

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011262	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/14/2019
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NAME OF PROVIDER OR SUPPLIER
CHUNN'S COVE ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**67 MOUNTAIN BROOK ROAD
ASHEVILLE, NC 28805**

(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
D 000	Initial Comments The Adult Care Licensure Section and the Buncombe County Department of Social Services conducted a follow up survey and complaint investigation on 11/13/19 to 11/14/19.	D 000		
D 366	<p>10A NCAC 13F .1004 (i) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration</p> <p>(i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited.</p> <p>This Rule is not met as evidenced by: Based on interviews and record review the facility failed to document the administration of medication immediately following the administration by the staff who had administered the medications.</p> <p>The findings are:</p> <p>Interview with a resident on 11/13/19 at 10:21am revealed: -Staff who were administering their medication were not medication aides (MA). -Staff were personal care aide's (PCAs) and they were giving medications. -The resident did not feel confident that staff had</p>	D 366	<p>Ⓜ The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited.</p>	

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

TITLE

(X6) DATE

Tony S. [Signature]

Administrator

12/15/19

Reviewed and accepted 12/16/19
RP

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D 366	<p>Continued From page 1</p> <p>been trained to give medications.</p> <p>Interview with a second resident on 11/13/19 at 10:41am revealed: -Staff who were administering medications were not trained MA's. -The residents had been told the facility was short staffed and they were having to use the staff they had to get the medications passed and other job duties done.</p> <p>Review of the personel record for Staff B revealed: -She began her employment with the facility on 10/31/19. -She had been hired as a PCA and Housekeeper. -There was no documentation of the 15 hour medication training or diabetic care training. -There was no documentation of the medication clinical skills or the medication exam.</p> <p>Review of the electronic medication record (eMAR) for November 2019 for a resident revealed: -There was documentation on 11/09/19 at 8:00am for Advair 250-50 diskus, 1 puff twice daily Flonase (0.05%) 2 sprays each nostril each morning, Cozaar 50mg tablet every day and Zoloft 100mg tablet every day had been administered as ordered. -There was documentation on 11/09/19 for Trazodone 50mg tablet TID at 8am, 12pm and 4pm had been administered as ordered. -There was documentation on 11/10/19 for Trazodone 100mg tablet at bedtime administered at 8pm had been administered as ordered. -The medication was documented as administered by Staff B on 11/09/19 and 11/10/19.</p>	D 366	<p>② RN consultant will provide Medication Administration training focused on the recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication.</p> <p>③ RCC will monitor weekly and report to the Administrator at Quality Improvement meetings.</p> <p>④ Completion date: 12/30/19</p>	

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D 366	Continued From page 7 been documenting she was administering medications.	D 366		
D935	<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> <p>a. The key principles of medication administration.</p> <p>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.</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> <p>1. The key principles of medication administration.</p> <p>2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if</p>	D935	<p>The facility will assure that all medication aides will complete all of the following:</p> <p>A five-hour training program developed by the Department that includes training and instruction in all of the following:</p> <p>The key principles of medication administration.</p> <p>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.</p> <p>A clinical skills evaluation completed and consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.</p> <p>Within 60 days from the date of hire, the individual will complete the following:</p>	

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D935	<p>Continued From page 8</p> <p>applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.</p> <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 observations, interviews and record reviews the facility failed to ensure 2 of 3 sampled staff (Staff B and C) who administered medications had successfully completed medication training and competency evaluation requirements.</p> <p>The finding are:</p> <p>1. Review of Staff B's personnel record revealed: -Staff B was hired on 10/31/19 as a personal care aide/housekeeper. -There was no documentation Staff B had completed 5, 10 or 15-hour medication administration training. -There was no documentation Staff B had completed the medication clinical skills checklist or passed the medication exam.</p> <p>Review of the facility's November 2019 electronic Medication Administration Records (eMARs) revealed Staff B documented the administration of medications on 11/9/19 and 11/10/19.</p>	D935	<p>An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: The key principles of medication administration. 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> <p>An examination completed and passed at a location in the state of NC.</p> <p>The administration will monitor monthly that all medication aides have completed the training and competency requirements, including the testing completed and passed at a location in the state of NC.</p> <p>Completion date: 12/30/19</p>	