(EACH DEFICIENCY REGULATORY OR L al Comments Adult Care Licens cklenburg County l vices conducted a 12/18-06/13/18. 5. 131D-21(2) Decl 5. 131D-21 Declar	9108-RE	B. WING	·	06/13/2018
SUMMARY STA (EACH DEFICIENCY REGULATORY OR L al Comments Adult Care Licens cklenburg County I vices conducted a 12/18-06/13/18. 5. 131D-21(2) Decl 5. 131D-21 Declar	STREET A 9108-RE CHARLO ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) Sure Section and the Department of Social n annual survey on	ADDRESS, CITY, STATE AMES ROAD DTTE, NC 28216	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLET
SUMMARY STA (EACH DEFICIENCY REGULATORY OR L al Comments Adult Care Licens cklenburg County I vices conducted a 12/18-06/13/18. 5. 131D-21(2) Decl 5. 131D-21 Declar	9108-RE CHARLO	AMES ROAD DTTE, NC 28216	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLET
SUMMARY STA (EACH DEFICIENCY REGULATORY OR L al Comments Adult Care Licens cklenburg County I vices conducted a 12/18-06/13/18. 5. 131D-21(2) Decl 5. 131D-21 Declar	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) sure Section and the Department of Social n annual survey on	D 000	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLET
(EACH DEFICIENCY REGULATORY OR L al Comments Adult Care Licens cklenburg County l vices conducted a 12/18-06/13/18. 5. 131D-21(2) Decl 5. 131D-21 Declar	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) sure Section and the Department of Social n annual survey on	D 000	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLET
Adult Care Licens cklenburg County vices conducted a 12/18-06/13/18. 3. 131D-21(2) Decl 5. 131D-21 Declar	Department of Social n annual survey on			
cklenburg County vices conducted a 12/18-06/13/18. 5. 131D-21(2) Decl 5. 131D-21 Declar	Department of Social n annual survey on	D912		
6. 131D-21 Declar	aration of Residents' Rights	D912		
		0012		
quate, appropriate	ation of Residents' Rights ave the following rights: d services which are e, and in compliance with tate laws and rules and			
eed on observation lews, the facility fa eived care and ser propriate and in con re laws and rules a	is, interviews, and record iled to assure residents vices that are adequate, mpliance with federal and ind regulations related to			
e findings are:				
ews, 2 of 4 medica ff E) did not pass t nin the required 60 luation and continu dications to reside -4.5B (b) Adult Ca ining and Compete	ation aides (Staff B and he medication aide test days of the clinical skills ued to administer nts. [Refer to tag 935 G.S. are Home Medication Aides; ency Evaluation			
	vant federal and s lations. Rule is not met a ed on observation ews, the facility fa eived care and ser ropriate and in coi e laws and rules a petency evaluation findings are: Based on observa ews, 2 of 4 medica f E) did not pass t in the required 60 luation and contin dications to reside -4.5B (b) Adult Ca ning and Compete juirements (Type I	A Rule is not met as evidenced by: ed on observations, interviews, and record ews, the facility failed to assure residents eived care and services that are adequate, ropriate and in compliance with federal and e laws and rules and regulations related to opetency evaluation of medication aides. findings are: Based on observations, interviews and record ews, 2 of 4 medication aides (Staff B and f E) did not pass the medication aide test in the required 60 days of the clinical skills luation and continued to administer fications to residents. [Refer to tag 935 G.S. -4.5B (b) Adult Care Home Medication Aides; ning and Competency Evaluation juirements (Type B Violation)].	vant federal and state laws and rules and ulations.	vant federal and state laws and rules and Jlations. s Rule is not met as evidenced by: ed on observations, interviews, and record ews, the facility failed to assure residents eived care and services that are adequate, ropriate and in compliance with federal and e laws and rules and regulations related to upetency evaluation of medication aides. findings are: Based on observations, interviews and record ews, 2 of 4 medication aides (Staff B and f E) did not pass the medication aide test in the required 60 days of the clinical skills luation and continued to administer dications to residents. [Refer to tag 935 G.S. -4.5B (b) Adult Care Home Medication Aides; ning and Competency Evaluation juirements (Type B Violation)].

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED		
		HAL060150	B. WING		06/13/201			
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, EAMES ROAD	ZIP CODE				
NORTHLA	KE HOUSE		OTTE, NC 28216					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE		
D935	Continued From page	e 1	D935					
D935	G.S.§ 131D-4.5B(b) Training and Compet	ACH Medication Aides; ency	D935					
	G.S. § 131D-4.5B (b) Medication Aides; Tra Evaluation Requirem	aining and Competency						
	home is prohibited from any unsupervised met that individual has pro- medication aide durin an adult care home of of the following: (1) A five-hour trainin Department that inclu- in all of the following: a. The key principles administration.	ng the previous 24 months in or successfully completed all ng program developed by the udes training and instruction of medication						
	Prevention guidelines applicable, safe injec procedures for monit bleeding occurs or th exists.	oring or testing in which e potential for bleeding						
	NCAC 13F .0503 and (3) Within 60 days fro individual must have a. An additional 10-h developed by the De	aluation consistent with 10A d 10A NCAC 13G .0503. om the date of hire, the completed the following: our training program partment that includes on in all of the following:						
	 The key principles administration. The federal Center 	of medication rs of Disease Control and s on infection control and, if						
		oring or testing in which						

