

RECEIVED

PRINTED: 05/13/2019
FORM APPROVED

JUN 03 2019

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL071001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ADULT CARE LICENSURE SECTION RALEIGH B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2019
NAME OF PROVIDER OR SUPPLIER PEN-DU REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 685 NC HWY 50 WALLACE, NC 28466		
(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 The Adult Care Licensure Section conducted an annual survey on May 1-2, 2019.	C 000		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 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; This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to assure 3 of 5 staff (Staff A, B, and D) sampled had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR).	C 145	In reference to the <u>HCPR</u> Deficiencies: It was our understanding through the nurses who do our resident chart reviews, that we needed to check the HCPR for med aides and CNA's only and not PCA's because they are not listed on the registry. No-one has ever told us that <u>all</u> staff require a check on the HCPR. To correct this issue we will add to our check list - for hiring, that <u>All</u> job applicants have to be checked on the HCPR prior to hiring. I and staff A will be the ones to monitor staff for all requirements.	
	The findings are: 1. Review of Staff A's personnel record revealed: -Staff A's hire date was 04/14/2009. -She worked as a Medication Aide. -There was no documentation of a Health Care Personnel Registry (HCPR) check. Interview with the Administrator on 05/01/19 at 5:15pm revealed: -Staff A was responsible for performing HCPR checks for staff. -She did not realize HCPR checks were to be performed for staff who were not nursing assistants. -A HCPR check had not been performed for Staff A.			

Division of Health Service Regulation

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

TITLE

(X8) DATE

STATE FORM

De Voise B English

owner/Administrator

05-24-19

Reviewed and accepted with addendum 06/12/19 - NF

CD5B11

If continuation sheet 1 of 10

Division of Health Service Regulation

PRINTED: 05/13/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL071001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PEN-DU REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 685 NC HWY 50 WALLACE, NC 28466
---	---

(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 145	<p>Continued From page 1</p> <p>Interview with Staff A on 05/01/19 at 6:00pm revealed she did not know she needed to perform a HCPR check for herself because she was not a nursing assistant.</p> <p>Review of a HCPR check for Staff A dated 05/01/19 revealed there were no substantiated findings listed on the HCPR.</p> <p>Refer to the interview with the Administrator on 05/01/19 at 5:26pm.</p> <p>Refer to the interview with Staff A on 05/01/19 at 6:00pm.</p> <p>2. Review of Staff B's personnel record revealed: -Staff B's hire date was 11/15/18. -She was hired to work as a Medication Aide/Personal Care Aide (MA/PCA). -There was no documentation of a HCPR check.</p> <p>Interview with Staff B on 05/01/19 at 5:10pm revealed she had been employed at the facility since November 2018 as a MA/PCA.</p> <p>Review of a HCPR check for Staff B dated 05/02/19 revealed there were no substantiated findings listed on the HCPR.</p> <p>Refer to the interview with the Administrator on 05/01/19 at 5:26pm.</p> <p>Refer to the interview with Staff A on 05/01/19 at 6:00pm.</p> <p>3. Review of Staff D's personnel record on 05/01/19 revealed: -He was hired on 04/15/03 as a personal care aide (PCA), maintenance, cook, and medical</p>	C 145	<p><i>Addendum per telephone conversation with DeLoise English, Administrator on 06/12/19 @ 11:58pm:</i></p> <p>① HCPR checks were completed for all current staff by 05/02/19.</p> <p>② Before any new employee is hired, the HCPR will be checked.</p> <p>③ Date of correction will be 05/03/19.</p> <p><i>— H. Forte, Jr. Licensure Consultant</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL071001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2019	
NAME OF PROVIDER OR SUPPLIER PEN-DU REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 685 NC HWY 50 WALLACE, NC 28466		
(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 145	<p>Continued From page 2</p> <p>transport staff.</p> <p>-There was no documentation of a Health Care Personnel Registry (HCPR) check.</p> <p>Interview with Staff A on 05/01/19 at 5:21pm revealed:</p> <p>-She did not complete a HCPR check for Staff D.</p> <p>-She did not know she needed to perform a HCPR check on staff who were not Certified Nursing Assistants (CNA).</p> <p>Review of a HCPR check for Staff D dated 05/01/19 revealed there were no substantiated findings listed on the HCPR.</p> <p>Refer to the interview with the Administrator on 05/01/19 at 5:26pm.</p> <p>Refer to the interview with Staff A on 05/01/19 at 6:00pm.</p> <p>Interview with the Administrator on 05/01/19 at 5:26pm revealed:</p> <p>-She did not remember who told her, but she remembered someone telling her that PCA's did not have to have a HCPR check.</p> <p>-She was responsible for making sure everything was correct in the personnel records.</p> <p>Interview with Staff A on 05/01/19 at 6:00pm revealed:</p> <p>-She thought only staff who were nursing assistants or had a medical certification would be listed on the HCPR.</p> <p>-She had not interpreted the regulation to mean performing a HCPR check on anybody who worked in a health care facility.</p>	C 145		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL071001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PEN-DU REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 685 NC HWY 50 WALLACE, NC 28466
---	---

