

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL079090</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/20/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LIFE TURN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3008 HIGHWAY 150 EAST REIDSVILLE, NC 27320</b>
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C 000	Initial Comments  The Adult Care Licensure section conducted an annual survey on 07/20/18.	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 observations, interviews and record reviews, the facility failed to assure 1 of 3 sampled (Staff A) was tested upon employment for tuberculosis (TB) disease.</p> <p>The findings are:</p> <p>Review of Staff A, supervisor-in-charge (SIC) personnel file revealed: -She was hired on 01/08/18. -There was one tuberculosis (TB) skin test with negative results dated 08/17/17, but no date the</p>	C 140	<p>The Plan of Correction is supportive of the Plan of Protection. Staff (A) has been removed from the employee's scheduled rotation until all of the articles in 10A NCAC 13G has been addressed with documentation and certificates placed in Staff s(A) file.</p> <p>Staff (A) will have TB Test (step/1 &amp; step/2) before continuing employment.</p> <p>Administrator and SIC will monitor all articles in 10A NCAC 13G .0405 closely to prevent uncompleted files. This process will be completed while accepting new application from new staff for hire. An audit will be preform by SIC to maintain completed files.</p>	7/24/18

Division of Health Service Regulation  
REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Tom R. Wallace*

TITLE  
SIC

(X6) DATE  
08/05/2018

Division of Health Service Regulation

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C 140	<p>Continued From page 1</p> <p>test was administered. -There was no documentation Staff A completed a second TB skin test.</p> <p>Interview on 07/19/18 at 3:22 pm with the facility manager revealed: -She thought Staff A had a second TB skin test, but did not know where the results were located. -She was responsible to ensure staff completed required documentation for employment.</p> <p>Interview on 07/19/18 at 4:20 pm with Staff A revealed: -She was sure she had a TB skin test after employment. -She was unable to recall the date she had obtained the TB test.</p> <p>Interview on 07/20/18 at 1:30 pm with the Administrator revealed: -She visited the facility at least weekly. -Ultimately, it was her (Administrator) responsibility to ensure the facility managers obtained the required documents from staff. -She had not checked staff records lately, but she thought Staff A had a second TB skin test, but had no documentation to verify the test results.</p>	C 140		
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>	C 145	<p>In support of The Plan of Protection a the North Carolina Health Care Personnel Registry will be checked with proof of no substantiated findings place in all staff's before employment.</p> <p>There`s none found in Staff (A) registry. Administrator and SIC will ensure all new applications are completed with all articles in 10A NCAC 13G .0406 with documentation in file before hired. Quarterly audits by SIC will be done to maintain updated documentations.</p>	7/24/18

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C 145	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: <b>TYPE B VIOLATION</b></p> <p>Based on record reviews and interviews, the facility failed to assure there were no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) for 1 of 3 sampled staff (Staff A) prior to employment.</p> <p>The findings are:</p> <p>Review of Staff A, supervisor-in-charge's personnel record revealed: -Staff A was hired on 01/08/18. -There was no documentation a HCPR check had been completed prior to employment.</p> <p>Interview on 07/19/18 at 3:22 pm with the facility manager revealed: -She was sure she completed a HCPR on Staff A. -She did not know where the document was located. -The only thing she could think to do was to complete another report.</p> <p>Interview on 07/20/18 at 1:30 pm with the Administrator revealed: -She visited the facility at least weekly. -Ultimately, it was her (Administrator) responsibility to ensure the facility managers obtained all required documents for staff. -She thought a HCPR check was completed for Staff A, but it was not in the staff record.</p> <p>A HCPR check was completed on 07/19/18 Staff A, there was no substantiated findings.</p> <p>The facility failed to complete a HCPR check prior to employment for Staff A and was unable to</p>	C 145		

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C-145	Continued From page 3  determine if staff had substantiated findings prior to being hired. The facility's failure was detrimental to the safety and welfare of the residents which constitutes a Type B Violation.  The facility provided a Plan of Protection in accordance with G.S. 131D-34 on 07/19/18 for this violation.  CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED AUGUST 20, 2018.	C 145		
C-153	10A NCAC 13G .0501 (a) Personal Care Training And Competency  10A NCAC 13G .0501 Personal Care Training And Competency  (a) The facility shall assure that personal care staff and those who directly supervise them in facilities without heavy care residents successfully complete a 25-hour training program, including competency evaluation, approved by the Department according to Rule .0502 of this Section. For the purposes of this Subchapter, heavy care residents are those for whom the facility is providing personal care tasks listed in Paragraph (i) of this Rule. Directly supervise means being on duty in the facility to oversee or direct the performance of staff duties.  This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to ensure 1 of 3 sampled staff (Staff A) had successfully completed a 25-hour	C 153	The Plan of Correction is in supportative of The Plan of Protection. Staff (A) has been removed from shift rotation until Personal Care Training has been successfully completed by a qualified trainer registered with NC and given a certificate of 25-hour completion to placed in the file. This will be done for each future employee.  Administrator and SIC will monitor all new application for hire to assure that all articles in 10A NCAC 13G. 0501 are complete with certificates of completion in files during the interview for hire.  An audit will be preform quarterly on staff's files to maintain certificates of completion by SIC.	7/24/18

