

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/30/2021
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NAME OF PROVIDER OR SUPPLIER THE SOCIAL AT COTSWOLD	STREET ADDRESS, CITY, STATE, ZIP CODE 3610 RANDOLPH ROAD CHARLOTTE, NC 28211
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{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow up survey and a complaint investigation from 09/28/21 to 09/30/21. The complaint investigation was initiated by the County Department of Social Services on 08/06/21.	{D 000}		
{D 137}	<p>10A NCAC 13F .0407(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall:</p> <p>(5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 3 of 6 sampled agency staff (Staff A, E and F) had a North Carolina Health Care Personnel Registry (HCPR) completed upon hire.</p> <p>The findings are:</p> <p>1. Review of Staff A's, personal care aide (PCA) personnel record revealed: -Staff A was hired on 08/20/21. -There was no documentation Staff A had a HCPR check completed upon hire.</p> <p>Refer to interview with the Business Office Manager on 09/28/21 at 2:30pm.</p> <p>Refer to interview with the Executive Director (ED) on 09/28/21 at 2:50pm.</p> <p>2. Review of Staff E's, PCA personnel record</p>	{D 137}		

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{D 137}	<p>Continued From page 1</p> <p>revealed: -Staff E was hired on 08/02/21. -There was no documentation Staff E had a HCPR check completed upon hire.</p> <p>Refer to interview with the Business Office Manager on 09/28/21 at 2:30pm.</p> <p>Refer to interview with the Executive Director (ED) on 09/28/21 at 2:50pm.</p> <p>3. Review of Staff F's, PCA personnel record revealed: -Staff F was hired on 06/01/21. -There was no documentation Staff F had a HCPR check completed upon hire.</p> <p>Refer to interview with the Business Office Manager on 09/28/21 at 2:30pm.</p> <p>Refer to interview with the Executive Director (ED) on 09/28/21 at 2:50pm.</p> <p>Interview with the Business Office Manager on 09/28/21 at 2:30pm revealed: -She was not responsible for doing the HCPR on agency staff. -She was only responsible for doing the HCPR on facility staff only.</p> <p>Interview with the Executive Director on 09/28/21 at 2:50pm revealed: -The Business office manager was responsible for the personnel records. -Her expectation was that the Business office manager would ensure a HCPR check was completed for all staff upon hire. -She did not know why there were no HCPR checks for the listed staff.</p>	{D 137}		

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{D 358}	Continued From page 2	{D 358}		
{D 358}	<p>10A NCAC 13F .1004(a) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:</p> <p>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and</p> <p>(2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: FOLLOW-UP TO TYPE A1 VIOLATION.</p> <p>The Type A1 Violation was abated. Non-compliance continues.</p> <p>Based on observations, record reviews, and interviews, facility failed to ensure medications were administered as ordered by a licensed practicing practitioner for 1 of 5 sampled residents (#2) related to an antipsychotic medication.</p> <p>Review of Resident #2's current FL2 dated 03/17/21 revealed diagnoses included schizophrenia disorder, bipolar disorder, and gastroesophageal reflux disease.</p> <p>Review of Resident #2's signed physician order dated 08/02/21 revealed an order for clozapine (to treat schizophrenia) 25mg twice daily.</p> <p>Review of Resident #2's subsequent physician order dated 09/20/21 revealed and order to discontinue clozapine 25mg twice daily.</p>	{D 358}		

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{D 358}	<p>Continued From page 3</p> <p>Review of Resident #2's September 2021 electronic Medication Administration Record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for clozapine 25mg twice daily at 9:00am and 1:00pm. -Clozapine 25mg was documented as not administered from 09/15/21 at 1:00pm to 09/20/21 at 1:00pm. -There was no reason documented for clozapine 25mg from 09/15/21 to 09/17/21. -On 09/17/21, 09/18/21, 09/19/21, and 09/20/21 the reason documented for clozapine not administered was "medication on order from the pharmacy". <p>Observation of Resident #2's medications on hand on 09/29/21 revealed there was no clozapine 25mg available for administration.</p> <p>Telephone interview with a pharmacist at the facility's contracted pharmacy on 09/30/21 at 8:47am revealed:</p> <ul style="list-style-type: none"> -Resident #2's clozapine 25mg was last filled on 08/06/21 for a 30-day supply. -Request for refill was received on 09/17/21 from the facility and the pharmacy responded via facsimile and telephone with request for a new physician order on 09/17/21. -The staff were to begin to request medication refills seven days in advance to allow time to obtain a new physician order or insurance verification. -Resident #2's clozapine was not on a scheduled cycle fill and was prescribed by the provider after review of lab values. -Clozapine was a medication that should not be stopped abruptly to prevent rebound cholinergic symptoms or psychosis. <p>Interview with a first shift medication aide (MA) on</p>	{D 358}		

