REFERENCE TO 10A NCAC 13F. 0406 (a) TEST FOR Tuberculosis STAFF member A &amp; B HAVE completed 2 STEP TB TESTING. DIRECTOR HAS REVIEWED ALL STAFFING RECORDS AS WELL AS ALL RESIDENTS CHARTS TO ENSURE COMPLIANCE. Updated TB TESTING Policy to ENSURE 2 STEPS ARE COMPLETED WITHIN TIME FRAME REQUIRED FOR ALL NEW HIRES AND RESIDENTS. COVERED Policy with STAFF RESPONSIBLE FOR Implementing.</p> <p>CONTINUE TO PAGE 9 -&gt;</p>	
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis  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.  This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 2 of 3 sampled staff (Staff A and B) had been tested for Tuberculosis (TB) disease in compliance with TB control measures (2-step tuberculin skin test) adopted by the	D 131		

*Jamesia Niemqua - Director*  
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D 131	<p>Continued From page 8</p> <p>Commission for Public Health as specified in 10A NCAC 41A .0205.</p> <p>The finding are:</p> <p>1. Review of personnel record for Staff A revealed: -Staff A was hired on 3/12/2015. -She was hired as a personal care aide. -There was documentation of a negative TB test on 3/20/2015 -There was no 2nd step TB test found.</p> <p>Interview with Staff A on 3/16/2016 at 9:55 am revealed: -He had worked at the facility for approximately 1 year. -He had one TB skin test upon hire. -He was not given a 2nd TB skin test.</p> <p>Refer to the interview with the Director on 3/15/2016 at 1:00 pm.</p> <p>Refer to the interview with the Director on 3/16/2016 at 10:30 am.</p> <p>2. Review of personnel record for staff B revealed: -Staff B was hired on 3/11/2015. -She was hired as a personal care aide. -There was documentation of a negative TB test on 3/5/2015. -There was no 2nd step TB test found.</p> <p>Staff B was unavailable for interview on 3/15/16 and 3/16/16.</p> <p>Refer to the interview with the Director on 3/15/2016 at 1:00 pm.</p>	D 131	<p>→ CONTINUED FROM pg. 8</p> <p>THIS WAS COMPLETED ON 4/16/16. THE DIRECTOR AND RCC WILL CONTINUE TO MONITOR ONGOING TO ENSURE COMPLIANCE.</p>	

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D 131	Continued From page 9  Refer to the interview with the Director on 3/16/2016 at 10:30 am.  Interview with the Director on 3/15/2016 at 1:00 pm revealed: -A previous Resident Care Coordinator (RCC) was responsible for coordinating, monitoring and record keeping for staff TB testing. -The RCC would have kept the results in the employee records. -The RCC who was responsible for TB testing was no longer an employee as of February 2016. -She was not sure if the records existed. -She could not find any records of a 2nd step TB test for Staff A and B.  Interview with the Director on 3/16/2016 at 10:30 am revealed she would send Staff A and B to the health department on 3/16/16 to obtain TB skin test.	D 131		
D 164	10A NCAC 13F .0505 Training On Care Of Diabetic Resident  10A NCAC 13F .0505 Training On Care Of Diabetic Residents An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes; (b) insulin action; (c) insulin storage;	D 164	IN REFERENCE TO 10A NCAC 13F .0505 TRAINING ON CARE OF DIABETIC RESIDENT. TRAINING WAS COMPLETED ON 4/8/16. TRAINING INCLUDED: • BASIC FACTS ABOUT DIABETES AND CARE INVOLVED IN THE MANAGEMENT OF DIABETES; • INSULIN ACTION; • INSULIN STORAGE; • MIXING, MEASURING AND INJECTION TECHNIQUES FOR INSULIN ADMINISTRATION; • TREATMENT AND PREVENTION OF HYPOGLYCEMIA AND HYPERGLYCEMIA, INCLUDING SIGNS AND SYMPTOMS; CONTINUED TO PAGE 11 →	

*Jammy Niemqua - Director*  
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D 164	<p>Continued From page 10</p> <p>(d) mixing, measuring and injection techniques for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring; universal precautions; (g) universal precautions; (h) appropriate administration times; and (i) sliding scale insulin administration.</p> <p>This Rule is not met as evidenced by: Based on observation interview and record review, the facility failed to ensure 1 of 2 sampled medication aides (Staff B) had completed training on the care of the diabetic resident prior to the administration of insulin.</p> <p>The findings are:</p> <p>Review of the personnel record for Staff B (Medication Aide) revealed: -Staff B was hired as a medication aide on 3/11/2015. -There was no documentation of training on the care of the diabetic resident in the record.</p> <p>Review of the Medication Administration Record (MAR) for January, February and March 2016 revealed: -Staff B had initialed MARs for administration of insulin to 3 of 3 sampled diabetic residents.</p> <p>Staff B was unavailable for interview on 3/15/2016.</p> <p>Review of staff schedule provided by the facility revealed that Staff B had worked as a medication</p>	D 164	<p>→ CONTINUED FROM pg 10</p> <ul style="list-style-type: none"> <li>• BLOOD glucose MONITORING; UNIVERSAL PRECAUTIONS;</li> <li>• APPROPRIATE ADMINISTRATION TIMES; AND</li> <li>• SLIDING SCALE INSULIN ADMINISTRATION.</li> </ul> <p>THE DIRECTOR WILL MONITOR TO ENSURE YEARLY TRAINING AND TRAINING PRIOR TO THE ADMINISTRATION OF INSULIN IS COMPLETED AS REQUIRED FOLLOWING TRAINING AND EVALUATION REQUIREMENTS.</p>	

