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C 000	Initial Comments The Adult Care Licensure Section conducted an initial survey and a COVID-19 focused Infection Control survey with an onsite visit on 10/08/20 and a desk review survey on 10/08/20 to 10/09/20, 10/12/20 to 10/14/20, and a telephone exit on 10/14/20.	C 000		
C 171	10A NCAC 13G .0504(a) Competency Validation For Licensed Health 10A NCAC 13G .0504 Competency Validation For Licensed Health Professional Support Tasks (a) A family care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 2 of 5 non-licensed staff sampled (A, E) had been competency validated for the licensed health professional support task of oxygen administration and monitoring prior to the staff performing these tasks. The findings are: 1. Review of Staff A's personnel record revealed: -Staff A was hired on 09/21/18 as a certified nursing assistant (CNA) and medication aide	C 171		

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C 171	Continued From page 1 (MA). -Staff A had a licensed health professional support (LHPS) competency evaluation skills validation form dated 09/27/18. -The task for oxygen administration and monitoring was blank and had not been checked off on the form as completed. Observation during tour of the facility on 10/08/20 at 10:46am revealed 1 of the 3 residents residing in the facility was observed in her room wearing a nasal cannula attached to an oxygen concentrator. Telephone interview with Staff A on 10/14/20 at 11:38am revealed: -She worked as a CNA and MA. -There was one resident at the facility who received oxygen continuously at 2 liters per minute. -She monitored the resident's oxygen to make sure the resident was wearing it and it was positioned correctly at least 4 or 5 times a shift. -She also cleaned and changed the tubing for the oxygen. -A nurse had checked her off on some LHPS tasks, but she could not recall when or which tasks she was checked off to perform. -She thought she had been checked off on ambulation, transferring, and oxygen but she was not sure. Telephone interview with the facility's Owner on 10/14/20 at 2:47pm revealed: -He was not aware the LHPS validation checklist was incomplete for Staff A. -The nurse who completed those LHPS validations was no longer employed by the facility. -He thought the reason the nurse did not validate Staff A for oxygen administration and monitoring	C 171		

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C 171	Continued From page 2	C 171		

may have been because at the time the validations were completed, they did not have any residents with that task.
-The nurse may have gone over the task verbally but could not observe them perform the task in order to validate them.

Attempted telephone interview with the facility's previously contracted nurse on 10/14/20 at 3:32pm was unsuccessful.

Refer to telephone interview with the Administrator on 10/14/20 at 4:03pm.

2. Review of Staff E's personnel record revealed:
-Staff E was hired on 05/21/18 as a certified nursing assistant (CNA) and medication aide (MA).
-Staff E had a licensed health professional support (LHPS) competency evaluation skills validation form dated 09/06/18.
-The task for oxygen administration and monitoring was blank and had not been checked off on the form as completed.

Observation during tour of the facility on 10/08/20 at 10:46am revealed 1 of the 3 residents residing in the facility was observed in her room wearing a nasal cannula attached to an oxygen concentrator.

Telephone interview with Staff E on 10/14/20 at 1:17pm revealed:
-She provided care to a resident who used oxygen continuously at 2 liters per minute.
-She and the MAs refilled the resident's portable oxygen tank, put the nasal cannula on the resident, cleaned the filter, and changed the tubing weekly.
-She thought she had been checked off on

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C 171	Continued From page 3 oxygen administration and monitoring and she did not know why that task was blank on her LHPS validation form. Telephone interview with the facility's Owner on 10/14/20 at 2:47pm revealed: -He was not aware the LHPS validation checklist was incomplete for Staff E. -The nurse who completed those LHPS validations was no longer employed by the facility. -He thought the reason the nurse did not validate Staff E for oxygen administration and monitoring may have been because at the time the validations were completed, they did not have any residents with that task. -The nurse may have gone over the task verbally but could not observe them perform the task in order to validate them. Attempted telephone interview with the facility's previously contracted nurse on 10/14/20 at 3:32pm was unsuccessful. Refer to telephone interview with the Administrator on 10/14/20 at 4:03pm. _____ Telephone interview with the Administrator on 10/14/20 at 4:03pm revealed: -She was the Administrator and one of the owners of the facility. -She was in charge of the personnel records. -She and the other owner, the supervisor, and the administrative staff tried to check the personnel records on a monthly basis. -She was not aware oxygen administration and monitoring for Staff A and Staff E was not completed on their LHPS validation checklists. -The facility's previously contracted nurse who did the LHPS validations may have missed signing off on the task of oxygen administration and	C 171		

