

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/31/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF APEX</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 SPRING ARBOR COURT APEX, NC 27502</b>
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D 000	Initial Comments  The Adult Care Licensure Section conducted an annual and follow up survey on March 29 - 31, 2017.	D 000		
D 131	<p>10A NCAC 13F .0406(a) Test For Tuberculosis</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure Tuberculosis (TB) skin testing for 2 of 6 staff (Staff D and Staff E) sampled had documented results (Staff D) and were read with 48 -72 hours (Staff E) according to the TB control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>1. Review of Staff D's personnel file revealed: -Staff D was hired 12/10/2015 as a Medication Aide/Nurse Aide (MA/NA). -There was documentation of a TB skin test placed 12/09/2015 and read as 0mm (negative) on 12/11/2015. -There was documentation of a second TB skin test placed 12/21/2015 and read on 12/23/2015. -There were no results documented for the TB</p>	D 131	<i>See Attached</i>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Jonya Headen-Lee*

TITLE **Executive Director**

(X6) DATE

*4/27/17*

STATE FORM

8899

XWQ611

If continuation sheet 1 of 15

*Reviewed and accepted HF  
5/1/17*

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D 131	<p>Continued From page 1</p> <p>skin test placed on 12/21/2015.</p> <p>Interview with the Administrator on 03/31/2017 at 5:30pm revealed:</p> <ul style="list-style-type: none"> <li>-She was aware of the requirement for 2-step TB skin testing.</li> <li>-During 11/2015 and 12/2015 the facility had employed a Licensed Practical Nurse/Resident Care Coordinator who was responsible for administering TB skin testing and reading the TB skin test for results.</li> <li>-TB skin testing was currently being done by the Registered Nurse Consultant.</li> <li>-The Business Office Manager (BOM) and Resident Care Coordinator (RCC) were responsible to ensure TB skin testing was completed.</li> <li>-Upon hire, the employee was responsible to have the 1st step TB skin test completed.</li> <li>-The 2nd step TB skin test was completed after hire.</li> <li>-She expected TB skin testing to be read within 48 - 72 hours.</li> <li>-She was not aware Staff D did not have a completed 2-step TB skin test in Staff D's personnel file.</li> </ul> <p>Staff D was not available for interview.</p> <p>2. Review of Staff E's personnel file revealed:</p> <ul style="list-style-type: none"> <li>-Staff E was hired 12/17/2015 as a Medication Aide (MA).</li> <li>-There was documentation of a TB skin test placed 11/16/2015 and read as negative on 11/19/2015.</li> <li>-There was documentation of a second TB skin test placed 11/23/2015 and read as negative 4 days later on 11/27/2015.</li> <li>-There were no additional TB skin testing results found in Staff E's personnel file.</li> </ul>	D 131	<i>See attached</i>	

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D 131	Continued From page 2  Interview with the Administrator on 03/31/2017 at 5:30pm revealed: -She was aware of the requirement for 2-step TB skin testing. -During 11/2015 and 12/2015 the facility had employed a Licensed Practical Nurse/Resident Care Coordinator who was responsible for administering TB skin testing and reading the TB skin test for results. -TB skin testing was currently being done by the Registered Nurse Consultant. -The Business Office Manager (BOM) and Resident Care Coordinator (RCC) were responsible to ensure TB skin testing was completed. -Upon hire, the employee was responsible to have the 1st step TB skin test completed. -The 2nd step TB skin test was completed after hire. -She expected TB skin testing to be read within 48 - 72 hours. - Staff E's TB skin test should have been read in 3 days. -Because Staff E's TB skin test was read at four days, the TB skin tests would need to be redone.  Interview with Staff E on 03/29/2017 at 11:19am revealed: -She worked at the facility for 1 year and 3 months. -She administered medications and assisted residents with personal care.	D 131	<i>See Attached</i>	
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications  10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home	D 137		

