

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL057007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/14/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOT SPRINGS FAMILY CARE HOME #1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>311 #1 NORTH SURPINTINE ROAD</b> <b>HOT SPRINGS, NC 28743</b>
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C 000	Initial Comments  The Adult Care Licensure Section conducted a complaint investigation on June 7, 2016 and June 8, 2016 with a telephone exit on June 14, 2016.	C 000		
C 176	<p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation</p> <p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from the training.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on record reviews and interviews, the facility failed to assure at least one staff person on the premises at all times had completed a course on cardio-pulmonary (CPR) and choking management, including the Heimlich maneuver, within the last 24 months for 2 of 2 sampled staff (Staff A and Staff B).</p> <p>The findings are:</p>	C 176		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Division of Health Service Regulation

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C 176	<p>Continued From page 1</p> <p>1. Review of documents provided by Staff A, Supervisor-in-Charge (SIC)/Medication Aide(MA), on 6/8/16 revealed no documentation of successful completion of a course on cardio-pulmonary (CPR) and choking management, including the Heimlich maneuver, within the last 24 months.</p> <p>Interview with Staff A, SIC/MA, on 6/8/16 at 10:05am revealed: -He had been working as a SIC/MA at the facility since 5/15/16. -He helped Staff B, SIC/MA, to run the facility. -He had successfully completed a course on cardio-pulmonary (CPR) and choking management, including the Heimlich maneuver, at his previous place of employment, within the last 24 months. -He did not have the certificate of completion, or a copy, in his documents.</p> <p>Refer to interview with the facility Administrator on 6/7/16 at 11:05am.</p> <p>Refer to interview with the facility Social Worker on 6/10/16 at 8:56am .</p> <p>2. Review on 6/8/16 of documents provided by Staff B, Supervisor-in-Charge (SIC)/Medication Aide(MA), revealed no documentation of successful completion of a course on cardio-pulmonary (CPR) and choking management, including the Heimlich maneuver, within the last 24 months.</p> <p>Interview with Staff B, SIC/MA, on 6/8/16 at 10:30am revealed: -She had been working as a SIC/MA at the facility since 5/15/16. -She came to the facility to help a family member</p>	C 176		

Division of Health Service Regulation

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C 176	<p>Continued From page 2</p> <p>who was the SIC/MA at the time.</p> <p>-The family member no longer worked at the facility.</p> <p>-She had successfully completed a course on cardio-pulmonary (CPR) and choking management, including the Heimlich maneuver, at her previous place of employment, within the last 24 months.</p> <p>-She did not have the certificate of completion, or a copy, in her documents.</p> <p>Refer to interview with the facility Administrator on 6/7/16 at 11:05am.</p> <p>Refer to interview with the facility Social Worker on 6/10/16 at 8:56am .</p> <p>_____</p> <p>Interview with the facility Administrator on 6/7/16 at 11:05am revealed:</p> <p>-Staff A, SIC/MA, and Staff B, SIC/MA, had moved into the facility 5/16/16 to help the SIC/MA at the time, who was a family member of Staff B, with running the facility.</p> <p>-The former SIC/MA, had a home away from the facility where she and another family member had been staying 3-4 days each week since 5/15/16.</p> <p>-He was aware Staff A and Staff B had been left alone in the facility for extended periods of time.</p> <p>-He was not aware they did not have documentation of having completed a course on cardio-pulmonary (CPR) and choking management, including the Heimlich maneuver, within the last 24 months.</p> <p>Interview with the facility Social Worker on 6/10/16 at 8:56am revealed:</p> <p>-She was the person responsible for hiring new employees.</p> <p>-She was responsible for completing the required</p>	C 176		

