

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL079095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FAITH BEYOND MEASURE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1408 FIELDCREST ROAD</b> <b>EDEN, NC 27288</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments  The Adult Care Licensure Section conducted a follow-up survey 02/03/15, with an exit via telephone on 02/05/15.	C 000		
C 131	<p>10A NCAC 13G .0403(a) Qualifications of Medication Staff</p> <p>10A NCAC 13G .0403 Qualifications of Medication Staff (a) Family care home staff who administer medications, hereafter referred to as medication aides, and staff who directly supervise the administration of medications shall have documentation of successfully completing the clinical skills validation portion of the competency evaluation according to Paragraphs (d) and (e) of Rule .0503 of this Subchapter prior to the administration or supervision of the administration of medications. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement.</p> <p>Effective 10/01/2013: Do Not Cite Non-compliance at this tag/rule. Use Tag 935 G.S. 131D-4.5B (b)</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 3 of 4 staff (Staff A, B, and D) who administered medications had documentation of successful completion of the clinical skills validation portion of the competency evaluation prior to administration of medications.</p> <p>The findings are:</p> <p>A. Review of personnel record revealed: -Staff A, Supervisor-in-Charge, had a hire date of 10/7/2013 (prior to facility opening).</p>	C 131		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL079095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FAITH BEYOND MEASURE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1408 FIELDCREST ROAD</b> <b>EDEN, NC 27288</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 131	<p>Continued From page 1</p> <p>-Staff A's personnel file contained a medication administration written exam certificate which documented successful completion of the exam on 3/14/2014.</p> <p>-Staff A's file revealed no documentation of a completed medication clinical skills validation checklist.</p> <p>Staff A was unavailable for interview.</p> <p>Refer to interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-charge)</p> <p>Refer to interview on 02/03/14 at 12:35 pm with the Administrator.</p> <p>B. Review of personnel record revealed:</p> <p>-Staff B, Supervisor-in-Charge/Medication Aide, had a hire date of 3/28/2013 (prior to facility opening).</p> <p>-Staff B's personnel file contained a medication administration written exam certificate which documented successful completion of the exam on 4/7/2014.</p> <p>-Staff B's file revealed no documentation of a completed medication clinical skills validation sheet.</p> <p>Interview with Staff B on 2/7/2014 at 12:07 pm revealed:</p> <p>-She did not do the trainings over again because she thought the requirements would transfer from the other sister facility.</p> <p>-"I seldom work at this facility."</p> <p>-"I mostly work at the other (sister) facility."</p> <p>Refer to interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge).</p> <p>Refer to interview on 02/03/14 at 12:35 pm with</p>	C 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL079095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FAITH BEYOND MEASURE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1408 FIELDCREST ROAD</b> <b>EDEN, NC 27288</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 131	<p>Continued From page 2</p> <p>the Administrator.</p> <p>C. Review of Staff D's personnel record revealed: -Staff D had a hire date of 12/19/13 (prior to the opening of this facility) as Supervisor-in-Charge. -Staff D's personnel file contained a medication administration written exam certificate which documented successful completion of the exam on 3/18/2008. -No documentation of a medication clinical skills validation checklist.</p> <p>Review of Medication Administration Records (MARs) for December 2014, January and February 2015 revealed documentation Staff D administered medications to residents.</p> <p>Staff D was unavailable for interview.</p> <p>Refer to interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge)</p> <p>Refer to interview on 02/03/14 at 12:35 pm with the Administrator.</p> <p>_____</p> <p>Interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge) revealed: -She worked as the Supervisor-in-Charge, but part of her job responsibilities included completing required documents for staff records. -The facility opened in March 2014. -All the documents in staff records were obtained prior to the facility opening. -The provider owned two more facilities and the medication clinical skills were copied and placed in staff folders at this facility. -Only one of the medication aide (Staff C) at the facility had clinical skills validation after starting to work at the facility.