

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/14/2021
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NAME OF PROVIDER OR SUPPLIER FAYETTEVILLE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 231 TREETOP DRIVE FAYETTEVILLE, NC 28311
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D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow up survey on October 13 and 14, 2021.	D 000		
D 315	<p>10A NCAC 13F .0905(a)(b) Activities Program</p> <p>10A NCAC 13F .0905 Activities Program (a) Each adult care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. (b) The program shall be designed to promote active involvement by all residents but is not to require any individual to participate in any activity against his will. If there is a question about a resident's ability to participate in an activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to ensure activities were provided to promote active involvement by all residents.</p> <p>The findings are:</p> <p>Review of the activity calendar fo October 2021 revealed: -Morning coffee was scheduled for 31 out of 31 days at 8:30am. -Diners club was scheduled for 31 out of 31 days at 11:30am.</p> <p>Review of the activity calendar for 10/13/21 revealed: -Morning coffee was scheduled at 8:30am. -Exercise was scheduled for 9:15am.</p>	D 315		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Division of Health Service Regulation

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D 315	<p>Continued From page 1</p> <ul style="list-style-type: none"> -Fancy nails was scheduled for 10:00am. -Therapy was scheduled for 1:00pm. -One on one and ball toss was scheduled for 2:00pm. <p>Observation of the facility on 10/13/21 at 8:30am revealed:</p> <ul style="list-style-type: none"> -Some residents were in the dining room for breakfast. -Some residents were lined up in the hallways. -There were no activities offered. <p>Observation of the activity/television room on 10/13/21 at 9:15am revealed:</p> <ul style="list-style-type: none"> -There were 16 residents in the television room. -No activities were offered. <p>Observation of the activity/television room and hallways on 10/13/21 at 10:00am revealed:</p> <ul style="list-style-type: none"> -There were several residents in the activity/television room. -There were residents in the hallways. -No activities were offered. <p>Observation of the facility on 10/13/21 at 11:30am revealed:</p> <ul style="list-style-type: none"> -Residents were lining up for lunch in the hallways. -No activities were offered. <p>Observation of the facility on 10/13/21 at 2:00pm revealed:</p> <ul style="list-style-type: none"> -There were several residents in the hallways. -No activities were offered. <p>Interview with the Activity Director on 10/14/21 at 11:33am revealed:</p> <ul style="list-style-type: none"> -She was responsible for completing the activity calendar. -She was responsible for providing all activities 	D 315		

Division of Health Service Regulation

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D 315	<p>Continued From page 2</p> <p>for the residents.</p> <ul style="list-style-type: none"> -Exercise on 10/13/21 was provided outside in the courtyard at 10:00am instead of 9:15am. -Ball toss scheduled on 10/13/21 at 2:00pm was incorporated in exercise at 10:00am outside in the courtyard. -Fancy nails was not provided on 10/13/21. -Diners club activity scheduled for 11:30am on 10/13/21 was when the residents had lunch. -Therapy on 10/13/21 at 1:00pm was when residents participated in provider ordered rehabilitative therapy. -Morning coffee scheduled on 10/13/21 at 8:00am was when residents gathered for breakfast. -She thought she could incorporate resident ordered therapy as a resident activity because the residents were actively participating. -She thought she could incorporate resident breakfast and lunch as a resident activity because all the residents were grouped together and socializing at those times. <p>Interview with the former Administrator on 10/14/21 at 5:50pm revealed she did not know the AD was including breakfast, lunch, and rehabilitative therapy as a form of resident activity.</p>	D 315		
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> <ul style="list-style-type: none"> (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. 	D 358		