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C 171	Continued From page 4 monitoring.	C 171		
C 270	10A NCAC 13G .0904 (c-7) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service Menus in Family Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to have a matching therapeutic menu for 1 of 1 sampled residents with a physician's order for a controlled carbohydrate diet, (#3). The findings are: Review of Resident #3's current FL-2 dated 08/13/20 revealed: -Diagnoses included congestive heart disease, chronic respiratory hypoxia, chronic kidney disease, gout, depressive disorder, obesity, insomnia, sleep apnea, hyperlipidemia and hypertension. -The resident was semi-ambulatory and oriented. -The resident was on a controlled carbohydrate diet (CCD) and reduced concentrated sweets (RCS) diet. Review of Resident #3's subsequent physician order dated 09/16/20 revealed the resident was on a CCD. Review of Resident #3's care plan dated 08/13/20	C 270		

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C 270	Continued From page 5 revealed resident was on a CCD. Review of Resident #3's Licensed Health Professional Support (LHPS) assessment on 10/06/20 revealed the resident was on a CCD. Review of the "Weekly Menu" diet menu spreadsheet provided on 10/08/20 revealed there was no therapeutic menu for a CCD. Review of the therapeutic diet list on 10/08/20 revealed there were no residents on a CCD. Observation of the kitchen and dining room on 10/08/20 at 11:00am revealed there was not a therapeutic diet list or menu in the kitchen. Interview with a medication aide (MA) on 10/08/20 at 11:13am revealed: -She prepared meals for the residents. -She was unable to locate the therapeutic diet list. -She had not observed a therapeutic diet list in the kitchen since Resident #3 was admitted on 08/05/20. -Resident #3 had diabetes and was served a RCS diet. Telephone interview with a personal care aide (PCA) on 10/09/20 at 2:15pm revealed: -She prepared meals for the residents. -Resident #3 received an RCS diet. A second observation of the kitchen on 10/08/20 at 2:28pm revealed: -There was a handwritten therapeutic diet list on the refrigerator. -Resident #3 was listed with a CCD and RCS diet. Interview with the facility Owner on 10/08/20 at	C 270		

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C 270	Continued From page 6 2:30pm revealed: -The therapeutic menus were completed monthly. -Resident #3 was listed as receiving a CCD and RCS diet. Telephone interview with the Supervisor-in-Charge (SIC) on 10/14/20 at 1:54pm revealed: -Resident #3 was on an RCS diet. -She was responsible for updating the therapeutic diet list. Telephone interview with Resident #3's primary care provider (PCP) on 10/14/20 at 3:19pm revealed: -Resident #3 should have been on a CCD due to her diagnosis of diabetes. -He had not been contacted by the facility with any questions about her diet order. -He expected the facility to provide Resident #3 with a CCD as ordered. Telephone interview with the Administrator on 10/14/20 at 4:19pm revealed: -She was not aware that physician diet orders had not been followed as ordered for Resident #3. -She expected the SIC to follow physician diet orders.	C 270		
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	C935		

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C935	Continued From page 7 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 NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 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. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section. This Rule is not met as evidenced by:	C935		

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C935	Continued From page 8 Based on interviews and record reviews, the facility failed to ensure 1 of 4 staff sampled (A) who administered medications had completed the medication administration clinical skills validation checklist as required prior to administering medications. The findings are: Review of Staff A's personnel record revealed: -Staff A was hired on 09/21/18 as a medication aide (MA). -Staff A had an incomplete medication administration clinical skills validation checklist signed and dated 02/05/20. -Sections 2A - 2E, 4, 10D - 10E, 13B - 13E, 13G - 13H, and 13J were blank and had not been completed on the medication clinical skills validation checklist for Staff A. -The tasks for Section 2A - 2E (Medication Orders) included: components of a complete medication order; transcribing orders onto the medication administration record (MAR); telephone orders; admission and readmission orders and the FL-2; and ordering and receiving medications. -The task for Section 4 included medications prepared in advance in accordance with the regulations. -The tasks for Section 10D - 10E (Documentation of Medication Administration) included recorded information on other facility forms as required and wrote a note in the resident's record when indicated. -The tasks for Section 13B - 13E, 13G - 13H and 13J (Administered medications using appropriate technique for dosage form/route and administered accurate amount) included oral liquids; sublingual medications, oral inhalers, eye drops and ointments; nose drops; nasal	C935		

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sprays/inhalers; and topical creams and ointments.
-There was no documentation Staff A had completed these tasks or whether she needed additional training for these tasks.
-Staff A completed the 15-hour medication administration training course for adult care homes on 12/20/19.
-Staff A passed the MA written exam on 01/22/20.

