

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL088010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/18/2020
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NAME OF PROVIDER OR SUPPLIER TORRE'S HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 65 TORE'S DRIVE BREVARD, NC 28712
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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
C 000	Initial Comments The Adult Care Licensure Section and the Transylvania County Department of Social Services conducted an annual survey on 02/18/20.	C 000		
C935	<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>	C935	<p><i>Please see attached document</i></p>	

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

[Signature]

TITLE

PRESIDENT

(X6) DATE

2-26-20

STATE FORM

6806

LKLU11

If continuation sheet 1 of 3

Reviewed and accepted 3/17/20

R Pacheco

Division of Health Service Regulation

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C935	<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 interviews and record reviews, the facility failed to ensure 1 of 3 sampled medication aides (Staff C) completed the 10, or 15 hour state approved medication aide training and completed the medication aide exam within 60 days.</p> <p>The findings are:</p> <p>Review of Staff C's Medication Aide (MA) personnel record revealed: -Staff C was hired 11/04/19 as a MA. -There was documentation Staff C had completed 5 hours of MA training 11/12/19. -There was documentation Staff C had completed the medication clinical skill checklist on 11/12/19. -There was no documentation Staff C had completed a 10 hour or 15 hour MA training. -There was no documentation Staff C had completed the MA exam.</p> <p>Review of three residents' electronic Medication Administration Record (eMAR) for February 2020 revealed Staff C documented the administration of medications between 02/01/20 and 02/17/20.</p>	C935		

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C935	<p>Continued From page 2</p> <p>Interview with the Licensed Health Professional Support (LHPS) nurse on 02/18/20 at 11:40am revealed:</p> <ul style="list-style-type: none"> -She was in the facility every Tuesday to conduct needed training for staff. -She was not aware of what training the staff needed until she was in the facility on Tuesdays. -Staff C had not shown up to complete the 10 hour MA training. <p>Interview with the Property Manager on 02/18/20 at 11:42am revealed:</p> <ul style="list-style-type: none"> -She was responsible for notifying staff of the training they were required to complete. -Staff C was a full time second shift MA and administered medications to the residents. -The LHPS nurse would come into the facility every Tuesday to conduct trainings. -She would post signs in the facility of required trainings. -Staff C would sometimes not show up for the required trainings. -Staff C was difficult to reach by telephone. -She did not know why Staff C had not taken the MA exam within 60 days. -She had enrolled Staff C for the MA exam on 03/24/20. <p>Attempted telephone interview with Staff C on 02/18/20 at 11:45am was unsuccessful.</p>	C935		

Corrective Action for Tores Home #3. Survey 2/18/2020.

C935 Medication Aides; Training and Competency

Measures put in place:

As of 2/18/2020 Staff C was removed from her shift once the manager was made aware that Staff C had not obtained the appropriate certifications needed per state regulations. Staff C was informed she would not be able to return to her shift until she completed the appropriate classes needed to obtain these certifications. On 2/25/2020 Staff C attended the classes needed to return to her shift by obtaining the 15hr MA certificate.

Preventive measures put in place to prevent the problem:

Management will monitor employee files more frequently and work with private nurse to make sure all staff have the required certifications in the appropriate time frame.

Who will monitor:

Facilities manager will monitor all employee files.

How often:

Employee files will be audited monthly by facilities manager.