Division of Health Service Regulation

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D 358	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to ensure medications were administered as ordered by a licensing/prescribed practitioner for 1 of 2 residents (#6) observed during the medication passes.</p> <p>The findings are:</p> <p>The medication error rate was 12% as evidence by the observation of 3 errors out of 25 opportunities during the 8:00am medication pass on 10/13/21 and 7:00am medication pass on 10/14/21.</p> <p>Review of Resident #6's current FL-2 dated 04/07/21 revealed diagnoses included diabetes mellitus, arthritis, and dementia.</p> <p>Review of Resident #6's standing orders dated 10/05/21 revealed there was an order to crush oral medications if not contraindicated.</p> <p>Observation of the medication cart on 10/14/21 at 5:45pm revealed there was not a do not crush medication list on the 100-hall medication cart.</p> <p>a. Review of Resident #6's current FL-2 dated 04/07/21 revealed there was an order for Hydrochlorothiazide (used treat hypertension and fluid retention) 12.5mg one capsule daily.</p> <p>Review of Resident #6's current physician's order sheet dated 10/11/21 revealed there was an order for Hydrochlorothiazide 12.5mg one capsule daily.</p> <p>Review of Resident #6's October 2016 electronic</p>	D 358		

Division of Health Service Regulation

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D 358	<p>Continued From page 4</p> <p>medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for Hydrochlorothiazide 12.5mg take one capsule daily to be administered at 8:00am. -There was documentation Hydrochlorothiazide 12.5mg was administered at 8:00am at 10/13/21. <p>Observation of the medication aide (MA) on 10/13/21 from 9:15am - 9:35am revealed:</p> <ul style="list-style-type: none"> -The MA removed the Hydrochlorothiazide capsule from the bubble pack and placed it medication cup with other medications. -The MA poured the medications containing the Hydrochlorothiazide capsule into a crush envelope. -The MA crushed the Hydrochlorothiazide capsule with other medications. -The Hydrochlorothiazide capsule broke apart and the capsule did not crush. -The MA mixed the Hydrochlorothiazide capsule in pudding and administered to Resident #6. <p>Interview with the MA on 10/13/21 from 12:00pm - 12:15pm revealed:</p> <ul style="list-style-type: none"> -He always crushed Resident #6's Hydrochlorothiazide. -He did not know capsules were not to be crushed. -He had never received education from the facility to not crush capsules. -There was no do not crush medication list on the medication cart. -He had never seen a do not crush medication list since starting six years ago. -He had never been trained regarding do not crush medications. -He was told when first hired Resident #6 required all her medications crushed for administration. He did not know who told him. 	D 358		

Division of Health Service Regulation

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D 358	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Resident #6's medications were crushed because she had difficulty swallowing. -The medication administration process was to read the eMAR for the resident name, time, and dose to be administered. He would not read anything else on the eMAR. -The eMAR did not contain any other information other than when a medication order had expired. -He would pull the medication bubble pack and verify the resident name and time of administration on the pharmacy label. He would not read anything else on the pharmacy label. -He would administer the medication to the resident after following those steps. <p>Interview with the Administrator on 10/13/21 at 12:36pm revealed:</p> <ul style="list-style-type: none"> -She did not expect the MA to crush a capsule. -She expected the MA's to read the eMAR and pharmacy labels for specific instructions such as do not crush. -There was no do not crush medication list on the medication cart for MA's to refer to. <p>Interview with Resident #6's Primary Care Provider on 10/14/21 at 2:35pm revealed:</p> <ul style="list-style-type: none"> -Hydrochlorothiazide was a diuretic and could cause low blood pressure. -She did not expect capsules to be crushed. -Capsules were to be broken apart and the medication sprinkled in pudding or apple sauce for administration. -She was not concerned Resident #6 would have a negative outcome from administering a crushed Hydrochlorothiazide capsule to the resident. <p>Refer to interview with the Administrator on 10/13/21 at 12:36pm.</p> <p>Based on observations, interviews, and record</p>	D 358		