Division of Health Service Regulation

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C 176	<p>Continued From page 3</p> <p>documentation and scheduling any necessary training.</p> <ul style="list-style-type: none"> <li>-Staff B was a family member of the the current SIC/MA.</li> <li>-Staff B had come to the facility to help her family member run the facility.</li> <li>-Staff A had accompanied Staff B.</li> <li>-Staff A and Staff B were not employed by the facility.</li> <li>-They were there to help the current SIC/MA with meal preparation, housekeeping and activities.</li> <li>-The plan had been for Staff A and Staff B to become employees and to take over the home after they had met the qualifications of the positions.</li> <li>-She was aware Staff A and Staff B needed to take a course on cardio-pulmonary (CPR) and choking management, including the Heimlich maneuver.</li> <li>-She was not aware the SIC/MA, who was employed by the facility and who had completed a course on cardio-pulmonary (CPR) and choking management, including the Heimlich maneuver, within the last 24 months had not been working in the home for extended periods of time.</li> <li>-She would make ensure there was someone in the home who had completed a course on cardio-pulmonary (CPR) and choking management, including the Heimlich maneuver, within the last 24 months until Staff A and Staff B were trained.</li> </ul> <p>_____</p> <p>A Plan of Protection provided by the facility on 6/14/16 revealed:</p> <ul style="list-style-type: none"> <li>-The facility Social Worker will ensure qualified staff will be in the home at all times.</li> <li>-The Administrator and Social Worker will ensure all staff are certified in CPR before being allowed to supervise the home.</li> </ul>	C 176		

Division of Health Service Regulation

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C 176	Continued From page 4  THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JULY 29, 2016.	C 176		
C 246	<p>10A NCAC 13G .0902(b) Health Care</p> <p>10A NCAC 13G .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on record reviews and interviews, the facility failed to assure referral and follow-up to meet the routine and acute health care needs of 1 of 3 sampled residents, Resident #1, with a physicians order for weekly blood pressures.</p> <p>The findings are:</p> <p>Review on 6/7/16 of Resident #1's current FL2 dated 2/6/16 revealed: -Diagnoses included hypothyroidism and back pain. -Medications included Aspirin 325mg daily (blood thinner), Amlodipine 25mg daily (used to decrease chest pain, irregular heart beats and blood pressure) and Lisinopril 40mg daily (used to decrease blood pressure). -An order for weekly blood pressures.</p> <p>Review of the Resident Register revealed an admission date of 1/16/14.</p> <p>Review of the Resident's Record revealed: -A physician's order written 2/24/16 to, "Report persistent BP (blood pressure) &gt; (greater than)</p>	C 246		

Division of Health Service Regulation

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C 246	<p>Continued From page 5</p> <p>130."</p> <p>Review of Resident #1's Medication Administration Records (MARs) for February 2016 through June 2016 revealed:</p> <ul style="list-style-type: none"> <li>-The order for weekly blood pressures, from the FL2 dated 2/6/16, had not been printed or hand written on the February 2016 MAR.</li> <li>-No blood pressures had been recorded on the February 2016 MAR.</li> <li>-The order for weekly blood pressures had not been printed or hand written on the March 2016 MAR.</li> <li>-No blood pressures had been recorded on the March 2016 MAR.</li> <li>-An order printed on the April 2016 MAR to "Check BP weekly * Report Persistent B/P &gt;130 Systolic *."</li> <li>-Documentation on the April 2016 MAR of weekly blood pressures on 4/1/16 = 110/80, 4/8/16 = 112/82, 4/16/16 = 120/88, 4/23/16 = 130/91 and 4/31/16 = 128/90.</li> <li>-An order printed on the May MAR to "Check BP weekly * Report Persistent B/P &gt;130 Systolic *."</li> <li>-No blood pressures had been recorded on the May 2016 MAR.</li> <li>-An order printed on the June 2016 MAR to "Check BP weekly * Report Persistent B/P &gt;130 Systolic *."</li> <li>-Documentation on the June 2016 MAR of blood pressures taken on 6/4/16 = 155/88 and 6/6/16 = 151/94.</li> </ul> <p>Interview with Staff B, SIC/MA, on 6/7/16 at 4:05pm revealed:</p> <ul style="list-style-type: none"> <li>-She had called Resident #1's physician's office and informed the nurse the blood pressures had not been taken as ordered.</li> <li>-She had notified the nurse of the two consecutive blood pressures with systolic</li> </ul>	C 246		

Division of Health Service Regulation

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C 246	<p>Continued From page 6</p> <p>readings greater than 130 (6/4/16 and 6/6/16) as ordered.</p> <p>Interview on 6/8/16 at 7:50am with Resident #1 revealed: -She had a family history of heart disease. -She had been taking medication for high blood pressure. -She denied headaches, shortness of breath, chest pain and swelling of her hands and feet. -Her blood pressure had not been monitored by the staff "very often".</p> <p>Observation of Resident #1 having her blood pressure taken on 6/8/16 at 8:10am revealed a reading of 179/92.</p> <p>Interview with Staff B, SIC/MA, on 6/8/16 at 10:30am revealed: -She had been working as a SIC/MA at the facility since 5/15/16. -She came to the facility to help a family member who was the SIC/MA at the time. -The family member no longer worked at the facility as of 5/31/16. -She did not know why Resident #1's blood pressures had been taken and recorded as ordered prior to her arrival at the facility. -Since administering medications on 5/15/16, she had "just not seen the order for weekly blood pressures on the MAR". -She had notified Resident #1's physician's office of her blood pressure at 8:00am (179/92) but had not documented it in the Resident's record. -The physician's office had requested the Resident come to the office to have it rechecked. -The resident's blood pressure at the physician's office had been 167/71.</p> <p>Interview on 6/8/16 at 3:00pm with the nurse for</p>	C 246		