(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 257	Continued From page 3	C 257		
C 257	<p>10A NCAC 13G .0904(a)(2) Nutrition and Food Service</p> <p>10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination.</p> <p>This Rule is not met as evidenced by: Based on observations and interview, the facility failed to assure foods were stored in a manner to prevent contamination as evidenced by not labeling food with contents and date opened.</p> <p>The findings are:</p> <p>Observation of the pantry closet on 05/01/19 at 3:04pm revealed:</p> <ul style="list-style-type: none"> -There was a clear container with a lid containing a bag of hushpuppy mix with approximately 1/3rd of the mix remaining with no date opened, stored on the second shelf. -There was an opened sixteen ounce bag of angel hair pasta, with approximately 1/2 remaining stored in a re-sealable bag with no date opened, stored on the second shelf. -There was an opened sixteen ounce box of thin spaghetti noodles with approximately 1/3rd remaining with no date opened, stored on the second shelf. -There was an opened box of lasagna noodles with approximately 1/3rd remaining with no opened date, stored on the second shelf. -There was one plastic storage container with a lid that was approximately one gallon in size containing unpackaged brown sugar that was approximately full, that was not labeled and dated with contents, stored on the fourth shelf. 	C 257 C 257	<p><i>In reference to Nutrition 5-2-19 and food Service - Dating and Labeling food. I did in fact put up a sign in the kitchen (5-2-19) that day about Labeling and dating All food products, Also as each Staff member came in we discussed the importance of Labeling and dating. We then had a meeting on 5-16-19 to cover this in depth.</i></p> <p><i>I have also added new laminated Labels for all storage containers which included a laminated label for dates. They are on the lid. Staff member D and I are doing random checks on both shifts. I have now added more - 5-16-19 signs in the pantry and refrigerator room as constant reminders</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL071001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2019
--	---	---	--

NAME OF PROVIDER OR SUPPLIER PEN-DU REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 685 NC HWY 50 WALLACE, NC 28466
--	---

(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 257	<p>Continued From page 4</p> <ul style="list-style-type: none"> -There was a second plastic storage container that was approximately one gallon in size with unpackaged named brand artificial sweetener that was approximately 1/2 full with no opened date, stored on the fourth shelf. -There was third plastic storage container that was approximately one gallon in size of unpackaged sugar that was approximately 1/2 full with no opened date, stored on the fourth shelf. -There was an opened twelve ounce box of corn flakes approximately 1/2 full with no opened date, stored on the fifth shelf. -There was an opened twenty one ounce box sweetened whole grain oat cereal approximately 1/2 remaining with no opened date, stored on the fifth shelf. -There was an opened fifteen ounce box of bran flakes approximately 1/3 remaining with no opened date, stored on the fifth shelf. -There was a fourth plastic storage container approximately one gallon in size of grits that had approximately 1/2 remaining with no opened date, stored on the fifth shelf. 	C 257		
	<ul style="list-style-type: none"> -There was a fifth plastic storage container approximately three gallons in size of all purpose flour that had 1/3 remaining with no date opened, stored on the bottom shelf. -There was a sixth plastic storage container approximately one gallon in size of flour for gravy that had 3/4 remaining with no date opened, stored on the bottom shelf. -There was a seventh plastic storage container approximate three gallons in size of pancake mix approximately 1/2 remaining, stored on the bottom shelf. -There was an eighth plastic storage container approximately three gallons in size of powdered sugar with approximately 3/4 remaining, stored on the bottom shelf. -There was a 6.5 pound bag of named brand 			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL071001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PEN-DU REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 685 NC HWY 50 WALLACE, NC 28466
---	---

