

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL044041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/26/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPICEWOOD COTTAGES WILLOWS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>65 LOVING WAY CLYDE, NC 28721</b>
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(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 Haywood County Department of Social Services conducted an annual survey on 02/25/20 - 02/26/20.	D 000		
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>	D935		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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D935	<p>Continued From page 1</p> <p>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> <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 the Medication Clinical Skills validation, and medication test were completed for 1 of 2 sampled Medication Aides (Staff A) when the Medication Aide was hired.</p> <p>The findings are:</p> <p>Observation of the physical plant and review of licensing records revealed: -There were 3 individually licensed facilities on the property. -All 3 facilities were under the same ownership and management.</p> <p>Review of Staff A's Medication Aide (MA), personnel record revealed: -Staff A was hired on 08/30/19. -There was no documentation of the 5-hour and 10-hour medication training or the 15-hour medication training.</p>	D935		

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D935	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-There was documentation of a completed Medication Clinical Skills validation dated 09/01/19 but did not specify which building at the facility she was validated to work at.</li> <li>-There was no documentation she had successfully passed the medication test.</li> </ul> <p>Attempted telephone interview with Staff A on 02/27/20 at 1:30pm was unsuccessful.</p> <p>Interview with the Resident Care Coordinator on 02/27/20 at 2:00pm revealed:</p> <ul style="list-style-type: none"> <li>-She was responsible for making sure staff had completed all required training.</li> <li>-She was responsible for having all documentation of paperwork in each staff's record.</li> <li>-Staff A was working as a third shift MA at the facility.</li> <li>-Staff A had worked at a different facility and the other facility would not release copies of Staff A's medication training.</li> <li>-Staff A had not completed medication training or taken the medication test since she was hired to work at this facility.</li> <li>-Staff A worked "as needed" upon hire because she worked as a MA for another facility.</li> <li>-She had not completed an employment verification form for Staff A's employee record.</li> <li>-Staff A had been removed from the schedule working as a MA until she received her MA training and successfully passed the medication test for the facility.</li> </ul> <p>Attempted telephone interview with the contracted Licensed Health Professional Support (LHPS) nurse on 02/27/20 at 1:54pm was unsuccessful.</p> <p>Telephone interview with the Administrator on 02/27/20 at 3:37pm revealed:</p>	D935		

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D935	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-The RCC was responsible for making sure that MA's had received all required training and successfully passed the medication test before working independently as a MA at the facility.</li> <li>-Human Resources was responsible for making sure all documentation of paperwork was filed in the employee records.</li> <li>-He did not know that Staff A had not completed medication training or had not taken the medication test for the facility.</li> <li>-He expected all staff to complete required training to work at the facility.</li> <li>-He expected the RCC to schedule all staff for the required training and make sure the training was completed.</li> </ul>	D935		