Division of Health Service Regulation

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D 358	<p>Continued From page 6</p> <p>reviews Resident #6 was not interviewable.</p> <p>b. Review of Resident #6's current FL-2 dated 04/07/21 revealed there was an order for Nifedipine (used to treat hypertension) 30mg Extended Release (ER) one tablet daily.</p> <p>Review of Resident #6's current physician's order sheet dated 10/11/21 revealed there was an order for Nifedipine 30 mg ER one tablet daily, do not crush.</p> <p>Review of Resident #6's October 2016 eMAR revealed: -There was an entry for Nifedipine 30mg ER one tablet daily, do not crush to be administered at 8:00am. -There was documentation Nifedipine 30mg was administered on 10/13/21 at 8:00am.</p> <p>Observation of a medication aide (MA) on 10/13/21 from 9:15am - 9:35am revealed: -The MA removed the Nifedipine ER tablet from the bubble pack and placed it medication cup with other medications. -The MA poured the medications containing the Nifedipine ER tablet into a "crush" envelope. -The MA crushed the Nifedipine ER tablet with other medications. -The MA was prompted to review the do not crush order in Resident #6's eMAR. -The MA did not respond. -The MA mixed the Nifedipine ER tablet in pudding and administered to Resident #6.</p> <p>Interview with the MA on 10/13/21 from 12:00pm - 12:15pm revealed: -He did not remember reading Resident #6's Nifedipine's "do not crush" instructions on the pharmacy label.</p>	D 358		

Division of Health Service Regulation

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D 358	<p>Continued From page 7</p> <ul style="list-style-type: none"> -He did not see the do not crush Nifedipine instructions on Resident #6's eMAR during the 8:00am medication pass today, 10/13/21. -He had always crushed Resident #6's Nifedipine. -There was no do not crush medication list on the medication cart. -He had never seen a do not crush medication list since starting six years ago. -He had never been trained regarding do not crush medications. -He was told when first hired Resident #6 required all her medications crushed for administration. He did not know who told him. -Resident #6's medications were crushed because she had difficulty swallowing. -The medication administration process was to read the eMAR for the resident name, time, and dose to be administered. He would not read anything else on the eMAR. -The eMAR did not contain any other information other than when a medication order had expired. -He would pull the medication bubble pack and verify the resident name and time of administration on the pharmacy label. He would not read anything else on the pharmacy label. -He would administer the medication to the resident after following those steps. <p>Interview with the Administrator on 10/13/21 at 12:36pm revealed:</p> <ul style="list-style-type: none"> -She expected the MA's to read the eMAR and pharmacy labels for specific instructions such as do not crush. -There was no do not crush medication list on the medication cart for MA's to refer to. <p>Telephone interview with Resident #'s Primary Care Provider (PCP) on 10/13/21 at 2:45pm revealed:</p> <ul style="list-style-type: none"> -Nifedipine was not to be crushed because it was 	D 358		

Division of Health Service Regulation

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D 358	<p>Continued From page 8</p> <p>an ER medication.</p> <p>-Crushing Nifedipine would cause Resident #6 to receive all the medication at once instead of gradually over a period.</p> <p>-Administering crushed Nifedipine ER to Resident #6 could cause the resident's blood pressure to lower suddenly causing syncope.</p> <p>-She did not think Resident #6 would experience syncope because her blood pressure was normally high.</p> <p>-She has ordered blood pressure checks twice daily for two weeks for Resident #6 to monitor her for low blood pressure.</p> <p>Refer to interview with the Administrator on 10/13/21 at 12:36pm.</p> <p>Based on observations, interviews, and record reviews Resident #6 was not interviewable.</p> <p>c. Review of Resident #6's current physician's order sheet dated 10/11/21 revealed there was an order for Tylenol (used to treat pain) 650mg three times daily (TID).</p> <p>Observation of the medication cart for 100-hall on 10/14/21 at 2:40pm revealed there was approximately 100 tablets of Tylenol 325mg of house stock on the cart.</p> <p>Review of Resident #6's October 2016 eMAR revealed:</p> <p>-There was an entry for Tylenol 325mg take two tablets (650mg) TID at 8:00am, 2:00pm, and 8:00pm.</p> <p>-There was documentation Tylenol 650mg was administered on 10/13/21 at 8:00am.</p> <p>Observation of the medication aide (MA) on 10/13/21 from 9:15am - 9:35am revealed the MA</p>	D 358		

