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C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on April 18, 2017.	C 000		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to ensure a Health Care Personnel Registry (HCPR) check was completed prior to hire for 1 of 3 sampled staff (Staff A). The findings are: Review of personnel records for Staff A, Personal Care Aide (PCA), Medication Aide (MA), revealed: -Staff A was hired as a PCA, MA on 10/17/16. -No documentation of a HCPR check. Interview on 4/18/17 at 3:20 am with Staff A revealed: -She had worked at the facility since October 2016. -She routinely worked at the facility. -She did not know anything about a HCPR check or whether or not the Administrator checked it when she was hired. Interview on 4/18/17 with the Administrator revealed: -Staff A was hired in October 2016.	C 145		

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C 145	Continued From page 1 -She was sure she checked the HCPR for Staff A upon hire, but was unable to locate documentation of the check. -She was sure Staff A had no findings on the HCPR. -She was careful to check the HCPR for all staff upon hire. -She would never let any staff work without having the HCPR check completed first. -She would continue to look for the documentation and provide it if found. -She did not write down the confirmation number from the original HCPR check on Staff A. Interview on 4/18/17 at 11:33 am with an employee at the HCPR revealed there was no way to verify a HCPR inquiry was obtained if the facility did not record the confirmation number. A HCPR check completed on 4/18/17 for Staff A revealed there were no substantiated findings listed.	C 145		
C 154	10A NCAC 13G .0501 (b) Personal Care Training And Competency 10A NCAC 13G .0501 Personal Care Training And Competency (b) The facility shall assure that staff who perform or directly supervise staff who perform personal care tasks listed in Paragraph (i) of this Rule in facilities with heavy care residents successfully complete an 80-hour training program, including competency evaluation, approved by the Department according to Rule .0502 of this Section and comparable to the State-approved Nurse Aide I training.	C 154		

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C 154	Continued From page 2 This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure 1 of 3 sampled Staff (Staff A) had documentation of successfully completing a 80-hour personal care training program, including competency evaluation. The findings are: Review of Staff A's personnel record revealed: -Staff A's date of hire at the facility was 10/17/16. -Staff A was hired as a Personal Care Aide (PCA) and a Medication Aide (MA). -There was no documentation of successfully completing (25 or 80 hour) any personal care training and competency training. Observation of Staff A on 4/18/17 at 11:58 am revealed Staff A assisted a resident from a sitting position to a standing position and assisted the resident with a rolling walker to the dining table. Observation of Staff A on 4/18/17 at 12:00 pm revealed Staff A assisted a resident who was sitting in her wheelchair, with an indwelling catheter bag attached to the wheelchair, from the living room into the dining room. Observation of Staff A on 4/18/17 from 12:10 pm to 12:48 pm revealed Staff A assisted a resident to eat and drink the lunch meal. Interview on 4/18/17 at 11:17 am with Staff A revealed: -She worked at the facility for at least two years. -In her role as a PCA, her responsibilities included: cleaning, cooking, assisting residents	C 154		

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C 154	Continued From page 3 with bathing, dressing, transfers, ambulation with assistive devices, feeding, obtaining clean catch urine specimens, toileting, providing peri-care and emptying and positioning of indwelling catheters. -She was unable to recall if she had personal care training at this facility or at the facility she at worked prior to this facility. Interview on 4/18/17 at 3:15 pm with the Administrator revealed: -Staff A was hired in October 2016. -She knew that the staff were not required to be certified nursing assistants. -She was unaware staff were required to complete a 25-hour personal care training, including competency evaluation. -She was unaware these had to be completed within six months of hire if they were providing care to residents who required tasks such as assisting residents with mobility and transfers, personal hygiene tasks including oral care and bathing, shaving, dressing, feeding (without swallowing difficulties), obtaining vital signs. -She was unaware staff were required to complete an 80-hour personal care training, including competency evaluation, within six months of hire if they were providing care to residents who required tasks such as ambulation with assistive devices, emptying and recording drainage of catheter bags, and obtaining urine specimens. -Staff she employed typically were PCAs or would voluntarily obtain training, but she never required the staff to obtain the 25 or 80 personal care training.	C 154		
C 172	10A NCAC 13G .0504 (b) Competency Validation For Licensed Health Pro	C 172		