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{D 358}	<p>Continued From page 4</p> <p>09/29/21 at 1:30pm revealed: -On 09/17/21 when Resident #2 ran out of her medication, a medication reorder sticker was pulled from the bubble-pack and faxed to the facility's contracted pharmacy for a refill. -She did not get a response from the pharmacy via facsimile or telephone call. -She did not have a fax confirmation the faxed document was received by the pharmacy. -The faxed request for Resident #2's clozapine refill was placed in a folder in the medication room when she sent it to the pharmacy. -She did not follow up on the faxed request the next time she documented the medication was not available for refill. -She thought the Health and Wellness Director (HWD) gathered all the refill requests and filed them in Resident #2's record.</p> <p>Interview with a second shift MA on 09/29/21 at 1:58pm revealed: -She documented in Resident #2's eMAR when clozapine was not available from the pharmacy. -She did not know what else needed to be done when a resident ran out of a medication but to make sure the pharmacy was notified that Resident #2 needed a refill on her clozapine. -She did not call the pharmacy and request Resident #2's clozapine. -She was told by the first shift MA Resident #2's clozapine was ordered from the pharmacy.</p> <p>Interview with the Heath and Wellness Director (HWD) on 09/29/21 at 9:35am revealed: -She expected the MA's to remove a medication refill sticker from the bubble pack for Resident #2's clozapine and fax it to the pharmacy when there were seven doses of the medication left in the bubble-pack. -If the MA's did not get a response from the</p>	{D 358}		

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{D 358}	<p>Continued From page 5</p> <p>pharmacy when there were three doses left, they were expected to notify her to follow up with the pharmacy.</p> <p>-She learned Resident #2 had ran out of her medication when Resident #2 missed three doses of her clozapine on 09/17/21.</p> <p>-She had not had a chance to run a missed medication audit report until today (09/29/21).</p> <p>-There was not a set system in place to communicate missed medications except the 24-hour communication log.</p> <p>-She realized today (09/29/21) the MAs were not writing information in the 24-hour communication log about Resident #2's clozapine.</p> <p>Interview with the Executive Director on 09/30/21 at 9:50am revealed:</p> <p>-She was made aware on 09/17/21 that Resident #2 ran out of her clozapine.</p> <p>-The MAs and the HWD were responsible for ensuring Resident #2 received all her scheduled medications.</p> <p>-She expected to be informed by the MAs or the HWD when there were problems with Resident #2's clozapine before Resident #2 ran out of it completely.</p>	{D 358}		
{D 367}	<p>10A NCAC 13F .1004(j) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following:</p> <p>(1) resident's name;</p> <p>(2) name of the medication or treatment order;</p> <p>(3) strength and dosage or quantity of medication administered;</p> <p>(4) instructions for administering the medication</p>	{D 367}		

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{D 367}	<p>Continued From page 6</p> <p>or treatment;</p> <p>(5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;</p> <p>(6) date and time of administration;</p> <p>(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and,</p> <p>(8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the accuracy of the electronic medication administration record (eMAR) for 2 of 5 sampled residents (Resident #1, and #6) related to ensuring the documentation of sliding scale insulin (SSI).</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL2 dated 06/16/21 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included diabetes type 2. -There was an order to check finger stick blood sugar (FSBS) three times daily 5-10 minutes before meals and inject insulin aspart (fast-acting insulin) three times daily 5-10 minutes before meals using the SSI scale. -There was an order for SSI scale three times a day as follows; 0-70 follow hypoglycemic protocol, less than 150 = 0 units, 151-190 = 1 unit, 191-230 = 2 units, 231- 270 = 3 units, 271-310 = 4 units, 311-3580 = 5 units, greater than 350 = 6 units and call physician. -There was an order to check FSBS at bedtime 	{D 367}		