Division of Health Service Regulation

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D 358	<p>Continued From page 9</p> <p>did not administer Tylenol 650mg to Resident #6.</p> <p>Interview with the MA on 10/13/21 at 9:35am revealed he had administered all 7:00am and 8:00am medications to Resident #6 that were due today, 10/13/21.</p> <p>Second interview with the MA on 10/13/21 from 12:00pm - 12:15pm revealed he did not think he administered Tylenol to Resident #6 during the 8:00am medication pass today, 10/13/21. -There was no reason why.</p> <p>Interview with the Administrator on 10/13/21 at 12:36pm revealed: -She expected Resident #6's Tylenol to have been administered per order. -She did not expect a medication to be documented in the eMAR as administered if not. -She expected three checks to be performed when administering medications to ensure there were no medication errors made. -She expected the MA to have compared the eMAR to the pharmacy label, compared the pharmacy label to the eMAR then pop the medication from the bubble pack, administered the medications to the resident, then compared the pharmacy label to the eMAR when returning the bubble packs to the medication cart drawer.</p> <p>Telephone interview with Resident #'s PCP on 10/13/21 at 2:45pm revealed: -She expected Tylenol to be administered as ordered. -Tylenol was ordered for Resident #6 to treat mild shoulder and neck pain. -She was not concerned with Resident #6 missing one dose of Tylenol.</p> <p>Refer to interview with the Administrator on</p>	D 358		

Division of Health Service Regulation

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D 358	Continued From page 10 10/13/21 at 12:36pm . Based on observations, interviews, and record reviews Resident #6 was not interviewable. Interview with the Administrator on 10/13/21 at 12:36pm revealed: -She expected three checks to be performed when administering medications to ensure there were no medication errors made. -She expected the MA to have compared the eMAR to the pharmacy label, compared the pharmacy label to the eMAR then removed the medication from the bubble pack, administered the medications to the resident, then compared the pharmacy label to the eMAR when returning the bubble packs to the medication cart drawer.	D 358		
D 612	10A NCAC 13F .1801 (c) Infection Prevention & Control Program (temp) 10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM (c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility ' s IPCP , related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific guidance or directives shall be implemented by the facility. This Rule is not met as evidenced by:	D 612		

Division of Health Service Regulation

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D 612	<p>Continued From page 11</p> <p>Based on observation, interviews and record reviews the facility failed to ensure recommendations and guidance established by the Centers for Disease Control and Prevention (CDC) and the North Carolina Department of Health and Human Services (NCDHHS) were maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic as related to the screening of visitors for COVID-19 signs and symptoms.</p> <p>The findings are:</p> <p>Review of the CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic dated 09/10/21 revealed: -Establish a process to identify anyone entering the facility, regardless of their vaccination status, who has symptoms of COVID-19, a positive viral test for SARS-CoV-2, or who meets criteria for quarantine so that they can be properly managed. -Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which individuals can self-report symptoms of COVID-19 before entering the facility. -A strong infection control program is critical to protect both residents and healthcare personnel.</p> <p>Review of the NCDHHS guidelines dated 05/05/21 revealed: -Everyone who enters a healthcare facility shall be screened for signs and symptoms of COVID-19 by temperature checks, screening questions and observations of signs and symptoms. -Establish a process to ensure visitors entering the facility are assessed for symptoms of COVID-19 and temperatures are checked.</p>	D 612		