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C 172	Continued From page 4 10A NCAC 13G .0504 Competency Validation For Licensed Health Professional Support Task (b) Competency validation shall be performed by the following licensed health professionals: (1) A registered nurse shall validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(1) through (28) of Rule .0903 of this Subchapter. (2) In lieu of a registered nurse, a respiratory care practitioner licensed under G.S. 90, Article 38, may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(6), (11), (16), (18), (19) and (21) of Rule .0903 of this Subchapter. (3) In lieu of a registered nurse, a registered pharmacist may validate the competency of staff who perform the personal care task specified in Subparagraph (a)(8) of Rule .0903 of this Subchapter (4) In lieu of a registered nurse, an occupational therapist or physical therapist may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(17) and (a)(22) through (27) of Rule .0903 of this Subchapter. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 3 of 3 staff (Staff A, B, and C) who performed Licensed Health Professional Support tasks for Resident #1, #2 and #3, had been competency validated by a Registered Nurse (RN) to perform personal care tasks including transfers, ambulation with assistive devices (Resdient #1,#2 and #3), feeding, anti-embolism stockings and draining an indwelling urinary catheter (Resident #2),	C 172		

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C 172	Continued From page 5 suppositories (Resident #1). The findings are: Review of Resident #1's current FL2 dated 2/17/17 revealed: -Diagnoses included advanced dementia, diverticulitis, and anxiety. -A physician's order for glycerin suppositories to be administered per rectum every two days. -Documentation Resident #1 was semi-ambulatory and used a walker. Review of Resident #1's LHPS review dated 3/27/17 revealed personal care tasks of transfers, ambulation with assistive device (walker), and administration of suppositories. Review of Resident #1's Medication Administration Record (MARs) for February, March and April 2017 revealed staff documented administration of glycerin suppositories every two days. Review of Resident #2's current FL2 dated 9/09/16 revealed: -Diagnoses included dementia, anxiety disorder, and hypertension. -Resident #2 had an indwelling urinary catheter. -Resident #2 was documented as being semi-ambulatory. Review of Resident #2's LHPS review dated 2/16/17 revealed that included tasks of catheter care, transfers and anti-embolism stockings. Observations of the lunch meal on 4/18/17 at 12:00 pm revealed Resident #2 required verbal prompting and a partial meal assistance to complete 100% of her meal.	C 172		

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C 172	Continued From page 6 Review of Resident #3's current FL2 dated 3/31/17 revealed: -Diagnoses included Alzheimer's disease, hypothyroidism, abnormal gait, history of falls and dementia. -A physician's order for glycerin suppositories as needed for constipation. -The resident was documented as being non-ambulatory. Review of Resident #3's LHPS review dated 3/22/17 revealed a personal care task of transfers. A. Review of Staff A's personnel record revealed: -Staff A's date of hire was 10/17/16. -Staff A was hired as a Personal Care Aide (PCA) and Medication Aide (MA). -There was a no documentation of a LHPS competency validation form. Based on record reviews, and observations, Resident #1, 2 and 3 were not interviewable. Interview on 4/18/17 at 11:17 am with Staff A revealed: -She started working at the facility in October 2016. -She worked as both a MA and PCA. -Her duties included administering medications, including suppositories, positioning and emptying a urinary catheter bags, assisting residents with assistive devices which included walkers, wheelchairs and a hoyer lift and transferring residents. -At her last place of employment she was competency validated for these tasks by a Registered Nurse. -She had not been competency validated by a	C 172		

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C 172	Continued From page 7	C 172		

registered nurse for these tasks since she had been employed at this facility.
-She was unaware she needed LHPS competency validation by a Registered Nurse (RN) with return demonstrations.

Refer to interview on 4/18/16 at 3:15 pm with Administrator.

B. Review of Staff B's personnel record revealed:
-Staff B date of hire was 10/13/15.
-Staff B's was hired as a MA and a PCA.
-There was a no documentation of a LHPS competency validation form.