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{D 367}	<p>Continued From page 7</p> <p>and inject insulin aspart using the SSI scale.</p> <p>-The was an order for the bedtime SSI as follows; less than 190 = 0 units, 191-230 = 1 unit, 231-270 = 2 units, 271-310= 3 units, 311-350 = 4 units, 351-400 = 5 units, greater than 400 = 6 units and call physician.</p> <p>Review of Resident #1's August 2021 eMAR revealed:</p> <p>-There was an entry to check FSBS three times a day at 7:30am, 11:30am and 4:30pm and inject insulin aspart three times daily 5-10 minutes before meals using the SSI scale.</p> <p>-From 08/12/21 at 7:30am to 08/31/21 at 4:30pm, there were 45 out of 60 opportunities the SSI dose was not documented and no documented explanation.</p> <p>-There was an entry to check FSBS at 8:00pm and inject insulin aspart using the SSI scale.</p> <p>- From 08/12/21 to 08/31/21 at 8:00pm, there were 15 out of 20 opportunities the SSI dose was not documented and no documented explanation.</p> <p>Review of Resident #1's August 2021 eMAR Medication Notes revealed:</p> <p>-There was no documentation of the 45 missing opportunities using the SSI three times a day.</p> <p>-There was no documentation of the 15 missing opportunities using the SSI at bedtime.</p> <p>Review of Resident #1's September 2021 eMAR revealed:</p> <p>-There was an entry to check FSBS three times a day at 7:30am, 11:30am and 4:30pm and inject insulin aspart three times daily 5-10 minutes before meals using the SSI scale.</p> <p>-From 09/01/21 at 7:30am to 09/27/21 at 4:30pm, there were 39 out of 81 opportunities the SSI dose was not documented.</p> <p>-There was an entry to check FSBS at 8:00pm</p>	{D 367}		

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{D 367}	<p>Continued From page 8</p> <p>and inject insulin aspart using the SSI scale. - From 09/01/21 to 09/27/21 at 8:00pm, there were 24 out of 27 opportunities the SSI dose was not documented.</p> <p>Review of Resident #1's September 2021 eMAR Medication Notes revealed: -There was no documentation of the 39 missing opportunities using the SSI three times a day. -There was no documentation of the 24 missing opportunities using the SSI at bedtime.</p> <p>Review of Resident #1's Medication Observation report for August 2021 revealed: -There was an entry to check FSBS three times a day at 7:30am, 11:30am and 4:30pm and inject insulin aspart three times daily 5-10 minutes before meals using the SSI scale. -From 08/12/21 at 7:30am to 08/31/21 at 4:30pm, there were 60 out of 60 opportunities the SSI was documented as given. -There was an entry to check FSBS at 8:00pm and inject insulin aspart using the SSI scale. - From 08/12/21 to 08/31/21 at 8:00pm, there were 20 out of 20 opportunities the SSI was documented as given.</p> <p>Review of Resident #1's Medication Observation report for September 2021 revealed: -There was an entry to check FSBS three times a day at 7:30am, 11:30am and 4:30pm and inject insulin aspart three times daily 5-10 minutes before meals using the SSI scale. -From 09/01/21 at 7:30am to 09/27/21 at 4:30pm, there were 78 out of 81 opportunities the SSI was documented as given. -There was an entry to check FSBS at 8:00pm and inject insulin aspart using the SSI scale. - From 09/01/21 to 09/27/21 at 8:00pm, there were 27 out of 27 opportunities the SSI was</p>	{D 367}		

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{D 367}	<p>Continued From page 9</p> <p>documented as given.</p> <p>Refer to interview with a medication aide (MA) on 09/29/21 at 8:45am.</p> <p>Refer to interview with a second MA on 09/29/21 at 9:19am.</p> <p>Refer to interview with the eMAR program representative on 09/30/21 at 10:15am.</p> <p>Refer to interview with the Health and Wellness Director (HWD) on 09/29/21 at 10:00am.</p> <p>Refer to interview with the Regional HWD on 09/29/21 at 11:45am.</p> <p>Refer to interview with the Executive Director on 09/30/21 at 12:38pm.</p> <p>2. Review of Resident #6's current FL2 dated 06/22/21 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included, diabetes type 2. -There was an order to check finger stick blood sugar (FSBS) three times daily before meals and inject Novolog Flexpen before meals per Sliding scale insulin scale. -There was an order for SSI scale three times a day as follows; 70 - 150 = 0 units, 151-250 = 2 unit, 251-300 = 4 units, 301 - 350 = 6 units, 351 - 400 = 8 units, 401 plus call physician. -There was an order to check FSBS at 9:00pm and inject Levemir 6 units. <p>Review of Resident #6's August 2021 electronic Medication Administration Record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry to check FSBS three times a day at 7:00am, 11:00am and 4:00pm and inject Novolog Flexpen three times daily before meals 	{D 367}		