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D 137	<p>Continued From page 3</p> <p>shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 3 of 8 facility staff (Staff B, F, and G) sampled had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) prior to working in the facility.</p> <p>The findings are:</p> <p>1. Review of the personnel record for Staff B revealed: -Staff B was hired on 9/28/16 as a Supervisor/Medication Aide. -There was no documentation to verify Health Care Personnel Registry (HCPR) had been checked for Staff B.</p> <p>Interview with the Administrator on 3/31/17 at 1:55pm revealed: -She asked the Special Care Unit (SCU) Coordinator if she had checked HCPR on Staff B. -The SCU Coordinator told the Administrator, she checked for verification that Staff B passed the nurse aide (NA) test on 2/11/17. -The SCU Coordinator had not checked for substantiated findings listed on the HCPR for Staff B.</p> <p>Review of a HCPR check for Staff B received from the Administrator on 3/31/17, dated 3/31/17 revealed no substantiated findings on the registry.</p> <p>Refer to interview with the SCU Coordinator</p>	D 137	<i>See Attached</i>	

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D 137	<p>Continued From page 4</p> <p>dated 03/31/2017 at 5:00pm.</p> <p>2. Review of Staff F's personnel record revealed: -Staff F was hired as a Personal Care Aide/Resident Assistant on 03/13/2017. -There was no documentation of a Health Care Personnel Registry (HCPR) check completed for Staff F.</p> <p>Interview with the Administrator on 03/31/2017 at 1:05pm revealed: -She completed some HCPR checks. -She did not see results of a HCPR check in Staff F's personnel file. -The Resident Care Coordinator (RCC) or Special Care Unit Coordinator (SCUC) was responsible to complete the HCPR check on newly hired staff. -The HCPR check results would be in the employee personnel file. -The RCC or SCUC were supposed to file the HCPR check results in the employee file. - HCPR checks were supposed to be completed before the facility made an offer of employment.</p> <p>Further interview with the Administrator on 03/31/2017 at 1:30pm revealed: -She had not been able to locate a HCPR check in the RCC or SCUC's office. -She checked with the SCUC about a HCPR check for Staff F and was informed by the SCUC that she (SCUC) had not completed a HCPR check for Staff F. -She had not been able to check with the RCC because the RCC was working on the medication cart on 03/31/2017. -She had just accessed the HCPR to check the status for Staff F.</p> <p>Review of a HCPR check dated 03/31/2017 for Staff F received from the Administrator on</p>	D 137	<i>See attached</i>	

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D 137	<p>Continued From page 5</p> <p>03/31/2017 revealed there were no substantiated findings on the HCPR.</p> <p>No additional HCPR checks for Staff F were provided by the facility for review.</p> <p>Refer to interview with the SCU Coordinator dated 03/31/2017 at 5:00pm.</p> <p>3. Review of Staff G's personnel record revealed: -Staff G was hired as a Housekeeper on 10/11/2016. -There was no documentation of a Health Care Personnel Registry (HCPR) check completed for Staff G.</p> <p>Interview with the Administrator on 03/31/2017 at 1:05pm revealed: -She completed some HCPR checks. -The Resident Care Coordinator (RCC) or Special Care Unit Coordinator (SCUC) were responsible to complete the HCPR check on newly hired staff. -The HCPR check results would be in the employee personnel file. -The RCC or SCUC were supposed to file the HCPR check results in the employee file. - HCPR checks were supposed to be completed before the facility made an offer of employment.</p> <p>Further interview with the Administrator on 03/31/2017 at 5:15pm revealed: -She had not been able to locate a HCPR check for Staff G. -Staff G's duties included cleaning resident bathrooms and rooms. -Sometimes the residents were in their rooms and sometimes not when their rooms were cleaned. -When any staff were hired, including Resident Assistants, Medication Aides, dietary, laundry, or</p>	D 137	<i>See Attached</i>	

