

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL081047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2018
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NAME OF PROVIDER OR SUPPLIER HOPE CARE CENTER # 1	STREET ADDRESS, CITY, STATE, ZIP CODE 5023 US HIGHWAY 64 UNION MILLS, NC 28167
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C 000	Initial Comments The Adult Care Licensure Section and the Rutherford County Department of Social Services conducted an annual survey on March 21, 2018.	C 000		
C 140	<p>10A NCAC 13G .0405(a)(b) Test For Tuberculosis</p> <p>10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, 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. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure that 1 of 2 sampled staff (Staff #A) were screened for Tuberculosis (TB) in compliance with control measures adopted by the Commission for Health Services upon hire at the facility.</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed: -Staff A was hired at the facility on 4/24/17 as a</p>	C 140		

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

Division of Health Service Regulation

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C 140	Continued From page 1 relief Supervisor in Charge (SIC). -There was no documentation a TB skin test was administered upon hire. Interview with the facility SIC on 3/21/18 at 10:45am revealed: -"The [LHPS] nurse (Licensed Health Support Nurse) does the TB test on all employees when they are hired". -She thought that the TB test had been done, but she could not locate it. -She was responsible for assuring all requirements on new staff had been completed. Interview with Staff A on 3/21/18 at 1:45pm revealed: -She only filled in occasionally at the facility when the "regular SIC" had errands to run. -She had been tested for TB in the past and it was always negative. -She did not think she had been tested since starting at the facility in April 2017. -"It has been several years since I had a TB test." Interview with the Assistant Administrator on 3/21/18 at 4:45pm revealed: -She thought Staff A had been administered a TB test when she was hired. -"Normally" [LHPS nurse name] did the TB test when he did the drug test. -She had looked through her paperwork and could not find any documentation of a TB test having been administered. -She had contacted the LHPS nurse and he did not have any documentation of a TB test being completed.	C 140		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications	C 145		

Division of Health Service Regulation

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C 145	<p>Continued From page 2</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: Based on interviews and record reviews, the facility failed to assure that 1 of 2 sampled staff (Staff #A) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR).</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed: -Staff A was hired at the facility on 4/24/17. -Staff A was hired as a relief Supervisor in Charge (SIC). -There was no documentation a HCPR check having been completed.</p> <p>Interview with the facility SIC on 3/21/18 at 10:45am revealed: -The HCPR check would have been done at the corporate office in another facility. -She was not aware if a HCPR had been completed. -She did not know how to do the HCPR check. -She thought she had let the corporate office know Staff A had been hired. -She could not find any documentation of Staff A's HCPR check.</p> <p>Interview with Staff A on 3/21/18 at 1:45pm revealed:</p>	C 145		

Division of Health Service Regulation

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C 145	<p>Continued From page 3</p> <ul style="list-style-type: none"> -She had been a Nursing Assistant (NA) before and had not had any HCPR findings against her. -She only filled in occasionally at the facility when the "regular SIC" had errands to run. -She did not know if a HCPR check had been completed on her. -She remembered doing paperwork when she was hired, but did not remember what she had completed. <p>Interview with the Assistant Administrator on 3/21/18 at 4:45pm revealed:</p> <ul style="list-style-type: none"> -She was responsible for checking the HCPR when new staff were hired. -She thought Staff A's HCPR had been checked when she was hired. -She did not know why there was no documentation of the HCPR in Staff A's file. -She could not find a copy of Staff A's HCPR check. <p>The Assistant Administrator on 3/21/18 did run a HCPR check on Staff A which showed no substantiated finding listed.</p>	C 145		
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</p>	C 176		

Division of Health Service Regulation

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C 176	<p>Continued From page 4</p> <p>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: Based on interviews and record reviews, the facility failed to assure that 1 of 2 sampled staff (Staff #A) who worked as the relief Supervisor in Charge, had completed a Cardio-Pulmonary Resuscitation (CPR) and choking management course within 24 months.</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed: -Staff A was hired at the facility on 4/24/17. -Staff A was hired as a relief Supervisor in Charge (SIC). -There was no documentation of Staff A having a CPR and choking management course completed within the past 24 months.</p> <p>Interview with the facility SIC on 3/21/18 at 10:45am revealed: -She did not know if Staff A had a current CPR certification. -She had just completed her CPR training a few months ago. -Staff A never stayed at the facility over night, and generally she was only there a few hours at a time. -CPR training was completed at the corporate office in another facility.</p> <p>Interview with Staff A on 3/21/18 at 1:45pm revealed:</p>	C 176		

Division of Health Service Regulation

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C 176	<p>Continued From page 5</p> <ul style="list-style-type: none"> -She had been a Nursing Assistant (NA) before and had been trained in CPR. -She could not remember when she was last certified in CPR. -She thought she could remember how to do it, but did not give any specifics. -She had not been trained in CPR since working at the facility. <p>Interview with the Assistant Administrator on 3/21/18 at 4:45pm revealed:</p> <ul style="list-style-type: none"> -She would get Staff A trained in CPR before she worked again. -Staff A never worked more than a few hours at a time in the facility. -Staff A never stayed over night. 	C 176		
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 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"> 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 	C935		

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C935	<p>Continued From page 6</p> <p>procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.</p> <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> <p>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:</p> <ol style="list-style-type: none"> 1. The key principles of medication administration. 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. <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 interviews and record reviews, the facility failed to assure that 1 of 2 sampled staff (Staff #A) who administered medications in the facility had taken and passed the Medication Aide Exam within 60 days of completing them medication clinical skills competency validation.</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed:</p> <ul style="list-style-type: none"> -Staff A was hired at the facility on 4/24/17. -Staff A was hired as a relief Supervisor in Charge (SIC). -There was no documentation of Staff A having taken and passed the medication aide exam. -Staff A had her medication clinical skills 	C935		

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C935	<p>Continued From page 7</p> <p>competency validation on 12/1/17. -Staff A had the 15 hour medication course training in December 2017.</p> <p>Interview with the facility SIC on 3/21/18 at 10:45am revealed: -Staff A "rarely" administered medications other than just a few at a time. -Staff A "only works in the facility occasionally when I have to take a resident to an appointment".</p> <p>Review of the February and March 2018 medication administration records (MARs) revealed: -Staff A documented administering 5 medications from 2/1/18 through 2/28/18. -Staff A documented administering 3 medications from 3/1/18 through 3/20/18.</p> <p>Interview with Staff A on 3/21/18 at 1:45pm revealed: -She only gave a few "as needed" medications, or if a scheduled medication was due when she was working. -She always had the phone number to the SIC if she had a question about a medication. -She had been scheduled for the medication test, but for some reason it had been canceled. -She did not think she was currently scheduled to take the medication exam.</p> <p>Interview with the Assistant Administrator on 3/21/18 at 4:45pm revealed: -She would get Staff A scheduled for the medication test before she gave medications again. -Staff A had been scheduled for the medication test, but for some reason it was canceled and not given.</p>	C935		

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C935	Continued From page 8 -"It is hard to find places to go take the test because they fill up so quickly."	C935		
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