*Jamesia Neenque*  
Director 4/21/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL031006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/16/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WINDHAM HALL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>329 COOPER STREET KENANSVILLE, NC 28349</b>
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D 164	Continued From page 11  aide during the months of January, February and March 2016.  Interview with the Director on 3/15/2016 at 1:00 pm revealed: -Staff B had been working as a medication aide since she was hired. -She was unsure if the pharmacy had provided diabetic training for the facility. -A previous Resident Care Coordinator (RCC) was responsible for coordinating staff training and record keeping. -The previous RCC had not worked since February 2016 (day unknown). -She was not sure if the records existed. -She could not find any records for Staff B except what was in the file provided. -She would contact the pharmacy to check for any other training certificates.	D 164	<p>IN REFERENCE TO G.S. § 131D-4.5B(b) ACH MEDICATION AIDES; TRAINING AND COMPETENCY EVALUATION REQUIREMENTS.</p> <p>MEDICATION AIDE (STAFF C) WAS IMMEDIATELY REMOVED FROM SCHEDULE AS A MEDICATION AIDE UNTIL SUCCESSFUL COMPLETION OF STATE MEDICATION AIDE EXAM. STAFF C IS NO LONGER EMPLOYED WITH THE FACILITY AS OF 4/8/16. DIRECTOR REVIEWED STAFF CHARTS TO ENSURE COMPLIANCE IN MEDICATION</p> <p>→ CONTINUE PAGE 13 →</p>	
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.	D935		

*Jamesia Nwemque*  
Director 4/21/16

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D935	<p>Continued From page 12</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 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"> <li>1. The key principles of medication administration.</li> <li>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.</li> </ol> <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 record review, observation and interview, the facility failed to ensure that one of two sampled medication aides (Staff C) had completed the medication aide written exam within 60 days of hire as medication aides.</p> <p>The findings are:</p> <p>Review of personnel record for Staff C</p>	D935	<p>→ CONTINUED FROM PAGE 12 AIDES; TRAINING AND COMPETENCY EVALUATION REQUIREMENTS. THE DIRECTOR COMPLETED THE ABOVE IMMEDIATELY FOLLOWING THE SURVEY. THE DIRECTOR COMPLETED THE ABOVE IMMEDIATELY FOLLOWING SURVEY. THE DIRECTOR WILL BE RESPONSIBLE FOR MONITORING MEDICATION AIDES; TRAINING AND COMPETENCY EVALUATION REQUIREMENTS ONGOING TO ENSURE COMPLIANCE.</p>	

*Jamesia Niemeyer*  
Director 4/21/16

Division of Health Service Regulation

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D935	<p>Continued From page 13</p> <p>(Medication Aide) revealed:</p> <ul style="list-style-type: none"> <li>-Staff C was hired as a personal care aide on 5/9/2014.</li> <li>-Staff C transitioned to a medication aide in September 2015.</li> <li>-Staff C completed her medication administration clinical skills checklist on 9/11/2015.</li> <li>-There was no documentation that Staff C had taken the medication aide exam.</li> <li>-Staff C had completed the 15 hour required medication training on 9/3/2015.</li> </ul> <p>Observation of Staff C on 3/15/2016 at 11:00 am revealed she was administering medications to residents.</p> <p>Interview with Staff C on 3/15/2016 at 11:00 am revealed:</p> <ul style="list-style-type: none"> <li>-She had taken her 15 hour medication training in September 2015.</li> <li>-She had not taken her medication exam.</li> <li>-She had been administering medications since September 2015.</li> <li>-She had given insulin injections and controlled medications since September 2015.</li> <li>-She thought she had up to 2 years to take the exam.</li> <li>-She had been checked off by a nurse prior to medication administration on the cart.</li> </ul> <p>Review of the staff schedule provided by the facility revealed Staff C had worked as a medication aide during January, February and March 2016.</p> <p>Review of Resident #5's March 2016 Medication Administration Record (MAR) revealed:</p> <ul style="list-style-type: none"> <li>-Staff C documented 2 doses of insulin were administered.</li> <li>-Staff C documented 3 doses of Percocet</li> </ul>	D935			

*Jamesia Neemqua*  
Director 4/21/16

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D935	<p>Continued From page 14</p> <p>administered.</p> <p>Review of a second resident's March 2016 MAR revealed Staff C documented she administered 11 doses of insulin.</p> <p>Review of a third resident's March 2016 MAR revealed Staff C documented she administered 7 doses of insulin.</p> <p>Interview with Resident #5 on 3/16/16 at 11:00 am revealed the resident had recieved medications including insulin from Staff C.</p> <p>Interview with a second resident on 3/16/2016 at 11:20 am revealed the resident had recieved medications including insulin from Staff C.</p> <p>Interview with Staff C at 3/15/2016 at 2:00 pm revealed that she had been removed from the medication cart and not allowed to work as a medication aide until she passed the written exam.</p> <p>Interview with the Director on 3/15/2016 at 3:00 pm revealed: -She thought a medication aide had up to a year to take the medication exam. -The previous Resident Care Coordinator (RCC) was responsible for ensuring staff had all education requirements and that documentation was kept in their personnel record. -She had removed Staff C from the medication cart.</p> <p>_____ PLAN OF PROTECTION:</p> <p>The facility provided a Plan of Protection on 3/15/16 as follows:</p>	D935		

*Jamesia Niemqua*  
4/21/16

Division of Health Service Regulation

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D935	Continued From page 15  -All medication aides' employee files would immediately be reviewed for the requirements needed to be able to administer medications. -Staff C would be immediately removed off the schedule as a medication aide until successful completion of state medication aide exam.  CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 30, 2016.	D935			

*Jamesia Neemque*  
4/21/16