Division of Health Service Regulation

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C 246	<p>Continued From page 7</p> <p>Resident #1's physician revealed: -The resident had a diagnosis of essential hypertension. -She had spoken to the physician regarding the facility's failure to monitor and report the Resident's blood pressure as ordered. -The physician had stated he considered the facility's failure to monitor and report the Resident's blood pressure as ordered "a significant omission".</p> <hr/> <p>A Plan of Protection provided by the facility on 6/14/16 revealed: -The physician had been notified Resident #1's blood pressure had not been monitored as ordered. -The physician was notified Resident #1's blood pressures over 130 systolic. -When orders come back from the physician, the transport person will give the orders to the SIC who will fax it to the pharmacy and hand write it on the resident's MAR. -The order will immediately be placed in the resident's record. -The Medication Aide will double check all orders, for each resident, on their MARs as medications</p> <p>THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JULY 29, 2016</p>	C 246		
C 330	<p>10A NCAC 13G .1004(a) Medication Administration</p> <p>10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with:</p>	C 330		

Division of Health Service Regulation

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C 330	<p>Continued From page 8</p> <p>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on record reviews and interviews, the facility failed to assure medication (Amlodipine) was administered as ordered by a licensed prescribing practitioner to 1 of 3 sampled residents (Resident #1).</p> <p>The findings are:</p> <p>Review of Resident #1's FL2 dated 2/6/16 revealed: -Diagnoses included hypothyroidism and back pain. -Medications included Aspirin 325mg daily (blood thinner), Amlodipine 2.5mg daily (used to decrease chest pain, irregular heart beats and blood pressure) and Lisinopril 40mg daily (used to decrease blood pressure).</p> <p>Review of the Resident Register revealed an admission date of 1/16/14.</p> <p>Review of the Resident #1's Record revealed a physician's order dated 4/13/16 to "Increase Amlodipine to 5mg daily."</p> <p>Review of Resident #1's Medication Administration Records (MARs) for April 2016, May 2016 and June 2016 revealed no documentation the Amlodipine 5mg daily order had been initiated on 4/13/16 or the medication had been administered as ordered.</p>	C 330		

Division of Health Service Regulation

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C 330	<p>Continued From page 9</p> <p>Interview on 6/7/16 at 3:45pm with a representative of the facility's pharmacy revealed the order to increase Resident #1's Amlodipine to 5mg daily had not been received from the facility.</p> <p>Interview on 6/7/16 at 4:20pm with Staff B, Supervisor-in-Charge (SIC)/Medication Aide(MA) revealed: -She had not seen the physician's order form dated 4/13/16 Resident #1's record. -The order had been written prior to her arrival at the facility. -She had been administering Amlodipine 2.5mg to the resident as directed on the MAR. -She had telephoned the pharmacy and they had not received an order to increase the Amlodipine to 5mg daily. -She had telephoned the physician's office and informed them the order to increase the Amlodipine to 5mg daily had not been initiated. -She had been instructed to increase the Amlodipine to 5mg daily.</p> <p>Interview on 6/8/16 at 3:00pm with the nurse for Resident #1's physician revealed: -The resident had a diagnosis of essential hypertension. -She had spoken to the physician regarding the facility's failure to increase the Resident's Amlodipine as ordered on 4/13/16. -The physician had stated he considered the facility's failure to increase the medication "a significant omission".</p> <p>_____ A Plan of Protection provided by the facility on 6/8/16 revealed: -The physician for Resident #1 was notified [of the medication error]. -An order was received from the physician for Amlodipine 5mg every day, faxed to the</p>	C 330		