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{D 367}	<p>Continued From page 10</p> <p>using the SSI scale.</p> <p>-From 08/01/21 at 7:00am to 08/31/21 at 4:00pm, there were 34 out of 93 opportunities the SSI dose was not documented as administered.</p> <p>Review of Resident #6's August 2021 eMAR Medication Notes revealed there was no documentation of the 34 missing opportunities using the SSI three times a day.</p> <p>Review of Resident #6's September 2021 eMAR revealed:</p> <p>-There was an entry to check FSBS three times a day at 7:00am, 11:00am and 4:00pm and inject Novolog Flexpen three times daily before meals using the SSI scale.</p> <p>-From 09/01/21 at 7:00am to 08/28/21 at 4:00pm, there were 30 out of 84 opportunities the SSI dose was not documented.</p> <p>Review of Resident #6's September 2021 eMAR Medication Notes revealed there was no documentation of the 30 missing opportunities using the SSI three times a day.</p> <p>Review of Resident #6's Medication Observation report for August 2021 revealed:</p> <p>-There was an entry to check FSBS three times a day at 7:00am, 11:00am and 4:00pm and inject Novolog Insulin three times daily before meals using the SSI scale.</p> <p>-From 08/01/21 at 7:00am to 08/31/21 at 4:00pm, there were 34 out of 93 opportunities the SSI was documented as not administered.</p> <p>Review of Resident #6's Medication Observation report for September 2021 revealed:</p> <p>-There was an entry to check FSBS three times a day at 7:00am, 11:00am and 4:00pm and inject Novolog insulin three times daily before meals</p>	{D 367}		

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{D 367}	<p>Continued From page 11</p> <p>using the SSI scale.</p> <p>-From 09/01/21 at 7:00am to 09/2/21 at 4:00pm, there were 30 out of 84 opportunities the SSI was documented as not administered.</p> <p>Refer to interview with a medication aide (MA) on 09/29/21 at 8:45am.</p> <p>Refer to interview with a second MA on 09/29/21 at 9:19am.</p> <p>Refer to telephone interview with the eMAR program representative on 09/30/21 at 10:15am.</p> <p>Refer to interview with the HWD on 09/29/21 at 10:00am.</p> <p>Refer to interview with the Regional HWD on 09/29/21 at 11:45am.</p> <p>Refer to interview with the Executive Director on 09/30/21 at 12:38pm.</p> <p>Interview with a medication aide (MA) on 09/29/21 at 8:45am revealed:</p> <p>-She would enter the FSBS for Residents #1 and #6 in the eMAR using the "SSI" button.</p> <p>-The SSI button prompted the user to enter the FSBS, amount of insulin administered according to the SSI scale and the site, press the "Save" button and when that screen disappeared press the save button.</p> <p>-She documented the amount of SSI she administered according to the SSI and the FSBS.</p> <p>-The only way the amount of SSI would not show up in the eMAR for what she administered was if she did not save it after it was entered.</p> <p>-She would have to save the entry two times for it to record the documentation completely.</p>	{D 367}		

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{D 367}	<p>Continued From page 12</p> <p>Interview with a second MA on 09/29/21 at 9:19am revealed:</p> <ul style="list-style-type: none"> -She would enter the FSBS for Residents #1 and #6 in the eMAR using the "SSI" button. -The SSI button prompted the user to enter the FSBS, amount of insulin administered according to the SSI scale and the site, press the "Save" button and when that screen disappeared press the save button. -She documented the amount of SSI she administered according to the SSI and the FSBS. -She did not know why the amount of SSI she administered to Resident #1 did not show up in the Medication Notes. -There was no training for the eMAR system after 08/11/21 because the new administration was implementing a new system in October. <p>Telephone interview with the eMAR program representative on 09/30/21 at 10:15am revealed:</p> <ul style="list-style-type: none"> -Their staff was available 24/7 as a resource and they provided training at the request of the facility. -The eMAR program had a button for administration of SSI which included the FSBS, amount of insulin provided and the site it was administered. <p>Interview with the HWD on 09/29/21 at 10:00am revealed:</p> <ul style="list-style-type: none"> -On 09/29/21 at 10:00am was the first time she was aware the amount of insulin administered was not showing up in the eMAR system. -She ran a Medication Observation report weekly as a way to audit medication administration compliance but the report only documented a medication if it was administered, refused or left blank. -The MAs were responsible for documenting the amount of insulin administered in the eMAR. -After 08/11/21, she and the Regional HWD 	{D 367}		