(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 257	<p>Continued From page 5</p> <p>artificial sweetener with approximately 1/3 remaining with no opened date, stored on the bottom shelf.</p> <p>Observation of the refrigerator on 05/01/19 at 3:26pm revealed:</p> <ul style="list-style-type: none"> -There was a clear plastic squeeze bottle of mayonnaise with 1/4th remaining with no label and no opened date, stored on the top shelf. - There was a clear plastic squeeze bottle of ketchup with 3/4th remaining with no label and no opened date, stored on the top shelf. -There was an opened package of hotdogs in a resealable bag with 3 remaining with no opened date, stored on the bottom shelf. <p>Observation of the first freezer on 05/01/19 at 3:35pm revealed:</p> <ul style="list-style-type: none"> -There was a quart size resealable bag of 13 hushpuppies with no label or date opened, stored on the top shelf. -There was a gallon size resealable plastic bag of shredded cheese with approximately 3/4th remaining with no label or date opened, stored on the top shelf. -There was an opened bag of French fries with approximately 1/4th remaining with no label and no date opened, stored on the top shelf. -There was an opened bag of onion rings with approximately 1/2 remaining with no label and no date opened, stored on the top shelf. -There was a gallon size resealable plastic bag containing cooked rice that was approximately 1/2 full with no label and no date opened, stored on the top shelf. <p>Observation of the second freezer on 05/01/19 at 3:45pm revealed:</p> <ul style="list-style-type: none"> -There was a 12.8 ounce bag of fish sticks with 1/2 remaining with no date opened, stored on the top 	C 257		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL071001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

PEN-DU REST HOME **685 NC HWY 50**
WALLACE, NC 28466

(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 257	<p>Continued From page 6</p> <p>shelf.</p> <ul style="list-style-type: none"> -There was one baked picnic ham repackaged in a gallon size resealable plastic bag with no opened date, stored on the second shelf. -There were 8 sirloin steaks repackaged in a gallon size resealable plastic bag with no opened date, stored on the second shelf. -There was one ham bone repackaged in a gallon size resealable plastic bag with no opened date, stored on the second shelf. -There was uncooked ham repackaged in a gallon size resealable plastic bag with no opened date, stored on the second shelf. -There were pig feet repackaged in a quart size resealable plastic bag with no opened date, stored on the second shelf. -There were 4 ground beef patties opened in their manufactured package inside a gallon size resealable plastic bag with no opened date, stored on the second shelf. -There was a sixteen ounce bag of beef meatballs with approximately 1/2 remaining with no opened date, stored on the third shelf. 	C 257		
	<p>Interview with the Administrator on 05/01/19 at 4:30pm revealed:</p> <ul style="list-style-type: none"> -She knew about labeling and dating left overs put in the refrigerator but was not aware she needed to date the items in the freezer or the plastic containers in the pantry. -She and two of the personal care aides (PCAs) did the cooking. -She completely emptied the plastic containers used in the pantry to store food before putting new food in them. <p>Interview with the PCA/cook on 05/02/19 at 2:00pm revealed:</p> <ul style="list-style-type: none"> -When he put something in the refrigerator his process was to label and date it with a sticker on 			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL071001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2019
--	---	--	--

NAME OF PROVIDER OR SUPPLIER
PEN-DU REST HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**685 NC HWY 50
WALLACE, NC 28466**

