

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092194	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/01/2014
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NAME OF PROVIDER OR SUPPLIER VAL'S FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3708 ROCK CREEK DR RALEIGH, NC 27609
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C 000	Initial Comments The Adult Care Licensure Section conducted an Initial Survey on 12/01/2014.	C 000		
C 140	<p>10A NCAC 13G .0405(a)(b) Test For Tuberculosis</p> <p>10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services. Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 5 staff (Staff E) sampled was tested upon employment for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. The findings are:</p> <p>Review of Staff E's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date of 10/16/14. - No documentation of any tuberculosis (TB) skin tests. - A questionnaire form for "ppd positive employees" dated 05/14/14. 	C 140		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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C 140	Continued From page 1 - Documentation on the form noted Staff E did not have any symptoms of TB. - Area for "Licensed Health Care Provider" was signed but signature was illegible and there was no credentials signed by the name. - No documentation of a chest x-ray or subsequent screening upon hire. Interview with the Administrator on 12/01/14 at 3:30 p.m. revealed: - She was responsible for the personnel files and making sure staff TB testing was documented on file as required. - She relied on new staff to get their own TB testing and bring in the documentation. - She filed the questionnaire form in Staff E's folder thinking it had documentation of TB testing on the form. - She did not read the form and assumed the form had documentation of TB skin tests. - Staff E was working at her other job but Administrator would check with her about the TB skin tests. Further interview with the Administrator on 12/01/14 at 4:20 p.m. revealed: - She texted Staff E and Staff E replied she had no history of a positive TB skin test. - Staff E reported a previous employer did a TB skin test and then the questionnaire. - She did not know when the TB skin test was done. - Administrator stated she would get TB testing done for Staff E.	C 140		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications	C 145		

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C 145	<p>Continued From page 2</p> <p>(a) Each staff person of a family 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 interview and record review, the facility failed to assure 4 of 5 facility staff (Staff B, C, D and E) sampled had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) prior to working in the facility. The findings are:</p> <p>1. Review of the employee record for Staff B revealed: -Staff B was hired on 11/4/14 as a medication aide. -Staff B worked in the facility 5-6 days per week. -There was no documentation of a HCPR check in the employee record.</p> <p>Review of a HCPR check for Staff B dated 12/01/14 revealed no substantiated findings on the registry.</p> <p>Refer to interview with the Administrator on 12/01/14 at 2:45 p.m.</p> <p>2. Review of the employee record for Staff D revealed: -Staff D was hired 10/10/14 as a personal care aide. -Staff D worked in the facility 2:00pm-8:00pm Monday through Friday.</p> <p>Review of a HCPR check for Staff D dated 12/01/14 revealed no substantiated findings on the registry.</p>	C 145		

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C 145	<p>Continued From page 3</p> <p>Refer to interview with the Administrator on 12/01/14 at 2:45 p.m.</p> <p>3. Review of Staff C's personnel file revealed:</p> <ul style="list-style-type: none"> - No hire date. - Staff C was a personal care aide and medication aide. - No documentation of a Health Care Personnel Registry (HCPR) check. <p>Interview with the Administrator on 12/01/14 at 2:35 p.m. revealed:</p> <ul style="list-style-type: none"> - Staff C's hire date was 10/19/14. - Staff C worked at the facility on Mondays from 8:00 p.m. - 8:00 a.m. and Tuesday - Thursday from 2:00 p.m. - 8:00 p.m. - She was aware of the requirement to check the HCPR for staff upon hire. - She had been busy and had not had a chance to do a HCPR check for Staff C. - She would do the HCPR check today. <p>Review of a HCPR check for Staff C dated 12/01/14 revealed no substantiated findings on the registry.</p> <p>Refer to interview with the Administrator on 12/01/14 at 2:45 p.m.</p> <p>4. Review of Staff E's personnel file revealed:</p> <ul style="list-style-type: none"> - No hire date. - Staff E was a personal care aide and medication aide. - No documentation of a Health Care Personnel Registry (HCPR) check. <p>Interview with the Administrator on 12/01/14 at 2:35 p.m. revealed:</p> <ul style="list-style-type: none"> - Staff E's hire date was 10/16/14. 	C 145		