</p>	C 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL079095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FAITH BEYOND MEASURE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1408 FIELDCREST ROAD</b> <b>EDEN, NC 27288</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 131	Continued From page 3  Interview on 02/03/15 at 12:35 pm with the Administrator revealed: -The staff at this facility worked for her at two other sister facilities. -When she had her initial survey for licensure in January 2014, the person doing that survey did not tell her that she was unable to copy the documents. -After the initial survey she was issued a license for 6 months, so she assumed all her paperwork was okay and copying documents for staff records from other facilities was okay. -She had not completed clinical skills validation for the staff at this facility.	C 131		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications  10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;  This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 4 of 4 sampled staff (Staff A, B, C and Staff D) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) according to G.S. 131E-256 prior to hire.  The findings are:  A. Review of Staff A's personnel record revealed: -Staff A, Supervisor-in-Charge/Medication Aide,	C 145		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL079095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FAITH BEYOND MEASURE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1408 FIELDCREST ROAD</b> <b>EDEN, NC 27288</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 145	<p>Continued From page 4</p> <p>had a hire date of 10/7/2013 (prior to the facility opening). -Staff A's personnel file contained no inquiry confirmation documentation for the North Carolina Health Care Personnel Registry (HCPR).  Staff A was unavailable for interview.</p> <p>Refer to interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge).  Refer to interview on 02/03/14 at 12:35 pm with the Administrator.</p> <p>B. Review of personnel record revealed: -Staff B, Supervisor-in-Charge/Medication Aide, had a hire date of 3/28/2013 (prior to facility opening). -Staff B's personnel file contained no inquiry confirmation documentation for the North Carolina Health Care Personnel Registry (HCPR).  Interview with Staff B on 2/7/2014 at 12:07 pm revealed: -She thought the requirements would transfer from the other sister facility. -"I seldom work at this facility." -"I mostly work at the other (sister) facility."</p> <p>Refer to interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge).  Refer to interview on 02/03/14 at 12:35 pm with the Administrator.</p> <p>C. Review of Staff C's personnel record revealed: -Staff C had a hire date of 11/20/13 (prior to the facility opening) as Supervisor-in-Charge. -No documentation of a HCPR check.</p>	C 145		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL079095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FAITH BEYOND MEASURE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1408 FIELDCREST ROAD</b> <b>EDEN, NC 27288</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 145	<p>Continued From page 5</p> <p>Interview on 02/03/15 at 11:34 am with Staff C revealed: -She was hired last year to work for the provider. -She started working at this facility in the fall of 2014. -She worked as the Supervisor-in-Charge. -Her job duties were administering medications including fingerstick blood sugars and insulin injection, cooking meals, and assisting residents with showering/bathing as necessary. -She thought facility management completed the HCPR check upon employment in 2013.</p> <p>Interviews with two residents revealed there were no concerns or complaints regarding the care provided by Staff C.</p> <p>Refer to interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge).</p> <p>Refer to interview on 02/03/14 at 12:35 pm with the Administrator.</p> <p>D. Review of Staff D's personnel record revealed: -Hire date of 12/19/13 (prior to the opening of this facility) as a Supervisor-in-Charge. -No documentation of a HCPR check upon hire.</p> <p>Staff D was not available for interview.</p> <p>Interviews with two residents revealed there were no concerns or complaints regarding the care provided by Staff C.</p> <p>Refer to interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge).</p> <p>Refer to interview on 02/03/14 at 12:35 pm with</p>	C 145		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL079095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FAITH BEYOND MEASURE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1408 FIELDCREST ROAD</b> <b>EDEN, NC 27288</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 145	<p>Continued From page 6</p> <p>the Administrator.