Division of Health Service Regulation

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C 330	Continued From page 10  pharmacy and implemented. -When orders come back from the physician, the transport person will give the orders to the SIC who will fax it to the pharmacy and hand write it on the resident's MAR. -The order will immediately be placed in the resident's record.  THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JULY 29, 2016.	C 330		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights  G.S. 131D-21 Declaration of Resident's 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.  This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws, and rules and regulations in the areas of medication staff qualifications, staff CPR training, weekly blood pressure checks and medication administration.  A. Based on record reviews and interviews, the facility failed to assure at least one staff person on the premises at all times had completed a course on cardio-pulmonary (CPR) and choking management, including the Heimlich maneuver, within the last 24 months for 2 of 2 sampled staff (Staff A and Staff B). [Refer to Tag 176, 10A	C 912		

Division of Health Service Regulation

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C 912	<p>Continued From page 11</p> <p>NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation (Type B Violation)].</p> <p>B. Based on observation, record reviews and interviews, the facility failed to assure referral and follow-up to meet the routine and acute health care needs of 1 of 3 sampled residents, Resident #1, with physicians orders for weekly blood pressures.[Refer to Tag 246, 10A NCAC 13G .0902(b) Health Care(Type B Violation)].</p> <p>C. Based on interviews and record reviews, the facility failed to assure 2 of 2 Medication Aides (Staff A and Staff B) had successfully completed the clinical skills validation portion of the competency evaluation prior to administering medications. [Refer to Tag 935, 10A NCAC 13G .0403(a) Qualifications of Medication Staff (Type B Violation)].</p> <p>D. Based on record reviews and interviews, the facility failed to assure medication, Amlodipine, was administered as ordered by a licensed prescribing practitioner to 1 of 3 sampled residents (Resident #1). [Refer to Tag 330, 10A NCAC 13G .1004(a) Medication Administration (Type B Violation)].</p>	C 912		
C935	<p>G.S. § 131D-4.5B (b) ACH Medication Aides; Training and Competency</p> <p>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.</p> <p>(b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a</p>	C935		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL057007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/14/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOT SPRINGS FAMILY CARE HOME #1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>311 #1 NORTH SURPINTINE ROAD HOT SPRINGS, NC 28743</b>
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C935	<p>Continued From page 12</p> <p>medication aide during the previous 24 months in an adult care home or successfully completed all of the following:</p> <p>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:</p> <ol style="list-style-type: none"> <li>a. The key principles of medication administration.</li> <li>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.</li> </ol> <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> <ol style="list-style-type: none"> <li>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: <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> </li> <li>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.</li> </ol> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on interviews and record reviews, the facility failed to assure 2 of 2 Medication Aides (Staff A and Staff B) had successfully completed</p>	C935		

Division of Health Service Regulation

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C935	<p>Continued From page 13</p> <p>the clinical skills validation portion of the competency evaluation prior to administering medications.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>Review of documents provided by Staff A, Supervisor-in-Charge (SIC)/Medication Aide(MA), on 6/8/16 revealed: <ul style="list-style-type: none"> <li>-Documentation of successful completion of the 15-hour Medication Training on 12/18/15.</li> <li>-Documentation of successful completion of the Department's written examination to determine competency in medication administration dated 3/2/16.</li> <li>-No documentation of successful completion of the clinical skills validation portion of the medication administration competency evaluation for the current facility.</li> </ul> </li> </ol> <p>Interview with Staff A, SIC/MA, on 6/8/16 at 10:05am revealed: <ul style="list-style-type: none"> <li>-He had worked as a SIC/MA at the facility since 5/15/16.</li> <li>-He helped Staff B, SIC/MA, run the facility.</li> <li>-He had successfully completed the clinical skills validation portion of the medication administration competency evaluation at his previous employment.</li> <li>-He had administered medication since May 15, 2016.</li> <li>-He was not aware he was required to have medication administration skills validation in each facility employing him as a medication aide.</li> </ul> <p>Review of 3 resident Medication Administration Records (MARS) for May 2016 and June 2016 revealed Staff A had administered medications on 5/21/16 at 8:00am.</p> </p>	C935		

Division of Health Service Regulation

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C935	<p>Continued From page 14</p> <p>Refer to interview with the facility Administrator on 6/7/16 at 11:05am.</p> <p>Refer to interview with Staff C, SIC/MA, on 6/8/16 at 10:30am.</p> <p>Refer to interview with the facility Social Worker on 6/10/16 at 8:56am.</p> <p>2. Review of documents provided by Staff B, Supervisor-in-Charge (SIC)/Medication Aide(MA), on 6/8/16 revealed:</p> <ul style="list-style-type: none"> <li>-Documentation of successful completion of the 15-hour Medication Training on 12/18/15.</li> <li>-Documentation of successful completion of the Department's written examination to determine competency in medication administration dated 3/2/16.</li> <li>-No documentation of successful completion of the clinical skills validation portion of the medication administration competency evaluation for the current facility.</li> </ul> <p>Interview with Staff B, SIC/MA, on 6/8/16 at 10:30am revealed:</p> <ul style="list-style-type: none"> <li>-She had been working as a SIC/MA at the facility since 5/15/16.</li> <li>-She came to the facility to help a family member who was the SIC/MA at the time.</li> <li>-The family member no longer worked at the facility as of 5/31/16.</li> <li>-She had successfully completed the clinical skills validation portion of the medication administration competency evaluation at her previous employment.</li> <li>-She was not aware she was required to have medication administration skills validation in each facility employing her as a medication aide.</li> <li>-One resident in the home had her blood sugar checked every morning but did not require insulin.</li> </ul>	C935		

Division of Health Service Regulation

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C935	<p>Continued From page 15</p> <p>Review of 3 resident Medication Administration Records (MARS) for May 2016 and June 2016 revealed Staff B had administered medications on 5/15, 17, 18, 20, 22, 23 and 6/5, 6, 7, and 8.</p> <p>Refer to interview with the facility Administrator on 6/7/16 at 11:05am.</p> <p>Refer to interview with Staff C, SIC/MA, on 6/8/16 at 10:30am.</p> <p>Refer to interview with the facility Social Worker on 6/10/16 at 8:56am .</p> <p>_____</p> <p>Interview with the facility Administrator on 6/7/16 at 11:05am revealed: -Staff A, SIC/MA, and Staff B, SIC/MA, had moved into the facility 5/16/16 to help the SIC/MA at the time, who was a family member of Staff B, with running the facility. -The former SIC/MA, had a home away from the facility where she and another family member had been staying 3-4 days each week since 5/15/16. -He was aware Staff A and Staff B had been left alone in the facility for extended periods of time.</p> <p>Interview with Staff C, SIC/MA, on 6/8/16 at 10:30am revealed: -She was the SIC/MA at the facility next door. -She had been administering medications at this facility because Staff A and Staff B had not been medication administration skills validated for the facility. -Medication administration skills validation for Staff A and Staff B had been scheduled for 6/13/16 and 6/14/16. -She would be giving all medication in the facility until Staff A and Staff B were medication</p>	C935		

Division of Health Service Regulation

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C935	<p>Continued From page 16</p> <p>administration skills validated on 6/13/16 and 6/14/16.</p> <p>Interview with the facility Social Worker on 6/10/16 at 8:56am revealed:</p> <ul style="list-style-type: none"> <li>-She was the person responsible for hiring new employees.</li> <li>-She was responsible for completing the required documentation and scheduling any necessary training.</li> <li>-Staff B was a family member of the the current SIC/MA.</li> <li>-Staff B had come to the facility to help her family member manage the facility.</li> <li>-Staff A had accompanied Staff B.</li> <li>-Staff A and Staff B were not employed by the facility.</li> <li>-They were there to help the current SIC/MA with meal preparation, housekeeping, activities and paperwork.</li> <li>-The plan had been for Staff A and Staff B to become employees and to take over the home after they had met the qualifications of the positions.</li> <li>-She was aware Staff A and Staff B needed to be medication administration skills validated.</li> <li>-She was not aware the SIC/MA, who was employed by the facility, had not been working in the home for extended periods of time.</li> <li>-She was not aware Staff B had been administering medications.</li> <li>-She thought the SIC/MA from the home next door had been passing medication in this home.</li> <li>-She thought Staff B had been passing medications because she had previously taken, and passed, the 15-hour medication administration course at her previous place of employment.</li> <li>-She would contact the home and make sure the SIC/MA from next door continued to pass</li> </ul>	C935		

Division of Health Service Regulation

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C935	<p>Continued From page 17</p> <p>medications until the requirements for hiring had been met by Staff A and Staff B.</p> <p>_____</p> <p>A Plan of Protection provided by the facility on 6/14/16 revealed:</p> <ul style="list-style-type: none"> <li>-The facility Social Worker will ensure all staff are certified in medication aide training before operating the home.</li> <li>-The Administrator and Social Worker will ensure staff obtain training before being left in the home.</li> </ul> <p>THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JULY 29, 2016.</p>	C935		