Review of the Instructions for Completing the Medication Administration Clinical Skills Checklist revealed:
-Unlicensed staff who administer medications and supervisors of staff responsible for administering medications in adult care homes must have a registered pharmacist or registered nurse validate the staff's competency for tasks or skills that will be performed in the facility prior to the unlicensed staff administering medications.
-Sections 1 through 14 must be completed for each unlicensed staff person unless otherwise indicated on the checklist.
-For Sections 2 through 13, the employee is to be observed actually performing the task or skill or at least be able to verbalize and demonstrate competency to perform the task or skill.

Review of residents' August 2020 - October 2020 electronic medication administration records (eMARs) revealed:
-Staff A administered medications on 11 days from 08/07/20 - 08/31/20.
-Staff A administered medications on 21 days from 09/01/20 - 09/30/20.
-Staff A administered medications on 6 days from 10/01/20 - 10/08/20.
-Medications documented as administered by Staff A included oral pills, oral liquids, and oral inhalers.

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C935	Continued From page 10 Telephone interview with Staff A on 10/14/20 at 11:38am revealed: -She worked as a MA and administered medications to the residents. -She was not aware her medication administration clinical skills validation checklist was incomplete. -She remembered a nurse had observed her administer medications, but she could not remember when or the specific tasks the nurse observed her do. -She administered different types of medications including oral pills, oral liquids, inhalers, eye drops, sublingual pills, nasal drops/sprays, and topical creams and ointments. -She did not prepare medications in advance, take verbal orders, or get clarifications for medication orders. -The facility's supervisor usually processed medication orders and ordered the medications. -If the supervisor was not at the facility, the Administrator usually processed the medication orders. -If the supervisor or Administrator were not available, she was "a little" familiar with the ordering process. -She would call the pharmacy and get them to "handle" the order if the supervisor or the Administrator were not available. -She had passed the medication written exam and she had taken the 15-hour medication training course. Telephone interview with the facility's supervisor on 10/14/20 at 1:17pm revealed: -The medication administration clinical skills validation checklist should be completed for all MAs. -She was not aware Staff A's medication	C935		

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administration clinical skills validation checklist was incomplete.
-The Administrator was responsible for the personnel records and setting up training, so she was not sure why Staff A's medication administration clinical skills validation checklist was incomplete.
-Staff A was a MA and administered medications to all residents at the facility.

Telephone interview with the facility's Owner on 10/14/20 at 2:47pm revealed he was not aware Staff A's medication administration clinical skills checklist was incomplete.

Telephone interview with the Administrator on 10/14/20 at 4:03pm revealed:
-She was the Administrator and one of the owners of the facility.
-She was in charge of the personnel records.
-She and the other owner, the supervisor, and the administrative staff tried to check the personnel records on a monthly basis.
-The facility's currently contracted nurse usually came to the facility 2 to 3 times a month and was responsible for completing the medication administration clinical skills validation checklists.
-She was not aware Staff A's medication administration clinical skills validation checklist was incomplete.
-She was not sure why Staff A's medication administration clinical skills validation checklist was incomplete.

Telephone interview with a nurse contracted by the facility on 10/14/20 at 3:43pm revealed:
-She had completed Staff A's 15-hour medication training course with some return demonstrations in December 2019.
-She did not complete return demonstrations with

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C935	Continued From page 12 Staff A with the medication administration clinical skills validation checklist in February 2020. -She usually went around with the MAs and observed them perform and demonstrate the tasks and then signed off on each task. -Sometimes, if a facility's residents did not have certain tasks at the time of their training, she would go back later and validate the MA on those tasks. -She was usually at the facility every week and the supervisor usually let her know if a resident was admitted to the facility with those tasks. -She was aware Staff A's medication administration clinical skills validation checklist was incomplete and some tasks needed to be dated and initialed for validation. -Staff A started out working as a certified nursing assistant and then became a MA. -The facility's management staff (could not remember who) was aware Staff A needed more tasks checked off on the medication administration clinical skills validation checklist. -She had been busy and had also been out of work (did not specify how long), so she had not completed Staff A's medication administration clinical skills validation checklist.	C935		