Interview on 4/18/17 at 11:27 am with Staff B revealed:
-She had worked at the facility since May 2015.
-She was a certified nurse assistant since 1999.
-She administered medications to all the residents in the facility including suppositories.
-Her duties also included positioning and emptying a urinary catheter bags, assisting residents with assistive devices which included walkers, wheelchairs and a hoyer lift and transferring residents.
-She had not been competency validated by a RN since employed at this facility.

Refer to interview on 4/18/17 at 3:15 pm with the Administrator.

C. Review of Staff C's personnel record revealed:
-Staff C was hired 5/09/15 as a MA and PCA.
-There was a no documentation of a LHPS competency validation form.

Staff C was not available for interview.

Interview on 4/18/17 at 6:15 pm with the

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C 172	Continued From page 8 Administrator revealed: -Staff C was hired around the same time as Staff A and B, she thought Staff C was employed at the facility in May or June 2015. -When Staff C worked she was the only staff in the facility. -Staff C checked Resident #1's fingerstick blood sugar and monitored Resident #2's continuous positive airway Refer to interview on 4/18/17 at 3:15 pm with the Administrator. _____ Interview on 4/18/17 at 3:15 pm with the Administrator revealed: -She was aware that staff were required to receive LHPS competency validation by a RN. -She thought all of her staff were competency validated at the same time in May 2015. -She would ensure all staff received the required LHPS competency validation by a RN.	C 172		
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 every resident had the right to receive care and services which are adequate, appropriate, and in compliance with rules and regulations as related to Medication Aide Training and Competency	C 912		

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C 912	Continued From page 9 Requirements. The findings are: Based on observations, interviews, and sampled record reviews, the facility failed to ensure 2 of 3 staff members (Staff A and B) hired after October 2013 and administering medications had completed the five-hour training program developed by the Department and the clinical skills evaluation prior to administering medications, or the additional 10-hour training program developed by the Department. [Refer to Tag 935, GS 131-D 4.5 B(b) Adult Care Home Medication Aide Training and Competency Requirements (Type B Violation).]	C 912		
C 934	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	C 934		

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C 934	Continued From page 10 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 1 of 3 sampled staff (Staff B, Medication Aide) completed the state mandated infection control training annually. The findings are: Review of Staff B's personnel record revealed: -Staff B's date of hire was 10/13/15. -Staff B's job description revealed she was hired a Personal Care Aide (PCA) and as a Medication Aide (MA). -There was no documentation Staff B completed annual infection control training in 2015, 2016 or 2017. Interviews with Staff B on 4/18/17 at 11:27 am and 3:20 pm revealed: -She was hired in October 2015 as a PCA and MA. -She had infection control training in the past. -She did not know if she had infection control training since she had been employed at this facility. -She assisted residents with personal care tasks including administration of suppositories, care for indwelling catheters and medication administration. -The facility did not have any residents which required finger stick blood sugars but had residents in the past. Interview on 4/18/17 at 3:15 pm with the Administrator revealed: -Staff B was both a PCA and MA. -She was aware infection control training was required annually for all medication aides. -She thought Staff B completed infection control training in May 2015, but was unable to locate the	C 934		

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C 934	Continued From page 11 documentation of the training. -She would make sure Staff A had updated infection control training completed.	C 934		
C935	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. 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. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and	C935		

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C935	Continued From page 12 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. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and sampled record reviews, the facility failed to ensure 2 of 3 staff members (Staff A and B) hired after October 2013 who administered medications had completed the 5 and 10 or 15 hour medication aide training program and the medication clinical skills evaluation or verification of having worked as a medication aide the previous 24 months prior to hire prior to administering medications. The findings are: A. Review of personnel records for Staff A, Personal Care Aide (PCA) and Medication Aide (MA), revealed: -Staff A was hired on 10/17/16 as a PCA and MA. -There was no documentation of a medication clinical skills evaluation. -There was no documentation of the 5 and 10 or 15 hour Medication Aide (MA) training. -There was no documentation of MA employment verification form signed by the previous Administrator. -Documentation Staff A passed the Medication Aide written exam on 1/25/17. Interviews on 4/18/17 at 11:25 am with a resident	C935		