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C 145	<p>Continued From page 4</p> <ul style="list-style-type: none"> - Staff E worked from 8:00 p.m. - 8:00 a.m. on Friday - Sunday. - She was aware of the requirement to check the HCPR for staff upon hire. - She had been busy and had not had a chance to do a HCPR check for Staff E. - She would do the HCPR check today. <p>Review of a HCPR check for Staff E dated 12/01/14 revealed no substantiated findings on the registry.</p> <p>Refer to interview with the Administrator on 12/01/14 at at 2:45 p.m.</p> <hr/> <p>Interview with Administrator on 12/1/14 at 2:45 p.m. revealed:</p> <ul style="list-style-type: none"> - She is aware it should be done prior to hire, but she had not gotten around to it. - She had not checked the HCPR for any of the employees hired after the facility opened. 	C 145		
C 147	<p>10A NCAC 13G .0406(a)(7) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall:</p> <p>(7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40;</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that 2 of 5 staff (Staff D and E) had a criminal background check completed upon hire. The findings are:</p>	C 147		

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C 147	<p>Continued From page 5</p> <p>1. Review of Staff D's personnel record revealed: -Staff D was hired as a Personal Care Aide on 10/10/14. -There was record of a criminal background check dated 6/13/14.</p> <p>Interview with Administrator on 12/1/14 at 2:40pm revealed: -She is the person responsible for checking staff requirements -Staff D had a criminal background check done by another healthcare agency prior to being hired. -She allowed Staff D to bring her latest criminal background check with her.</p> <p>2. Review of Staff E's personnel file revealed: - No hire date. - Staff E was a personal care aide and medication aide. - No documentation of a consent for criminal background check. - Criminal background check dated 12/10/12.</p> <p>Interview with the Administrator on 12/01/14 at 3:30 p.m. revealed: - Staff E's hire date was 10/16/14. - Staff E worked from 8:00 p.m. - 8:00 a.m. on Friday - Sunday. - She has staff bring in their own criminal background check. - She had not noticed the criminal background check for Staff E was from 2 years ago. - She would get a criminal background check done for Staff E.</p>	C 147		
C 171	10A NCAC 13G .0504(a) Competency Validation For Licensed Health	C 171		

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C 171	<p>Continued From page 6</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure 5 of 5 facility non-licensed staff (Staff A, B, C, D and E), had been competency validated for personal care tasks by the Licensed Health Professional Support (LHPS) Nurse such as assistance with ambulation, an assistive device, and transfers. The findings are:</p> <p>1. Review of Staff A's personnel record revealed: -Hire date of 7/10/14 as an Activity Director. -There was no LHPS validation check list in the employee record.</p> <p>Interview with Staff A on 12/1/14 at 2:30pm revealed: -She does assist residents with ambulation. -She pushes a Resident in the wheelchair when they are out on outings.</p> <p>Refer to interview with the Administrator on 12/1/14 at 2:40 p.m.</p> <p>2. Review of Staff B's personnel record revealed:</p>	C 171		

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C 171	<p>Continued From page 7</p> <p>-Staff B was hired on 11/4/14 as a Medication Aide. -There was no LHPS validation check list in the record.</p> <p>Observation on 12/1/14 at 12:40pm revealed, Staff B assisting a resident with ambulation in the living room.</p> <p>Refer to interview with the Administrator on 12/1/14 at 2:40 p.m.</p> <p>3. Review of Staff D's personnel record revealed: -Staff D was hired on 10/10/14 as a Personal Care Aide. -There was no LHPS validation check list in the employee record.</p> <p>Interview with Staff D on 12/1/14 at 3:10pm revealed: -She had not been validated to perform LHPS task at the facility. -She worked as a PCA in the past, about seven years ago.</p> <p>Observation on 12/1/14 at 3:50pm revealed, Staff D assisting a resident with ambulation in the hallway.</p> <p>Refer to interview with the Administrator on 12/1/14 at 2:40 p.m.</p> <p>4. Review of Staff C's personnel file revealed: - No hire date. - Staff C was a personal care aide and medication aide. - No documentation of a Licensed Health Professional Support (LHPS) competency validation.</p>	C 171		