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C 153	<p>Continued From page 4</p> <p>personal care training program and competency evaluation.</p> <p>The findings are:</p> <p>Review of Staff A, supervisor-in-charge's personnel record revealed:</p> <ul style="list-style-type: none"> <li>-Staff A was hired on 01/08/18.</li> <li>-There was no documentation Staff A completed a 25-hour personal care training program and competency evaluation.</li> </ul> <p>Interview on 07/19/18 at 3:22 pm with the facility manager revealed:</p> <ul style="list-style-type: none"> <li>-Staff A's duties and responsibilities included administering medications, cooking meals, cleaning the facility and assisting residents with bathing, grooming and dressing.</li> <li>-She had talked with Staff A several times regarding completing the 25-hour personal care training, but each time, Staff A had an excuse as to why she was unable to complete the training.</li> <li>-It was her responsibility to ensure Staff A completed the required training.</li> </ul> <p>Interview on 07/19/18 at 4:20 pm with Staff A revealed:</p> <ul style="list-style-type: none"> <li>-She had not completed the PCS training.</li> <li>-She called the nurse to complete the 25-hour PCS training, but the nurse was out of town.</li> <li>-The second time that she called the nurse, the nurse told her that she wanted to wait and get more people for the training.</li> <li>-She had not considered another alternative.</li> </ul> <p>Interview on 07/20/18 at 1:30 pm with the Administrator revealed:</p> <ul style="list-style-type: none"> <li>-She visited the facility at least weekly.</li> <li>-Ultimately, it was her (Administrator) responsibility to ensure the facility managers</li> </ul>	C 153		

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C 153	Continued From page 5  obtained the required documents for staff. -She knew Staff A had not completed the 25-hour PCS training.  Interviews with 5 residents on 07/19/18 revealed: -Staff A worked at the facility two to three days per week. -Staff A administered medications, cooked food and provided personal care assistance showering/bathing, dressing/grooming when needed.	C 153		
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, interviews and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to Health Care Personnel Registry and medication aide training and competency evaluation.  The findings are:  1. Based on record reviews and interviews, the facility failed to assure there were no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) for 1 of 3 sampled staff (Staff A) prior to employment.	C 912		

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C 912	Continued From page 6 [Refer to Tag 145 10A NCAC 13G .0406(a)(5) Other Staff Qualifications (Type B Violation)].  2. Based on interviews and record reviews, the facility failed to assure 1 of 3 sampled medication aides (Staff A) had completed a 5, 10 or 15 hour medication training program and medication clinical skills competency evaluation prior to administering medications residents. [Refer to Tag 953 G.S. 131D-4.5B(b) ACH Medication Aides; Training & Competency Evaluation Requirements (Type B Violation)].	C 912		
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:	C935		

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C935	<p>Continued From page 7</p> <p>NCAC 13F .0503 and 10A NCAC 13G .0503. (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"> <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 exists.</li> </ol> <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: TYPE B VIOLATION</p> <p>Based on interviews and record reviews, the facility failed to assure 1 of 3 sampled medication aides (Staff A) had completed a 5, 10 or 15 hour medication training program and medication clinical skills competency evaluation prior to administering medications residents.</p> <p>The findings are:</p> <p>Review of Staff A, supervisor-in-charge (SIC) personnel record revealed:</p> <ul style="list-style-type: none"> <li>-Staff A was hired on 01/08/18.</li> <li>-There was documentation Staff A had taken and passed the written medication administration examination on 01/03/18.</li> <li>-There was no documentation Staff A had completed the 5, 10 or 15 hour medication aide training.</li> </ul>	C935		

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C935	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>-There was no documentation Staff A had completed the medication clinical skills competency evaluation.</li> </ul> <p>Interview on 07/19/18 at 3:22 pm with the facility manager revealed:</p> <ul style="list-style-type: none"> <li>-Staff A worked at the facility as the SIC.</li> <li>-Staff A worked 2 to 3 days per week at the facility.</li> <li>-Staff A's main responsibility was to administer medications to the residents.</li> <li>-Staff A had not completed the 5, 10 or 15 medication training.</li> <li>-Staff A had not completed the medication clinical skills competency evaluation.</li> <li>-It was her responsibility to ensure staff had completed the required trainings.</li> <li>-She did not know Staff A needed to complete the medication aide trainings before administering medications to the residents.</li> </ul> <p>Interview on 07/19/18 at 4:20 pm with Staff A revealed:</p> <ul style="list-style-type: none"> <li>-She started working at the facility in January 2018, as a medication aide/SIC.</li> <li>-She took the written medication administration exam and passed it 5 days prior to her employment at the facility.</li> <li>-She did not have any other training after employment at the facility.</li> <li>-No one at the facility told her that needed to complete any other medication aide training.</li> </ul> <p>Interview on 07/20/18 at 1:30 pm with the Administrator revealed:</p> <ul style="list-style-type: none"> <li>-She visited the facility at least weekly.</li> <li>-Ultimately, it was her (Administrator) responsibility to ensure the facility managers obtained the required documents.</li> <li>-She did not know Staff A needed to complete the</li> </ul>	C935		

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C935	<p>Continued From page 9</p> <p>5, 10 or 15 medication aide training. -She did not know Staff A needed to complete the medication clinical skills evaluation.</p> <p>Review of 5 of 5 residents medication administration records revealed documentation Staff A worked at the facility 07/06/18 through 07/08/18 and 07/14/18 through 07/16/18, and documented administration of medications to the residents.</p> <p>Interview with 5 residents on July 2018 revealed: -Staff A worked at the facility two to three days per week. -When Staff A worked she administered medications to them.</p> <p>The facility failed to ensure Staff A completed the 5, 10 or 15 medication training and the medication clinical skills evaluation prior to administering medications to the residents, which was detrimental to the safety and welfare of the residents which constitutes a Type B Violation.</p> <p>The facility provided a Plan of Protection in accordance with G.S. 131D-34 on 07/25/18 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED AUGUST 20, 2018</p>	C935		