

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL090040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/27/2017
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NAME OF PROVIDER OR SUPPLIER AVENDELLE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 111 MAYE STREET WINGATE, NC 28174
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(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
{C 000}	Initial Comments	{C 000}		
{C 145}	<p>10A NCAC 13G .0406(a)(5) Other Staff Qualifications</p> <p>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;</p> <p>This Rule is not met as evidenced by: Non-Compliance Continues</p> <p>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 B).</p> <p>The findings are:</p> <p>Review of personnel records for Staff B revealed: -Staff B was hired as a Personal Care Aide (PCA), Medication Aide (MA) on 7/21/17. -There was no documentation of a HCPR check.</p> <p>Interview on 7/27/17 at 3:25 pm with Staff B revealed: -She had worked at the facility for "2 or 3 weeks". -She did not know anything about a HCPR check or whether or not the Administrator checked it when she was hired.</p> <p>Interview on 7/27/17 with the Administrator revealed:</p>	{C 145}		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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{C 145}	Continued From page 1 -Staff B was hired in July 2017. -She was not sure she checked the HCPR for Staff B upon hire. -She was sure Staff B had no findings on the HCPR. -She checked the HCPR for all staff upon hire, so she did not know why she had missed it. A HCPR check was completed on 7/27/17 for Staff B revealed there were no substantiated findings listed.	{C 145}		
{C 172}	10A NCAC 13G .0504 (b) Competency Validation For Licensed Health Pro 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)	{C 172}		

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{C 172}	<p>Continued From page 2</p> <p>(22) through (27) of Rule .0903 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Non-Compliance Continues</p> <p>Based on observations, record reviews and interviews, the facility failed to assure 2 of 3 staff (Staff B, and C) had been competency validated by a Registered Nurse (RN) to perform tasks of transfers and assistance with mobility devices for 4 of 4 residents.</p> <p>The findings are:</p> <p>1. Review of the personnel record for Staff B revealed: -Staff B's date of hire was 7/21/17. -Staff B was hired as a Personal Care Aide (PCA) and Medication Aide (MA). -There was no documentation of a LHPS competency validation form.</p> <p>Interview on 7/27/17 at 3:25 pm with Staff B revealed: -She had worked at the facility for "2 or 3 weeks". -Her duties included toileting residents, assisting residents with assistive devices which included walkers and wheelchairs and transferring residents. -She had not been competency validated by a Registered Nurse (RN) since employed at this facility.</p> <p>Observation of Staff B on 7/27/17 at various times from 3:00 pm to 4:00 pm revealed: -Staff B was observed assisting 1 resident in a wheelchair to move around in the facility.</p>	{C 172}		

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{C 172}	<p>Continued From page 3</p> <p>-Staff B was observed guiding one resident with a walker.</p> <p>Telephone interview on 7/27/17 at 2:40 pm with the facility's contracted RN revealed: -She performed LHPS validation of staff for the facility. -She had not been contacted to complete a LHPS validation for Staff B.</p> <p>Refer to interview on 7/27/17 at 1:20 pm with a MA/PCA.</p> <p>Refer to interview on 7/27/17 at 1:30 pm with a resident.</p> <p>Refer to interview on 7/27/17 at 2:15 pm with the Administrator.</p> <p>2. Review of the personnel record for Staff C revealed: -Staff C's date of hire was 5/26/17. -Staff C was hired as a PCA and MA. -There was no documentation of a LHPS competency validation form.</p> <p>Interview on 7/27/17 at 2:15 pm with the Administrator revealed she thought Staff C had been LHPS validated by the nurse on the same day as another staff member.</p> <p>Telephone interview on 7/27/17 at 2:40 pm with the facility's contracted RN revealed: -She performed LHPS validation of staff for the facility. -She thought she had completed a LHPS validation for Staff C as it was done the same day as another staff member.</p> <p>Attempted telephone interview on 7/27/17 at 3:35</p>	{C 172}		

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{C 172}	<p>Continued From page 4</p> <p>pm with Staff C was unsuccessful.</p> <p>Refer to interview on 7/27/17 at 1:20 pm with a MA/PCA.</p> <p>Refer to interview on 7/27/17 at 1:30 pm with a resident.</p> <p>Refer to interview on 7/27/17 at 2:15 pm with the Administrator.</p> <p>Interview on 7/27/17 at 1:20 pm with a MA/PCA revealed: -Residents at the facility needed assistance with transfers, and assistance with walkers. -Only one resident at the facility was interviewable.</p> <p>Interview on 7/27/17 at 1:30 pm with a resident revealed the staff "helped with my walker when needed".</p> <p>Interview on 7/27/17 at 2:15 pm with the Administrator revealed: -A contracted RN performed employee LHPS validation checks. -She was not aware there was no LHPS validations in Staff B or Staff C's record. -She thought if a staff member had worked at another facility before hire, that any education and checklists were transferable, so she had not arranged for the LHPS validation for Staff B, but she did not have a copy of the LHPS validation from the former employer. -She would ensure all staff received the required LHPS competency validation by a RN. -Staff duties included assisting residents with assistive devices which included walkers and wheelchairs, and transferring residents.</p>	{C 172}		