(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 257	Continued From page 7 top of the lid. -He had not been dating the food put in the freezer only labeling it. -He completely emptied the plastic containers used in the pantry to store food before putting the new food in them. A second interview with the Administrator on 05/02/19 at 2:30pm revealed: -She would meet with the staff to talk about labeling and dating all the food when it was opened. -She put a note up in the kitchen to remind the staff to label and date opened food. -She would monitor to see if the food was labeled and dated by staff.	C 257	<i>ACH Training for Personal Care Aides: Staff member A. She is registered to start the 80hr. class 06-10-2019. This was the first available in our area. Staff A. was hired 4-14-09 as a secretary and on 07-06-11 got her Medication Administration Validation. I do agree that I was out of compliance by allowing her to do P.C. Tasks that only I had trained her to do in the past year. We were in compliance or covered in that staff D. and I were here. To meet the needs. and will cover the shift until training is in compliance.</i>	
C937	G.S. 131D-4.3 (a) ACH Training for Personal Care Aides G.S. 131D-4.3 (a) Adult care home training for personal care aides (2) A minimum of 80 hours of training for personal care aides. The training for aides shall be comparable to State-approved Certified Nurse Aide I training. The facility may exempt from the 80-hour training requirement any personal care aides who are or have been either licensed as a health care professional or listed on the Nurse Aide Registry. (3) Monitoring and supervision of residents. (4) Oversight and quality of care as stated in G.S. 131D-4.1. (5) Adult care homes shall comply with all of the following staffing requirements: a. First shift (morning): 0.4 hours of aide duty for each resident (licensed capacity or resident census), or 8.0 hours of aide duty per	C937	<i>Work schedule and staff qualifications are posted for review, (over)</i>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL071001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEN-DU REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 685 NC HWY 50 WALLACE, NC 28466
---	---

(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
C937	<p>Continued From page 8</p> <p>each 20 residents (licensed capacity or resident census) plus 3.0 hours for all other residents, whichever is greater;</p> <p>b. Second shift (afternoon): 0.4 hours of aide duty for each resident (licensed capacity or resident census), or 8.0 hours of aide duty per each 20 residents plus 3.0 hours for all other residents (licensed capacity or resident census), whichever is greater;</p> <p>c. Third shift (evening): 8.0 hours of aide duty per 30 or fewer residents (licensed capacity or resident census).</p> <p>The facility shall provide staff to meet the needs of the facility's residents. Each facility shall post in a conspicuous place information about required staffing that enables residents and their families to ascertain each day the number of direct care staff and supervisors that are required by law to be on duty for each shift for that day.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to assure the 80-hour personal care training and competency evaluation was completed within six months of hire for 1 of 3 staff sampled (Staff A).</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed: -Staff A was hired on 04/14/2009. -There was no documented certification of personal care training and competency evaluation for a 25 hour or 80-hour training course.</p> <p>Interview with a resident on 05/01/19 at 4:10pm revealed: -She wore thrombo-embolytic hose (TED) every day. - Staff A usually put on her TED in the mornings.</p>	C937	<p><i>With required Staffing.</i></p> <p><i>Addendum per telephone conversation with LeVoire English, Administrator on 06/12/19 @ 11:58am:</i></p> <p><i>① Prior to hiring any new Personal Care Aide, the Administrator will ensure the 80 Hr PCA training has been completed or is in process of being completed.</i></p> <p><i>② The Administrator will check staff personnel records every three months to ensure required documents are in personnel Records.</i></p> <p><i>- H. Forto, LSC Licensee Consultant</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL071001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEN-DU REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 685 NC HWY 50 WALLACE, NC 28466
---	---

(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
C937	<p>Continued From page 9</p> <p>Interview with Staff A on 05/01/19 at 5:21pm revealed: -She helped residents get dressed. -She gave residents showers. -She had not completed a personal care aide training course. -She was not a nursing assistant.</p> <p>Interview with the Administrator on 05/01/19 at 5:26pm revealed: -Staff A had not completed a 25 hour or 80-hour personal care training course. -Staff A had only received training "on the job".</p> <p>Observation of Staff A on 05/02/19 at 9:33am revealed Staff A was putting TED hose on the resident.</p> <p>Interview with a resident on 05/02/19 at 9:34am revealed Staff A helped the resident shower.</p>	C937		
	<p>Interview with a second resident on 05/02/19 at 9:39am revealed: -Staff A helped her shower. -Staff A was one of the staff members who put her TED hose on.</p> <p>Interview with the Administrator on 05/02/19 at 10:45am revealed: -Staff A assisted residents with personal care task "when we get in a crunch". -Personal care task included bathing and dressing residents. -Staff A would have to complete the 80 hour personal care aide training and competency.</p>			