</p> <hr/> <p>Interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge) revealed: -The facility opened in March 2014. -The HCPR checks in staff records were obtained prior to the facility opening. -The provider owned two more facilities and HCPR checks were completed for employment at another facility. -No staff working at this facility had HCPR checks completed.</p> <p>Interview on 02/03/15 at 12:35 pm with the Administrator revealed: -The staff at this facility worked for her at two other facilities. -This facility opened in March 2014. -She had not completed HCPR checks on staff at this facility because they were completed when staff were hired at another facility.</p>	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: (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 record reviews and interviews, the facility failed to assure 4 of 4 staff (Staff A, B, C, and D) had a criminal background check upon hire.</p>	C 147		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL079095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FAITH BEYOND MEASURE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1408 FIELDCREST ROAD</b> <b>EDEN, NC 27288</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 147	<p>Continued From page 7</p> <p>The findings are:</p> <p>A. Review of Staff A's personnel record revealed: -Staff A, Supervisor-in-Charge, had a hire date of 10/7/2013 (prior to facility opening). -Staff A's personnel file contained no criminal background check prior to hire.</p> <p>Staff A was unavailable for interview.</p> <p>Refer to interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge).</p> <p>Refer to interview on 02/03/14 at 12:35 pm with the Administrator.</p> <p>B. Review of Staff B's personnel record revealed: -Staff B, Supervisor-in-Charge, had a hire date of 3/28/2013 (prior to facility opening). -Staff B's personnel file contained no criminal background check prior to hire.</p> <p>Interview with Staff B on 2/7/2014 at 12:07 pm revealed: -She thought the requirements would transfer from the sister facility. -"I seldom work at this facility." -"I mostly work at the other (sister) facility."</p> <p>Refer to second interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge).</p> <p>Refer to interview on 02/03/14 at 12:35 pm with the Administrator.</p> <p>C. Review of Staff C's personnel record revealed: -Staff C was hired on 11/20/13 (prior to the opening of this facility) as a Supervisor-in-Charge. - No documentation of a criminal background</p>	C 147		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL079095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FAITH BEYOND MEASURE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1408 FIELDCREST ROAD</b> <b>EDEN, NC 27288</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 147	<p>Continued From page 8</p> <p>check in Staff C's record.</p> <p>Interview on 02/03/15 at 11:34 am with Staff C revealed: -She recalled signing a release for criminal record check to be completed, but that was more than a year ago. -She started working at this facility in January 2015. -She was unaware if the criminal record check had been completed.</p> <p>Refer to interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge).</p> <p>Refer to interview on 02/03/15 at 12:35 pm with the Administrator.</p> <p>D. Review of Staff D's personnel record revealed: -Staff D was hired on 12/19/13 (prior to the opening of this facility) as a Supervisor-in-Charge. - No documentation of a criminal background check in Staff C's record.</p> <p>Staff D was not available for interview.</p> <p>Refer to interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge).</p> <p>Refer to interview on 02/03/15 at 12:35 pm with the Administrator.</p> <p>_____</p> <p>Interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge) revealed: -The facility opened in March 2014. -All the documents in staff records were obtained prior to the facility opening. -The provider owned two more facilities and</p>	C 147		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL079095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FAITH BEYOND MEASURE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1408 FIELDCREST ROAD</b> <b>EDEN, NC 27288</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 147	<p>Continued From page 9</p> <p>criminal background checks were completed when the staff was hired at the other (sister) facility.</p> <p>-No criminal background check had been completed for staff working at this facility because they thought the criminal background checks could transfer.</p> <p>Interview on 02/03/15 at 12:35 pm with the Administrator revealed:</p> <p>-This facility opened in March 2014.</p> <p>-The staff working at this facility had criminal background checks completed for employment at another (sister) facility.</p> <p>-She had not completed criminal background checks for staff currently working at this facility.</p> <p>-She had an initial survey in January 2014 for licensure of this facility.</p> <p>-The same criminal background checks were in staff records during that survey and no one cited or informed her that she could not copy the criminal background checks.</p>	C 147		
C 171	<p>10A NCAC 13G .0504(a) Competency Validation For Licensed Health</p> <p>10A NCAC 13G .0504 Competency Validation For Licensed Health Professional Support Tasks</p> <p>(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>	C 171		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL079095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FAITH BEYOND MEASURE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1408 FIELDCREST ROAD</b> <b>EDEN, NC 27288</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 171	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure 4 of 4 facility non-licensed staff (Staff A, B, C, and D), 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.</p> <p>The findings are:</p> <p>A. Review of Staff A's personnel record revealed: -Staff A, Supervisor-in-Charge, had a hire date of 10/7/2013 (prior to facility opening). -Staff A's personnel file contained no documentation of training records for Licensed Health Professional Support (LHPS) skills validation.</p> <p>Staff A was unavailable for interview.</p> <p>Refer to interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge).</p> <p>Refer to interview on 02/03/14 at 12:35 pm with the Administrator.</p> <p>B. Review of Staff B's personnel record revealed: -Staff B, Supervisor-in-Charge, had a hire date of 3/28/2013 (prior to facility opening). -Staff B's personnel file contained no documentation of training records for LHPS skills validation.</p> <p>Interview with Staff B on 2/7/2014 at 12:07 pm revealed: -She thought the requirements would transfer from the other facility. -"I seldom work at this facility."</p>	C 171		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL079095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FAITH BEYOND MEASURE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1408 FIELDCREST ROAD</b> <b>EDEN, NC 27288</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 171	<p>Continued From page 11</p> <p>- "I mostly work at the other (sister) facility."</p> <p>Refer to interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge).</p> <p>Refer to interview on 02/03/14 at 12:35 pm with the Administrator.</p> <p>C. Review of Staff C's personnel record revealed: - Staff C was hired on 11/20/13 (prior to the opening of this facility) as a Supervisor-in-Charge. - There was no LHPS validation check list in Staff C's record.</p> <p>Observation on 02/03/15 at 11:30 am revealed: - Staff C checked a resident's blood sugar. - Staff C put on gloves, wiped the resident's finger, and stuck the resident with a disposable stick device. - Staff C obtained the blood sugar reading and documented it in the resident's record. - No insulin was injected.</p> <p>Interview on 02/03/15 at 11:34 am with Staff C revealed: - She was hired as a Supervisor-in-Charge. - Her duties included medication administration, obtaining finger stick blood sugars, insulin injection, assisting residents with showering/bathing and preparing meals. - She started working at this facility in January 2015. - In January, 2015 she completed the clinical skills checklist, but had not completed the LHPS validation check list since she started working for the provider in 2013.</p> <p>Refer to interview on 02/03/15 at 12:07 pm with</p>	C 171		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL079095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FAITH BEYOND MEASURE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1408 FIELDCREST ROAD</b> <b>EDEN, NC 27288</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 171	<p>Continued From page 12</p> <p>Staff B (Supervisor-in-Charge).</p> <p>Refer to interview on 02/03/15 at 12:35 pm with the Administrator.</p> <p>D. Review of Staff D's personnel record revealed: -Staff D was hired on 12/19/13 (prior to the opening of this facility) as a Supervisor-in-Charge. -There was no LHPS validation check list in the record.</p> <p>Staff D was not available for interview.</p> <p>Refer to interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge).</p> <p>Refer to interview on 02/03/15 at 12:35 pm with the Administrator.</p> <p>_____</p> <p>Interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge) revealed: -The facility opened in March 2014. -All the documents in staff records were obtained prior to the facility opening. -The provider owned two more facilities and the LHPS validation were copied and placed in staff folders at this facility. -No LHPS validation had been completed for staff currently working at this facility.</p> <p>Interview on 02/03/15 at 12:35 pm with the Administrator revealed: -This facility opened in March 2014. -The staff working at this facility had LHPS validation completed for them at another (sister) facility.</p>	C 171		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL079095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FAITH BEYOND MEASURE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1408 FIELDCREST ROAD</b> <b>EDEN, NC 27288</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 171	Continued From page 13  -She had not completed LHPS validation for staff currently working at this facility.	C 171		
{C992}	G.S. § 131D-45 G.S. § 131D-45. Examination and screening for  G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.  (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior	{C992}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL079095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FAITH BEYOND MEASURE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1408 FIELDCREST ROAD</b> <b>EDEN, NC 27288</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C992}	<p>Continued From page 14 examination and screening.</p> <p>This Rule is not met as evidenced by: Non-compliance continues</p> <p>Based on record review and interviews, the facility failed to ensure examination and screening for controlled substances for 3 of 3 staff (Staff A, B, C, and D) hired after 10/01/13.</p> <p>The findings are:</p> <p>A. Review of Staff A's personnel record revealed: -Staff A, Supervisor-in-Charge/Medication Aide, had a hire date of 10/7/2013 (prior to facility opening). -Staff A's personnel file contained no examination and screening for controlled substances prior to hire.</p> <p>Staff A was unavailable for interview.</p> <p>Refer to interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge).</p> <p>Refer to interview on 02/03/14 at 12:35 pm with the Administrator.</p> <p>B. Review of Staff B's personnel record revealed: -Staff B, Supervisor in Charge, had a hire date of 3/28/2013 (prior to facility opening). -Staff B's personnel file contained no examination and screening for controlled substances prior to hire.</p> <p>Interview with Staff B on 2/7/2014 at 12:07 pm revealed: -She thought the requirements would transfer</p>	{C992}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL079095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FAITH BEYOND MEASURE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1408 FIELDCREST ROAD</b> <b>EDEN, NC 27288</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C992}	<p>Continued From page 15</p> <p>from the other (sister) facility. -"I seldom work at this facility." -"I mostly work at the other (sister) facility."</p> <p>Refer to interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge).</p> <p>Refer to interview on 02/03/14 at 12:35 pm with the Administrator.</p> <p>C. Review of C's personnel record revealed: -Staff C was hired on 11/20/13 as Supervisor-in-Charge. -Staff C had documentation of controlled substance screening dated 9/30/14.</p> <p>Interview on 02/03/15 at 12:07 pm with Staff C revealed: -She started working for the provider at another facility (sister facility) in November, 2013. -She started working at this facility in January 2015. -She had not completed a controlled substance screening since she worked at this facility.</p> <p>Refer to interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge).</p> <p>Refer to interview on 02/03/15 at 12:35 pm with the Administrator.</p> <p>D. Review of Staff D's personnel record revealed: -Staff D was hired on 12/19/13 as a Supervisor in Charge. -No documentation a pre-hire screening for controlled substances was requested, completed or that the employee had signed a consent for the test to be collected since Staff B worked at this facility.</p>	{C992}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL079095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/05/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FAITH BEYOND MEASURE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1408 FIELDCREST ROAD</b> <b>EDEN, NC 27288</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C992}	<p>Continued From page 16</p> <p>Staff D was unavailable for interview.</p> <p>Refer to interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge).</p> <p>Refer to interview on 02/03/15 at 12:35 pm with the Administrator.</p> <hr/> <p>Interview on 02/03/15 at 12:07 pm with Staff B (Supervisor-in-Charge) revealed: -Her responsibilities included ensuring required staff documentation was obtained upon employment. -The facility opened in March 2014. -All the documents in staff records were obtained prior to the facility opening. -Controlled substance screening were completed upon hire at another (sister) facility. -Controlled substance screenings were copied from the staff folder at another facility and placed in the same staff folder at this facility.</p> <p>Interview on 02/03/15 at 12:35 pm with the Administrator revealed: -This facility opened in March 2014. -Staff working at this facility had controlled substance screening completed when they were employed at another facility. -The screenings were copied and put in staff folders at this facility.</p>	{C992}		