Division of Health Service Regulation

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D 612	<p>Continued From page 12</p> <p>Review of the facility's COVID-19 policy revealed visitors will be screened for fever and other COVID-19 symptoms.</p> <p>Review of the facilities training agenda for Infection Control Policies and Updates provided by the Administrator on 10/14/21 revealed: -Staff were educated to screen all visitors before entering the facility. -The training document was not dated.</p> <p>Review of the facility's Guidance for Infection Prevention and Control Program (IPCP) dated 10/29/20 revealed: -The facility will update and implement the IPCP consistent with the Centers for Disease Control (CDC) guidelines. -There would be a procedure for screening facility visitors. -There would be criteria for restricting visitors who exhibit signs of illness.</p> <p>Review of the visitor sign in sheet from 10/01/21 - 10/13/21 revealed: -There was no documentation temperatures had been assessed for 14 out of 83 visits. -There was no documentation that symptoms of COVID-19 were assessed for 9 out of 83 visits. -There was no documentation of recent travel outside the country or COVID-19 exposure had been assessed for 14 out of 83 visits. -There was incomplete documentation for 37 out of 83 visits for COVID-19 screening..</p> <p>Observation of the facility on 10/13/21 at 8:15am revealed: -There was a thermometer on the wall and visitors sign in sheet on a table to the right of the door upon entrance to the facility.</p>	D 612		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/14/2021
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D 612	<p>Continued From page 13</p> <ul style="list-style-type: none"> -The visitors sign in sheet contained documentation asking if positive for COVID-19 symptoms, travel outside the country or exposure to COVID-19, and temperature. <p>Observation of the facility on 10/13/21 at 9:00am revealed:</p> <ul style="list-style-type: none"> -A health care provider was allowed entrance through the front door of the facility by the office manger (OM). -COVID-19 screening or a temperature check were not performed prior to entry. -There was a thermometer on the wall and visitors sign in sheet on a table to the right of the door upon entrance to the facility. -The OM walked away without screening the healthcare providers temperature, asking COVID-19 screening questions, or prompting to perform a temperature self-assessment and completing the visitor sign in sheet. -The healthcare provider performed a temperature self-assessment using the wall thermometer and completed the visitor sign in sheet which contained COVID-19 screening questions. -The OM did not review the healthcare providers temperature or COVID-19 screening questions. <p>Interview with the OM on 10/13/21 at 9:10am.</p> <ul style="list-style-type: none"> -Visitors were to have their temperatures taken and asked COVID-19 screening questions by any staff before entering the facility. -Healthcare providers could screen their temperatures and complete the COVID-19 screening questions independently. -Today, the healthcare provider knew to screen her temperature and complete the COVID-19 screening questions in the visitors sign in sheet because she visited the facility twice a week. -The OM knew the healthcare provider did not 	D 612		

Division of Health Service Regulation

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D 612	<p>Continued From page 14</p> <p>have a temperature today because she heard the wall thermometer speak "normal temperature" when the healthcare provider screened her temperature.</p> <p>-She was confident the healthcare provider would not have entered the facility if she had signs/symptoms of COVID-19.</p> <p>Observation of the facility on 10/14/21 at 7:00am revealed:</p> <p>-A personal care aide (PCA) allowed surveyors entrance in the facility through the locked front door.</p> <p>-There was a thermometer on the wall and visitors sign in sheet on a table to the right of the door upon entrance to the facility.</p> <p>-The PCA instructed surveyors to obtain temperatures and complete the visitor sign in sheet located on the table.</p> <p>-The PCA walked away without screening temperatures, asking COVID-19 screening questions, or reviewing the visitor sign in sheet completed by surveyors.</p> <p>Interview with the PCA on 10/14/21 at 7:15am revealed:</p> <p>-She would allow visitors in the facility, tell them to assess their temperature and to complete the COVID-19 screening questions documented in the visitor sign in sheet.</p> <p>-The wall thermometer would alert "normal temperature" or "hi temperature" when visitors assessed their temperatures.</p> <p>-She would hear the thermometer alert as she walked away.</p> <p>-The Administrator educated her about 3 months ago to screen visitors for signs and symptoms of COVID-19 before allowing their entrance in the facility.</p> <p>-She did not screen surveyors for signs or</p>	D 612		