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D 137	<p>Continued From page 6</p> <p>housekeeping staff, she would ask the RCC or SCUC to complete the HCPR checks. -She was "normally" informed when the HCPR checks were completed. -She did not recall if she was told that a HCPR had been completed for Staff G. -She had just accessed the HCPR to check the status for Staff G.</p> <p>Review of a HCPR check dated 03/31/2017 for Staff G received from the Administrator on 03/31/2017 revealed there were no substantiated findings on the HCPR.</p> <p>No additional HCPR checks for Staff F were provided by the facility for review.</p> <p>Refer to interview with the SCU Coordinator dated 03/31/2017 at 5:00pm.</p> <hr/> <p>Interview with the SCU Coordinator on 3/31/17 at 5:00pm revealed: -She was trained by staff at a sister facility to monitor HCPR for all new hires in every department, with the exception of management, since June 2016. -She did not know substantiated findings would be listed on the registry for all staff, such as dietary, and housekeeping, prior to February 2017. -She did not think the ancillary staff would be listed on the registry if they had not been a Nurse Aide (NA) or Medication Aide. -She thought she only needed to check HCPR on NA and Medication Aides. -She had not been checking the registry to ensure no substantiated findings for all staff, prior to February 2017. -When she checked the HCPR she was checking</p>	D 137	<p><i>See attached</i></p>	

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D 137	Continued From page 7  for certification expiration dates to ensure the NA certifications were valid, and to verify Medication Aides had passed the medication exam. -Prior to February 2017, she had not been aware she was supposed to print the results of the HCPR, to indicate it had been checked.	D 137		
D 477	10A NCAC 13F .1409 Special Care Unit Orientation ANd Training  10A NCAC 13F .1409 Special Care Unit Staff Orientation And Training  The facility shall assure that special care unit staff receive at least the following orientation and training: (1) Prior to establishing a special care unit for residents with a mental health disability, the administrator shall document receipt of at least 20 hours of training specific to the population by a qualified mental health professional, as defined in 10A NCAC 27G .0104(18), for each special care unit to be operated. The administrator shall have in place a plan to train other staff assigned to the unit that identifies content, texts, sources, evaluations and schedules regarding training achievement. (2) Within the first week of employment, each employee assigned to perform duties in the special care unit shall complete six hours of orientation on the nature and needs of the residents. (3) Within six months of employment, direct care staff shall complete 20 hours of training specific to the population being served. (4) In addition to the training required in Rule .0501 of this Subchapter, direct care staff assigned to the unit shall complete at least 8	D 477	<i>See attached</i>	



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D 477	<p>Continued From page 8</p> <p>hours of continuing education annually that is specific to the needs of the residents.</p> <p>This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to ensure 3 of 4 sampled (Staff B, C, and D) staff working in the special care unit, received the required 20 hours of dementia training within 6 months of working in the special care unit. The findings are:</p> <p>1. Review of the personnel record for Staff B revealed: -Staff B was hired on 9/28/16 as a Supervisor/Medication Aide, to work on the special care unit (SCU). -Staff B received 6 hours SCU training on 9/28/16. -Staff B received 0.5 hours of SCU training on 10/23/16. -There was no documentation that Staff B received any other SCU or dementia training.</p> <p>Interview with the Administrator on 3/31/17 at 1:55pm revealed: -Staff B had been working in the SCU since she was hired at the facility. -Staff B has not completed the required 20 hours of SCU specific trainings. -Staff B has been scheduled for several dementia trainings that she has not shown up for, and she has not completed the online dementia trainings.</p> <p>Interview with the SCU Coordinator on 3/31/17 at 5:00pm revealed she will have SCU modules available for Staff B on 4/1/17 and 4/3/17 to make up her training.</p>	D 477	<i>See attached</i>	

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D 477	<p>Continued From page 9</p> <p>Staff B was not available for interview.</p> <p>Refer to interview with the SCU Coordinator on 3/31/17 at 5:00pm:</p> <p>Refer to interview with the Administrator on 3/31/17 at 1:55pm:</p> <p>2. Review of the personnel record for Staff C revealed: -Staff C was hired on 8/24/16 to work as a Supervisor in the SCU. -Staff C completed 6 hours of SCU training on 8/30/16. -There was no documentation that Staff C completed any further SCU training.</p> <p>Interview with the Administrator on 3/31/17 at 1:55pm revealed: -Staff C had been working in the SCU since she was hired at the facility. -Staff C had not completed the required 20 hours of SCU specific trainings. -Staff C had been scheduled for several dementia trainings that she has not shown up for, and she has not completed the online dementia trainings.</p> <p>Interview with the SCU Coordinator on 3/31/17 at 5:00pm revealed she will have SCU modules available for Staff C on 4/1/17 and 4/3/17, to make up her training.</p> <p>Staff C was not available for interview.</p> <p>Refer to interview with the SCU Coordinator on 3/31/17 at 5:00pm:</p> <p>Refer to interview with the Administrator on 3/31/17 at 1:55pm:</p>	D 477	<i>See attached</i>	