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C 171	<p>Continued From page 8</p> <p>Interview with the Administrator on 12/01/14 at 2:35 p.m. revealed:</p> <ul style="list-style-type: none"> - Staff C's hire date was 10/19/14. - Staff C worked at the facility on Mondays from 8:00 p.m. - 8:00 a.m. and Tuesday - Thursday from 2:00 p.m. - 8:00 p.m. - Staff C physically assists both residents in the facility with ambulation and transferring. - LHPS validation had not been done for Staff C. <p>Refer to interview with the Administrator on 12/01/14 at 2:40 p.m.</p> <p>5. Review of Staff E's personnel file revealed:</p> <ul style="list-style-type: none"> - No hire date. - Staff E was a personal care aide and medication aide. - No documentation of a Licensed Health Professional Support (LHPS) competency validation. <p>Interview with the Administrator on 12/01/14 at 3:30 p.m. revealed:</p> <ul style="list-style-type: none"> - Staff E's hire date was 10/16/14. - Staff E worked from 8:00 p.m. - 8:00 a.m. on Friday - Sunday. - Staff E physically assists both residents in the facility with ambulation and transferring. - LHPS validation had not been done for Staff E. <p>Refer to interview with the Administrator on 12/01/14 at 2:40 p.m.</p> <hr/> <p>Interview with the Administrator on 12/01/14 at 2:40 p.m. revealed:</p> <ul style="list-style-type: none"> - The LHPS nurse had not yet been to the facility to validate any of the staff. - She was not aware she needed to have this done, because the residents at the facility are not 	C 171		

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C 171	Continued From page 9 heavy care residents. - The Registered Nurse (RN) will be coming to the facility by the end of the week to provide LHPS validations for the staff.	C 171		
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 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.	C935		

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C935	<p>Continued From page 10</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 assure 3 of 3 staff (B, C and E) had successfully completed medication aide training and competency requirements prior to administering medications. The findings are:</p> <p>1. Review of Staff B's personnel record revealed:</p> <ul style="list-style-type: none"> - A hire date of 11/4/14 as a Personal Care Aide (PCA) and Medication Aide (MA). - No documentation of medication administration clinical skills checklist was found in record. - No documentation of five hour training. - No employment validation showing prior employment as a medication aide. - Staff B had successfully completed the medication exam on 3/28/13. <p>Interview with Staff B on 12/1/14 at 12:45pm revealed she is employed at the facility as a Personal Care Aide and a Sitter, but she also administers medications.</p> <p>Interview with Administrator on 12/1/14 at 2:45pm revealed:</p> <ul style="list-style-type: none"> - Staff B has been administering medications since she was hired on 11/4/14. - She was not aware the medication skills 	C935		

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C935	<p>Continued From page 11</p> <p>checklist was to be completed for everyone that administer medications.</p> <p>Review of the 11/2014 - 12/2014 medication administration records revealed Staff B documented the administration of medications in 11/2014 and 12/2014.</p> <p>2. Review of Staff C's personnel file revealed:</p> <ul style="list-style-type: none"> - No hire date. - Staff C was a personal care aide and medication aide. - Medication aide written exam passed on 11/21/13. - No medication clinical skills checklist. - No verification of employment as a medication aide within the last 24 months. - No documentation of the state approved 5 hour medication aide training course. <p>Interview with the Administrator on 12/01/14 at 2:35 p.m. revealed:</p> <ul style="list-style-type: none"> - Staff C's hire date was 10/19/14. - Staff C worked at the facility on Mondays from 8:00 p.m. - 8:00 a.m. and Tuesday - Thursday from 2:00 p.m. - 8:00 p.m. - Staff C had administered medications at the facility since she was hired. - Medication clinical skills checklist had not been completed for Staff C. - She thought Staff C had worked at another assisted living facility as a medication aide previously but she did not have verification. - Staff C had not completed the 5 hour medication aide training course. - She would get the requirements done. <p>Review of the 10/2014 - 12/2014 medication administration records revealed Staff E documented the administration of medications in</p>	C935		

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C935	<p>Continued From page 12</p> <p>10/2014, 11/2014, and 12/2014.</p> <p>3. Review of Staff E's personnel file revealed:</p> <ul style="list-style-type: none"> - No hire date. - Staff E was a personal care aide and medication aide. - Medication aide written exam passed on 10/23/08. - No medication clinical skills checklist. - No verification of employment as a medication aide within the last 24 months. - No documentation of the state approved 5 hour medication aide training course. <p>Interview with the Administrator on 12/01/14 at 3:30 p.m. revealed:</p> <ul style="list-style-type: none"> - Staff E's hire date was 10/16/14. - Staff E worked from 8:00 p.m. - 8:00 a.m. on Friday - Sunday and was the only staff on duty during the night when she worked. - Staff E had administered medications at the facility since she was hired. - Medication clinical skills checklist had not been completed for Staff E. - She did not think Staff E had worked as a medication aide previously. - Staff E had not completed the 5 hour medication aide training course. - She would get the requirements done. <p>Review of the 11/2014 - 12/2014 medication administration records revealed Staff E documented the administration of medications in 11/2014 and 12/2014.</p>	C935		