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{D 367}	<p>Continued From page 13</p> <p>performed medication passes to audit the MAs ability to pass medications which included documentation.</p> <p>-If there were any concerns during the medication passes, she and the Regional HWD would educate about the issue.</p> <p>-There were not any issues noted related to the documentation of the SSI amount documentation.</p> <p>Interview with the Regional HWD on 09/29/21 at 11:45am revealed:</p> <p>-The MAs were responsible for documenting the SSI administered according to the FSBS in the resident's eMAR.</p> <p>-He and the HWD performed a medication pass with all MAs to audit their abilities to give medications and document.</p> <p>-He was not aware some of the MAs were not documenting the SSI administered in the eMAR.</p> <p>-The HWD was responsible for performing a weekly medication observation through a report in the eMAR system.</p> <p>-He was not aware the weekly medication observation report only documented if the order was given, refused or blank.</p> <p>-It was his expectation the MAs administered the SSI according to the physician's order and document the amount administered in the resident's eMAR.</p> <p>Interview with the Executive Director on 09/30/21 at 12:38pm revealed:</p> <p>-The Regional HWD and the HWN performed audits on the MAs by observing medication passes.</p> <p>-If there was a concern with medication management there would be immediate training specific to the concern.</p> <p>-The training will be provided for all staff and the MAs would use paper eMARs until the MAs could</p>	{D 367}		

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{D 367}	Continued From page 14 show proficiency in the the eMAR program. The HWD would be responsible for performing chart audits on a weekly basis to confirm documentation compliance.	{D 367}		
{D 464}	<p>10A NCAC 13F.1307 Special Care Unit Res. Profile & Care Plan</p> <p>10A NCAC 13F .1307 Special Care Unit Resident Profile & Care Plan In addition to the requirements in Rules 13F .0801 and 13F .0802 of this Subchapter, the facility shall assure the following:</p> <p>(1) Within 30 days of admission to the special care unit and quarterly thereafter, the facility shall develop a written resident profile containing assessment data that describes the resident's behavioral patterns, self-help abilities, level of daily living skills, special management needs, physical abilities and disabilities, and degree of cognitive impairment.</p> <p>(2) The resident care plan as required in Rule 13F .0802 of this Subchapter shall be developed or revised based on the resident profile and specify programming that involves environmental, social and health care strategies to help the resident attain or maintain the maximum level of functioning possible and compensate for lost abilities.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 4 sampled residents, (Residents #5, and #7), residing in the Special Care Unit (SCU) had a quarterly resident profile completed.</p> <p>The findings are:</p>	{D 464}		

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{D 464}	<p>Continued From page 15</p> <p>1. Review of Resident #5's current FL2 dated 11/25/20 revealed: -Diagnoses included Graves disease, dementia, osteopenia and B12 deficiency. -The Special Care Unit (SCU) was documented as the recommended level of care. -Resident #5 was intermittently disoriented.</p> <p>Review of Resident #5's record revealed there were no quarterly profiles completed since admission to the facility on 12/04/20.</p> <p>Refer to the interview with the interim Health and Wellness Director (HWD) on 09/29/21 at 11:45am.</p> <p>Refer to the interview with the interim Executive Director (ED) on 09/30/21 at 11:30am.</p> <p>Refer to the interview with the Regional Director of Health and Wellness on 09/30/21 at 12:15pm.</p> <p>2. Review of Resident #7's current FL2 dated 04/09/21 revealed: -Diagnoses included dementia with behavioral disturbances, history of falls and a history of sequela (a chronic complication of an acute condition). -The Special Care Unit (SCU) was documented as the recommended level of care. -Resident #7 was constantly disoriented.</p> <p>Review of Resident #7's record revealed there were no quarterly profiles completed since admission to the facility on 06/12/20.</p> <p>Refer to the interview with the interim Health and Wellness Director (HWD) on 09/29/21 at 11:45am.</p>	{D 464}		