Division of Health Service Regulation

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D 612	<p>Continued From page 15</p> <p>symptoms of COVID-19 before allowing entrance in the facility today, 10/14/21, because she was in a hurry.</p> <p>Interview with the Administrator on 10/14/21 at 7:37am revealed:</p> <ul style="list-style-type: none"> -There was not one specific person assigned the responsibility of allowing visitors in the facility. -Any staff who opened the door could screen visitors in the facility. -Before visitors were allowed entrance in the facility, the staff who answered the door would ask the visitors if they had signs/symptoms of COVID-19 and screen their temperature. -Visitors who had signs/symptoms of COVID-19 or a temperature of 99.9 degrees were not allowed entrance in the facility. -Visitors who did not have signs/symptoms of COVID-19 were allowed in the facility and instructed to complete the visitors log. -The visitors log contained documentation asking if they had signs/symptoms of COVID-19, exposure, travel, and temperature. <p>Attempted interview with the healthcare provider on 10/13/21 at 9:30am was unsuccessful.</p>	D 612		
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</p>	D935		

Division of Health Service Regulation

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D935	<p>Continued From page 16</p> <p>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> <ol style="list-style-type: none"> 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. <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> <ol style="list-style-type: none"> a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: <ol style="list-style-type: none"> 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. <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 1 of 3 staff sampled (A) who administered medications had completed the medication administration clinical skills validation checklist prior to administering medications and had completed the state-approved 5-hour and 10-hour medication</p>	D935		

Division of Health Service Regulation

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D935	<p>Continued From page 17</p> <p>aide training courses as required (A).</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed:</p> <ul style="list-style-type: none"> -There was no hire date documented for Staff A. -There was no Medication Administration Clinical Skills Validation Checklist for Staff A. -There was no 5, 10, or 15-hour MA training courses completed for Staff A. -Staff A completed the MA written exam on 05/12/15. <p>Review of resident's August - October 2021 electronic medication administration records (eMARs) on 10/14/21 revealed:</p> <ul style="list-style-type: none"> -Staff A administered medications on 6 of 31 days from 08/01/21 - 08/31/21. -Staff A administered medications on 16 of 30 days from 09/01/21 - 09/30/21. -Staff A administered medications on 10 of 13 days from 10/01/21 - 10/31/20. <p>Observation of the 8:00am medication pass on 10/13/21 revealed:</p> <ul style="list-style-type: none"> -Staff A made 3 medication errors with one resident during the medication pass. -Staff A did not administer the resident's Tylenol (for pain) as ordered. -Staff A crushed the resident's Nifedipine Extended Release (for high blood pressure slowly released over a period of time) tablet for administration. -Staff A crushed the resident's Hydrochlorothiazide (a diuretic) capsule for administration. <p>Interview with Staff A on 10/14/21 at 5:45pm revealed:</p> <ul style="list-style-type: none"> -He was hired in 2014 or 2015 as a personal care 	D935		

Division of Health Service Regulation

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D935	<p>Continued From page 18</p> <p>aide (PCA).</p> <ul style="list-style-type: none"> -He advanced to a MA sometime in 2016. -He completed the MA 15-hour class sometime in 2016. -He began working as a MA as needed sometime in 2018 but did not work during that time. -He returned working full time as a MA in March 2019. -He completed the MA Clinical Skills Validation Checklist in 2016 and 2019. <p>Interview with the Administrator on 10/14/21 at 5:50pm revealed:</p> <ul style="list-style-type: none"> -Human Resources (HR) staff, the Administrator, and the Business Office Manager (BOM) were responsible to ensure the MA 5, 10, 15-hour training course was completed prior to functioning as a MA in the facility. -HR staff, the Administrator, and the BOM were responsible to ensure the MA Clinical Skills Validation Checklist was completed prior to working as a MA in the facility. -She was not working as the Administrator when Staff A was hired 10/06/14. -She thought Staff A's facility medication continuing education classes completed on 06/11/15 counted as the MA 5, 10, 15-hour training course. -She did not know when the MA Clinical Skills Validation Checklist was supposed to be completed. -Staff A had completed the MA Clinical Skills Validation Checklist. -She did not know when Staff A completed the MA Clinical Skills Validation Checklist. -She could not locate Staff A's MA Clinical Skills Validation Checklist. 	D935		