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL060150	B. WING		06	/13/2018
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
IORTHLA	KE HOUSE		EAMES ROAD OTTE, NC 28216			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D935	Continued From page	e 2	D935			
	by the Division of He	eveloped and administered alth Service Regulation in section (c) of this section.				
	reviews, 2 of 4 medic Staff E) did not pass	ns, interviews and record cation aides (Staff B and the medication aide test 0 days of the clinical skills nued to administer				
	The findings are:					
	-Staff B was hired as 01/16/18. -Staff B completed th training on 01/23/18 01/26/18.	B's employee file revealed: a medication aide (MA) on the required 5-hour MA and the 10-hour training on				
	completed on 02/06/ -There was no docur	mentation in the employee				
	Review of Staff B's M documentation, obtai 06/13/18, revealed sl completed the writter					
	revealed:	3 on 06/13/18 at 11:35am s a MA today (06/13/18).				

STATE FORM

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If continuation sheet 3 of 11

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL060150	B. WING		06	6/13/2018
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
ORTHLA	KE HOUSE		EAMES ROAD OTTE, NC 28216			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D935	Continued From pag	je 3	D935			
	assumed she "had p gotten anything sayin	ken the MA test, and assed because she hadn't ng she had not passed." he facility knew the result of				
	revealed: -She was hired at the 2017.	B on 06/13/18 at 3:14pm e facility in December of				
	Aide (PCA) in Janua as a MA shortly there -The MA training incl	ment as a Personal Care ry 2018 and began training eafter. luded online courses, the 10 , as well as diabetic training.				
	shadowing her on th reviewing medication	a senior MA for a week, e medication cart and n procedures. se (RN), contracted by the				
	clinical skills evaluat -She registered for the	e medication administration ion. he state approved medication or unlicensed personnel in				
	February 2018 and f unsure of the date).	r in the mail informing her of				
	the test results in Fe -She re-applied to ta administration test in	ke the medication May 2018.				
	regarding her test re	ed any notification by mail sults from the May 2018 test. ently and was unclear if the				
	-She did not know th obtained online.	tew address. he test results could be duties as a MA since March				
	2018.	ed insulin subcutaneously				

STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BUILDING:			
		HAL060150	B. WING			6/13/2018
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
NORTHLA	KE HOUSE		EAMES ROAD OTTE, NC 28216			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D935	Continued From pag	e 4	D935			
	-"I did not know until (the med test)".	today that I had not passed				
	(BOM) on 06/13/18 a - She was out of the	office on leave from March				
	MA, but had made a	18. sually hire new staff as a few exceptions in the past				
	medication aide writt					
	Care Director (RCD) they had taken it, and (RCD) would alert he the online medication	mber would tell the Resident if they passed the test once d the Resident Care Director er, and then she would check n aide registry, and place the bassed test in their employee				
	file. -She did not have a smonitoring the requir	system in place for ements for MA's education, tion to ensure the facility was				
	Interview with the RC revealed:	CD on 06/14/18 at 3:25pm				
	-In the past, the facil as PCAs and then pr	ity had only hired care staff romoted them to MA once , and once they had passed				
		nonths, they had made some ue to high turnover rates of				
	-The facility had hire had reportedly passe states.	d a few staff as MAs, who ed medications in other				
	MA test, they would	if staff had not passed the need to do so within 60 days tion aide skills validation				