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{D 464}	<p>Continued From page 16</p> <p>Refer to the interview with the interim Executive Director (ED) on 09/30/21 at 11:30am.</p> <p>Refer to interview with the Regional Director of Health and Wellness on 09/30/21 at 12:15pm.</p> <p>Interview with the interim Health and Wellness Director (HWD) on 09/29/21 at 11:45am revealed:</p> <ul style="list-style-type: none"> -It was the responsibility of the Special Care Unit manager (SCU) to audit the records of the special care residents. -The audit was to ensure the records contained a signed disclosure statement and quarterly profile assessments. -The SCU manager left her position last week. -It was determined the she had not completed the audit of the residents' records. -The clinical team was currently auditing the special care residents' records for compliance. <p>Interview with the interim Executive Director (ED) on 09/30/21 at 11:30am revealed:</p> <ul style="list-style-type: none"> -The SCU manager was tasked with auditing the special care records to ensure the residents' quarterly profiles were completed. -The SCU manager's position was currently vacant. -The clinical team were currently reviewing the special care records for regulatory compliance, including quarterly profiles for each resident. -Her expectation was that the SCU manager would audit the residents' records on a monthly basis to make certain the quarterly profiles were completed for each resident. <p>Interview with the Regional Director of Health and Wellness on 09/30/21 at 12:15pm revealed:</p> <ul style="list-style-type: none"> -The interim Health and Wellness Director (HWD) designated the SCU manager with the task of auditing the special care residents' records for 	{D 464}		

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{D 464}	Continued From page 17 compliance. -He and the HWD were in the process of auditing the special care records for compliance.	{D 464}		
{D935}	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 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	{D935}		

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{D935}	<p>Continued From page 18</p> <p>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 the completion of 5, 10 or 15-hour medication aide training for 2 of 3 sampled medication aides (Staff C and D).</p> <p>The findings are:</p> <p>1. Review of Staff C's, medication aide (MA), personnel record revealed Staff C did not have documentation of 5, 10 or 15 hour training.</p> <p>Review of electronic medication administration record (eMAR) revealed Staff C administered medications on 09/12/21.</p> <p>Attempted telephone interview with Staff C on 09/30/21 at 12:45pm was unsuccessful.</p> <p>Refer to interview with the Business Office Manager (BOM) on 09/30/21 at 12:20pm.</p> <p>Refer to interview with the Executive Director (ED) on 09/30/21 at 12:38pm</p> <p>2. Review of Staff D's, medication aide (MA), personnel record revealed Staff D did not have documentation of 5, 10 or 15 hour training.</p> <p>Review of documentation on the electronic medication administration record (eMAR)</p>	{D935}		

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{D935}	<p>Continued From page 19</p> <p>revealed Staff D administered medications from 08/12/21-09/28/21.</p> <p>Interview with Staff D on 09/30/21 at 10:31am revealed: -She was hired on 02/14/21. -She received her MA training on 04/15/21 and 04/26/21 and was not given a copy of her 5, 10 or 15 hour training certificate by the previous Administrator.</p> <p>Refer to interview with the Business Office Manager (BOM) on 09/30/21 at 12:20pm.</p> <p>Refer to interview with the Executive Director (ED) on 09/30/21 at 12:38pm.</p> <p>_____</p> <p>Interview with the BOM on 09/30/21 at 12:20pm revealed: -She was responsible for the onboarding of new personnel, auditing personnel files, payroll, invoice to vendors and financial statements to families. -She was currently being trained by the new administration as to the list of items to be included in each team members' files. -All staff training should be kept in their personnel files in the business office. -Upon the initial audits of the personnel files with the current administration, there were missing documents in the files. -She was aware some of the required training for the medication aides (MAs) was missing. -She reported missing training in the personnel files to the Health and Wellness Director and the Executive Director. -She had reported the medication aide training was missing from some of the MA files to the Executive Director this week.</p>	{D935}		

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{D935}	<p>Continued From page 20</p> <p>-She had been training the entire month of August 2021 and had not completed an audit of all the personnel files.</p> <p>Interview with the ED on 09/30/21 at 12:38pm revealed:</p> <p>-She expected the BOM to maintain the staff records.</p> <p>-The HWD was responsible for review of the daily staffing schedule to verify the MAs had their 5, 10 or 15 hour medication aide training prior to their assignments on the medication carts.</p> <p>-The BOM was responsible for completing an audit of the MAs records to verify completion of the 5, 10, or 15 hour MA training completion by 08/27/21.</p> <p>-She did not know Staff C did not have the required MA training documentation in her staff record.</p> <p>-A third party agency was responsible for training all MAs and the Health and Wellness Director (HWD) could assist with the MA training as well.</p> <p>-She had not audited staff records since she started 08/11/21.</p>	{D935}		