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D 477	Continued From page 10  3. Review of Staff D's personnel file revealed: -Staff D was hired on 12/10/2015 as a Medication Aide/Nurse Aide (MA/NA). -Staff D received 6 hours SCU training on 06/27/2016. -There was no documentation that Staff D received any other SCU or dementia training.  Interview with the Administrator on 3/31/17 at 1:55pm revealed: -Staff D was not hired to work specifically in the SCU. -Staff D was responsible to work as the Supervisor in the facility which required her to administer medications in the SCU. -Staff D had probably not completed the required 20 hours of SCU specific trainings because Staff D was not hired specifically to work in the SCU. -There had been several dementia trainings scheduled at the facility for employees to attend, and employees had access to online dementia trainings. -The Special Care Unit Coordinator was responsible to make sure when applicants were hired, that the 20 hour dementia training was completed within six months of employment.  Staff D was not available for interview.  Refer to interview with the Administrator on 3/31/17 at 1:55pm:  Refer to interview with the SCU Coordinator on 3/31/17 at 5:00pm:  Interview with the SCU Coordinator on 3/31/17 at 5:00pm revealed: -She was responsible for creating modules for	D 477	<i>See attached</i>	

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D 477	Continued From page 11  staff to complete the required 20 hour SCU training. -She was responsible for monitoring the SCU training for SCU staff. -The facility required all staff to complete 6 hour SCU training within their first week of hire, whether they worked in the SCU or assisted living. -Staff were required to complete 20 hours of SCU training within the first 6 months of work in the SCU. -The staff were supposed to go on the online application and complete some of the dementia trainings listed online, or they can show up at the on-site dementia trainings to get the 20 hour requirement. -The Administrator had a spread sheet that she used to track the amount of trainings completed, and to track the amount of training needed by the staff. -She did not have access to the training spread sheet, but the Administrator updated her every 3 or 4 months to alert her which staff members needed to obtain more hours to meet the requirement. -As of 4/10/17 all staff would be required to complete 20 hours of SCU training regardless of where they work, SCU or assisted living.  Interview with the Administrator on 3/31/17 at 1:55pm revealed: -The SCU Coordinator was responsible for monitoring the SCU trainings. -She had reminded the SCU Coordinator to check and ensure the staff had completed the 20 hour training on the online app. -There would be scheduled SCU training on Monday 4/3/17, if staff did not attend the training they would be taken off the schedule.	D 477	<i>See attached</i>	

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D935	Continued From page 12	D935		
D935	<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 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> <ul 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> </ul> <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> <ul 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: <ul 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</li> </ul> </li> </ul>	D935	<i>See attached</i>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/31/2017
NAME OF PROVIDER OR SUPPLIER  SPRING ARBOR OF APEX		STREET ADDRESS, CITY, STATE, ZIP CODE 901 SPRING ARBOR COURT APEX, NC 27502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D935	<p>Continued From page 13</p> <p>exists.</p> <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: Based on interview, and record reviews the facility failed to assure 1 of 5 sampled (Staff B) staff had successfully completed the 5, 10, or 15 hour Medication Aide Training and competency requirements prior to administering medications. The findings are:</p> <p>Review of the personnel record for Staff B revealed:</p> <ul style="list-style-type: none"> <li>-Staff B was hired on 9/28/16 as a Medication Aide/ Nursing Assistant.</li> <li>-The Medication Administration Clinical Skills Checklist was completed on 11/1/16.</li> <li>-There was no documentation of the five, ten, or fifteen hour training requirement.</li> <li>-Staff B had successfully completed the medication exam on 10/28/16.</li> </ul> <p>Interview with the Administrator on 3/31/17 at 1:55pm revealed:</p> <ul style="list-style-type: none"> <li>-She could not locate the five, ten, or fifteen hour required Medication Training for Staff B.</li> <li>-The training should have been in the staff file in her record.</li> <li>-The Medication Training was supposed to be completed with the Medication Aides by the Registered Nurse (RN) that came to the facility every Tuesday.</li> <li>-All Medication Aides were required to complete the five and ten, or fifteen hour training within 6 months of hire.</li> <li>-The RN was responsible to ensure that was done.</li> </ul>	D935	<i>See Attached</i>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/31/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF APEX</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 SPRING ARBOR COURT APEX, NC 27502</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D935	Continued From page 14  Staff B was not available for interview.  The RN was not available for interview.	D935	<i>See attached</i>	