Division of Health Service Regulation STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL060150	B. WING		06	6/13/2018
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
NORTHLA	KE HOUSE		AMES ROAD DTTE, NC 28216			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D935	Continued From page	e 5	D935			
	-She had hired one M complete the test prid had "pulled her off the take the test. -She was not aware for medication aide test -She was not really in facility was in complia competency requirent to make sure this wa -Recently, the facility administrator, and the leave for several wee been overlooked. -The facility did have BOM's absence for a had still been missed Interview with the Ad 3:45pm revealed: -He was hired on Apr -The BOM had been he was hired until Ma -He was not yet famil for tracking all the sta requirements to ensu- compliance at all time -He was not very fam worked mostly on 3rd pass medications. -Staff B had recently had worked some as -He was not aware the required timeframes MA test.	MA who was not able to be to the 60 days, so they e cart" until she was able to that Staff B had failed the twice. hvolved in assuring the ance with staff training and nents, and relied on the BOM s in compliance. had gotten a new e BOM had been out on eks, so some things had regional support during the few days a week, but things l. ministrator on 06/13/18 at ril 9, 2018. out on leave from the time ay 9, 2018. liar with the facility's process aff training and competency ure they remained in es. hiliar with Staff B, as she had d shift and did not normally switched to 1st shift, and				
	failed the test the firs	been aware that she had t time, he would not have nedications anymore in the				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL060150	B. WING		06	/13/2018
iame of Pi	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
NORTHLA	KE HOUSE		AMES ROAD OTTE, NC 28216			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
D935	Continued From page	e 6	D935			
	facility know once the test, let them know o scheduled to take the aware of the result of -The BOM was responded Medication Aide Reg member had success Telephone interview Section, Medication A 06/14/18 at 11:03am -Staff B had taken ar exam on three differe 03/27/18, and 05/22/ -Candidates received they had taken the te passed the MA test. -Candidates were als	e test, and also make them nee the test was completed. onsible for follow-up with the istry to ensure that the staff sfully passed the test. with the Adult Care Licensure Aide Testing Division, on revealed: nd failed the Medication Aide ent occasions, on 02/20/18, 18. d a letter within a week after est that reflected if they so told they could go online taking the test, to find out if				
	-Staff E was hired by -Staff E had not take -Staff E completed th 3/22/18, and the 10-h -Staff E had a medica completed by a RN c Interview with Staff E revealed: -She began working	S employee file revealed: the facility on 03/14/18. n the medication aide exam. he required 5-hour training on hour training on 03/20/18. ation clinical skills validation on 03/22/18. on 06/14/18 at 3:40pm in the facility near the end of				
	been a medication ai past. -About 3 weeks ago, the medication aide e	m Michigan, where she had de (MA)at facilities in the she sent in the fee to take exam, but she had not heard ig scheduled to take the				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL060150	B. WING			6/13/2018
NAME OF PI	ROVIDER OR SUPPLIER			SS, CITY, STATE, ZIP CODE		5/13/2010
			AMES ROAD			
NORTHLA	KE HOUSE	CHARL	OTTE, NC 28216			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D935	Continued From page	e 7	D935			
	clinical skills validations is a needed to do to the exam. -Prior to working in the administered narcotion insulins, and checked same tasks she had this facility. -She was not aware a window she had to comedication aide exam - She had completed medication aide training initially for all training initially did not the facility. -She was out of the 15, 2018 - May 9, 20 - The facility did not the	cs, coumadin, synthroid, d blood sugar readings; the completed since working in she was outside of the omplete and pass the n. the 5 and 10-hour ing classes since working in two MAs as part of her bout two weeks. on 06/13/18 at 3:05pm office on leave from March 18. usually hire new staff as a had made a few exceptions ns. that Staff E was outside the or completing the Medication mber will tell the Resident if they passed the test once nd the RCD will alert her, and and place the documentation r has passed the test in their a system in place for ements for Medication Aides				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY PLETED
			A. BUILDING:			
		HAL060150	B. WING		06	/13/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
NORTHLA	KE HOUSE		EAMES ROAD OTTE, NC 28216			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
D935	Continued From pag	e 8	D935			
	revealed:	CD on 06/14/18 at 3:25pm				
	as nurse assistants (ity had only hired care staff (NA) and then promoted by felt comfortable, and once				
	they had passed the	-				
	-	ue to high turnover rates of				
	•	d a few staff as MAs, who ed medications in other				
	-She was aware that MA test, they would	if staff had not passed the need to do so within 60 days ation aide skills validation				
	completed. -She was not aware	that Staff E was outside the				
	and pass the medica	n which she had to complete ation aide exam. If she had uld have removed her from				
	the cart until she con					
	facility was in compli competency requirer	ance with staff training and ments, and relied on the				
	business office to ma compliance. -Recently, the facility					
	administrator, and th	e business office manager ve for several weeks, so				
	-The facility did have business office mana	e regional support during the ager's absence for a few				
	days a week, but thir	ngs had still been missed.				
	3:45pm revealed:	Iministrator on 06/13/18 at				
	he was hired until Ma	out on leave from the time ay 9, 2018.				
vision of List		liar with the facility's process				

STATE FORM

6899

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
		HAL060150	B. WING		06/13/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE,	ZIP CODE		
NORTHLA	KE HOUSE		AMES ROAD TTE, NC 28216			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC 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	for tracking all the sta requirements to ensu- compliance at all time- He recalled Staff E to administered medica facilities. He was not moved here from out certification to admin had been hired only a he was not familiar w her. -He was not aware the required timeframes MA test. -It was his expectation facility know once the test, let them know of scheduled to take the aware of the result of -The BOM was responden ensure that the staff passed the test.	aff training and competency ure they remained in es. selling him that she had tions for 13 years at other aware that she had recently to f state and did not have ister medications yet. Staff E a few months before him, so with the hiring process with that Staff E was outside of the for successfully passing the on that staff would let the ey had applied to take the MA nce they had been the test was completed. onsible for follow-up to member had successfully	D935			
	medications was det safety of the resident Violation. The facility provided	w them to administer rimental to the health and ts and constitutes a Type B a plan of protection in . 131D-34 on 06/13/18 for				
	CORRECTION DATE VIOLATION SHALL I 2018.	E FOR THE TYPE B NOT EXCEED JULY 28,				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		HAL060150	B. WING		06	/13/2018
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
ORTHLA	KE HOUSE					
04015	SIIMMADY S		DTTE, NC 28216	PROVIDER'S PLAN C		0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE