	T OF DEFICIENCIES OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		HAL001025	B. WING	B. WING		10/2016
IAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST	TATE, ZIP CODE		10/2010
SPRING\	/IEW - CROUSE BUIL	DING	NHITSETT STR M, NC 27253	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 000	Initial Comments		D 000			
	annual survey on N	ensure Section completed an lovember 9, 2016 with an exit phone November 10, 2016.				
D 315	10A NCAC 13F .0905(a)(b) Activities Program		D 315			
	(a) Each adult care program of activitie residents' active inv their families, and t (b) The program sl active involvement require any individu against his will. If t resident's ability to resident's physiciar statement regarding	hall be designed to promote by all residents but is not to ial to participate in any activity here is a question about a participate in an activity, the n shall be consulted to obtain g the resident's capabilities.				
		et as evidenced by: ions and interviews, the facilit idents were offered activities	у			
	The findings are:					
		9/16 from 10:15 a.m. to 3:30 ctivities were done or offered.				
		ember 2016 activity calendar /16-11/12/16, over 14 hours o e offered.	f			
	revealed: -From 8:00 a.m8: offered.	ity calendar dated 11/9/16 :35 a.m., prayer was to be				
	-From 9:30 a.m10 to be offered.	0:00 a.m., daily chronicles wer	re			

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED	
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SPRING	VIEW - CROUSE BUIL	DING	/HITSETT STR M, NC 27253	EET		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
D 315	Continued From pa	age 1	D 315			
	be offered. -From 2:30 p.m3: be offered. -From 4:00 p.m5: to be offered. -From 6:30 p.m7: be offered.	11:00 a.m., devotions were to 30 p.m., popcorn social was to 00 p.m., current events were 30 p.m., movie/snack was to 9/16 at 3:30 p.m. revealed the				
	Telephone interview on 11/10/16 at 11:5 -She had been wor Activity Coordinator -She had been tem Resident Care Coo for one month. -She covered other facility with activitie -The residents at th cream socials, pop and crafts.	king at the facility as the r since August 2015. porarily working as the ordinator (RCC) at the facility facilities and she helped the s 2-3 times weekly. The facility were offered ice corn socials, bingo, painting				
	-Only some of the r outing. -On 11/9/16, the re- social and current e told staff to help ou -Staff were suppos- residents when she -Many times staff w for residents at the Confidential intervier revealed:	ed to do activities with the was not at the facility. vere busy doing other things				

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D 315	Continued From pa	age 2	D 315			
	11/8/16 or 11/9/16, tending to the resid -The residents had ago wanting more a management. Confidential intervie -Activities were not	offered to the residents on because staff were too busy				
	revealed: -They did not do ac	ew with a second resident ctivities at the facility. d like to play games for				
	revealed: -The facility did not residents. -Staff does not hav residents. -The staff are alway residents. -The residents doe	ew with a family member offer activities to the e time to do activities with ys busy doing other things for s not leave the facility and go				
	11/10/16 at 2:35 p.r -Her expectations v daily at the facility. -The residents had activities.	w with the Administrator on m. revealed: was for activities to be offered not complained of not doing were responsible for assuring				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED	
			B. WING			
		HAL001025			11 /'	10/2016
NAME OF F	PROVIDER OR SUPPLIER		ET ADDRESS, CITY, S V WHITSETT STR			
SPRING\	/IEW - CROUSE BUIL	DING	HAM, NC 27253			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D935	Continued From pa	ge 3	D935			
D935	G.S.§ 131D-4.5B(b Training and Comp) ACH Medication Aides; etency	D935			
	G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.					
	 (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. 		ss s in all the ton			
	NCAC 13F .0503 at (3) Within 60 days f individual must have a. An additional 10- developed by the D training and instruct 1. The key principle administration. 2. The federal Cent	ers of Disease Control and es on infection control and ection practices and	1			

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D935	Continued From pa	age 4	D935			
	by the Division of H	developed and administered lealth Service Regulation in lbsection (c) of this section.				
	Based on observation review, the facility free the facility free the medications, had taken the medications, had taken the facility of the fac	et as evidenced by: ions, interviews and record ailed to assure 1 of 3 Staff (C) r 10/1/13 and administered aken the written medication 60 days of completing the ation.),			
	The findings are:					
	-Staff C was hired to Supervisor/Caregiv -Staff C completed Checklist on 8/1/16 -Staff C completed on 9/3/16 and the 1	to work at the facility as a ber on 7/27/16. the Medication Clinical Skills and 10/19/16. the 5 hour medication training 0 hour training on 9/7/16. umentation of the successful	3			
	2:14 p.m. revealed: -He kept-up with st -He set up the writt made sure they pas -If staff had not pas they do not pass ou -Staff C had been p facility since 8/1/16 -Staff C was sched medication aide ex	aff qualifications and training. en examination for staff and ssed the written examination. ssed the written examination, ut medications to the residents bassing medications at the	S.			

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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
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D935	Continued From pa	ige 5	D935			
	passed the written staff could not adm staff could not adm had passed the exa -He thought since S skills checklist on 1 to take and pass th Interview with the F (RCC) on 11/9/16 a -She had been the month. -The Senior Manag qualifications. -Staff C worked thin -Staff C had admini residents within the Review of a sample Medication Adminis revealed Staff C ha administered Triam treat discomfort of s inhaler (used to hel Obstructive Pulmor to help treat depres treat constipation), depression), Hydro to help treat pain), I schizophrenia) and	Staff C had retaken the clinic 0/19/16, she had another 60 e written examination. Resident Care Coordinator at 2:27 p.m. revealed: RCC at the facility for one her kept-up with staff rd shift as a medication aide. istered medications to past month. ed resident's November 2016 stration Record (MAR)	al D lp ed			
	11/10/16 at 2:35 p.r -The Senior Manag qualifications and tr -Her expectation we	er kept-up with staff				

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D935	Continued From pa	age 6	D935			
	the time frame staf examination. -Staff C will be take she has passed the	per had a misunderstanding of f had to pass the written en off the mediation cart until e written examination. ailable for interview.				