### **10A NCAC 13F .0406(a) 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.

It is Spring Arbor of Apex's policy and standard practice to comply with all rules and state regulations. Step I testing for Tuberculosis will be conducted prior to extending an offer of employment to any applicant. The Executive Director (ED) and/or Business Office Manager (BOM) will verify all Step I TB test results prior to the first day of employment for all new employees.

Step II testing for tuberculosis will be conducted within 7-21 days of employment for all employees. The Executive Director (ED) and/or Resident Care Coordinator will be responsible to check that all Step II TBs are administered with results being read and recorded within the required time frames.

A thorough review of each employee's personnel records was conducted and all TB testing is now in compliance for all employees.

To ensure on-going compliance the BOM and/or ED will verify all TB test results prior to extending an offer letter of employment. The documentation of these TB results will be kept in the employees' personnel file.

Completed Date: April 26, 2017

### **10A NCAC 13F .0407 (a) (5) Other Staff Qualifications**

- (a) Each staff person at an adult care home shall: (5) have no substantial findings listed on the NC Health Care Personnel Registry according to G.S. 131E-256

It is Spring Arbor of Apex's policy and standard practice to comply with all rules and state regulations. The North Carolina Health Care Personnel Registry (HCPR) will be checked for all employees by the Executive Director and/or the BOM prior to offer of employment. The Executive Director and/or BOM will initial all (HCPR) checks and keep this documentation in each employees' personnel file.

The Health Care Personnel Registry (HCPR) was checked for all employees.

The BOM and/or Executive Director will ensure compliance by verifying results of the (HCPR) prior to completing New Hire Paperwork for employment.

Completed Date: 4/2/2017



### **10A NCAC 13F .1409 Special Care Unit Orientation and Training**

It is Spring Arbor of Apex's policy and standard practice to comply with all rules and state regulations. All employees will complete six hours of orientation on Dementia Care their first week of employment. Direct care staff will complete 20 hours of dementia care training within six months of employment.

An immediate call to action for the mandatory 20 hours Dementia training was conducted on 4/3/2017 by the Cottage Care Coordinator (Special Care Coordinator) for all care givers needing to be in compliance in the special care unit.

To ensure on-going compliance, the 20 hours training will be completed within 6 months of hire for all new employees by the Cottage Care Coordinator and/or Resident Care Coordinator will provide Dementia training twice a month. The Executive Director and/or Resident Care Coordinator will review and initial the training documentation monthly. Records of this training will be kept with the employee's personnel file.

Completion Date: 4/3/17

### **G.S. 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements**

It is Spring Arbor of Apex's policy and standard practice to comply with all rules and state regulations. The State approved 10/15 hour Medication Administration Course was conducted on 2 separate dates, 4/7/2017 and 4/14/2017 by our RN consultant to make certain all Medication Aides attend. In addition, the State approved 5 hour Training Course for Medication Administration was conducted on 4/11/2017 by our RN consultant.

Spring Arbor of Apex is utilizing a perpetual designed checklist to make sure all Medication Aides meet the requirements for established Medication Administration.

The Resident Care Coordinator and/or Cottage Care Coordinator will be responsible for the compliance of the Medication Aides' training and submit a copy of this checklist to the Executive Director monthly for her oversight and approval.

Completion Date: 4/14/2017