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C935	Continued From page 13 revealed: -Staff A administered her medications. -She routinely received her medications from Staff A on time and without any problems. Based on observations, record reviews and staff interviews, it was determined 5 of 6 Residents were not interviewable. Interview on 4/18/17 at 11:17 am with Staff A revealed: -She had worked at the facility full time since October 2016. -She was a MA. -Staff A was not aware of the requirement to take 5 and 10 or 15 hour Medication Aide (MA) training or to provide the current facility with a MA Employment Verification Form signed by her previous employer. -She attended a MA training at a previous facility and thought she may have taken the 15 hour MA training. -She was going to call the previous facility in efforts to obtain a copy of the MA training certificate. -She had been checked off on medication clinical skills by a Registered Nurse at a previous facility. -She had not been checked off on medication clinical skills by a Registered Nurse since being employed at this facility. -The facility provided some medication administration training and the classes were conducted by the contracted pharmacy. Attempted interview on 4/18/17 between 12:00 pm and 3:45 pm with the facility nurse was unsuccessful. Refer to interview on 4/18/17 at 3:15 pm with the Administrator.	C935		

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C935	Continued From page 14 B. Review of personnel records for Staff B, PCA and MA, revealed: -Staff B was hired 10/13/15 as a PCA and MA. -There was no documentation of a medication clinical skills evaluation. -There was no documentation of the 5 and 10 or 15 hour Medication Aide (MA) training. -There was no documentation of MA employment verification form signed by the previous Administrator. -Staff B passed the Medication Aide written exam on 3/23/05. Interviews on 4/18/17 at 11:25 am with 1 of 6 residents currently residing at the facility revealed: -Staff B administered her medications. -She routinely received her medications from Staff B on time and without any problems. Interview on 4/18/17 at 11:27 am with Staff B revealed: -She had worked at the facility full time since October 2015. -She was a MA and functioned as a MA at this facility as well as the facility she was previously employed for over 10 years. -Staff B was not aware of the requirement to take 5-10-15-hour Medication Aide (MA) training or to provide the current facility with a MA Employment Verification Form signed by her previous Administrator. -She did attend a MA training at her previous facility which was 12 hours of continuing education and she would call in efforts to obtain a copy of the training certificate. -She had not been checked off by a Registered Nurse since being employed at this facility. -They did have training at this facility in regards to	C935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL090040	A. BUILDING: _____ B. WING _____	04/18/2017

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C935	Continued From page 15 medication administration and the classes were instructed by their pharmacy. -She did not know when the training was or have documentation of the training. Attempted interview on 4/18/17 between 12:00 pm and 3:45 pm with the facility nurse was unsuccessful. Refer to interview on 4/18/17 at 3:15 pm with the Administrator. _____ Interview on 4/18/17 at 3:15 pm with the Administrator revealed: -In May 2016, all of her staff took the 5 and 10 hour MA training which was taught by a Register Nurse (RN). -The RN had not returned to teach the class or validate medication skill competency since May 2016. -She was unclear on which staff were required to take the 5 and 10 hour MA training and which staff were exempt from this training. -She was unaware if the MA had worked in a facility as a MA, she could have the MA Employment Verification Form signed by staff's previous Administrator in lieu of taking the 5 and 10 hour MA training. _____ Based on interviews and record reviews the facility failed to assure that facility staff (Staff A and B) who had administered medications, including narcotics to the residents had completed the required competency requirements or the required documentation of the 5 and 10 hour training or the Medication Aide Employment Verification form prior to administering medications. The failure to ensure the MAs were competency validated to administer medications and completed the required 5 and 10 hours of MA	C935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C935	Continued From page 16 training prior to staff administering medications to residents, including narcotics, was detrimental to the health and safety of the residents, and constitutes a Type B violation. _____ A Plan of Protection for the Type B Violation was provided by the facility 4/18/17 as follows: -Immediately, Administrator was to audit of all employee files to make sure staff administering medications had both the clinical skills checklist and the 5 hour MA training prior to administering medication. -Only staff that meet all the requirements would be able to pass medication. -Prior to any MA administering medications, the Administrator will ensure the MAs had been checked off by a RN and complete the minimum 5 hour training prior to administering medication. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 2, 2017.	C935		