

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL051046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/16/2015
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NAME OF PROVIDER OR SUPPLIER COUNTRY WOOD FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 118 OLD YOGI LANE CLAYTON, NC 27520
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(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	C 000		
C 153	<p>10A NCAC 13G .0501 (a) Personal Care Training And Competency</p> <p>10A NCAC 13G .0501 Personal Care Training And Competency</p> <p>(a) The facility shall assure that personal care staff and those who directly supervise them in facilities without heavy care residents successfully complete a 25-hour training program, including competency evaluation, approved by the Department according to Rule .0502 of this Section. For the purposes of this Subchapter, heavy care residents are those for whom the facility is providing personal care tasks listed in Paragraph (i) of this Rule. Directly supervise means being on duty in the facility to oversee or direct the performance of staff duties.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 3 Staff (C) received the 25 hour personal care training.</p> <p>The findings are:</p> <p>Review of Staff C's, Supervisor-in-Charge (SIC), personnel file revealed: -There was no documentation of Staff C's hire date. -There was no documentation of completion of personal care training and competency.</p>	C 153		

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

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C 153	<p>Continued From page 1</p> <p>Interview with the Administrator on 2/16/15 at 10:10 a.m. revealed the facility did not have heavy care residents.</p> <p>Interview with the Administrator on 2/16/15 at 10:44 a.m. revealed Staff C was hired to work at the facility September 2013 as a SIC in training.</p> <p>Interview with the Administrator on 2/16/15 at 10:56 a.m. revealed Staff C had not completed the personal care training and competency.</p> <p>Interview with the Administrator on 2/16/15 at 2:52 p.m. revealed: -One resident at the facility staff assisted with dressing, bathing and grooming. -The other residents at the facility were independent with personal care. -The Administrator kept up with staff personnel files. -Staff C was not a nurse aide. -The Administrator was aware the personal care training and competency was required. -The Administrator could not provided a reason to why Staff C had not completed the personal care training and competency. -"I will get it done."</p> <p>Staff C was not available for interview.</p>	C 153		
C 934	<p>G.S.131D-4.5B (a) ACH Infection Prevention Requirements</p> <p>G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements</p> <p>(a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care</p>	C 934		

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C 934	<p>Continued From page 2</p> <p>home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 2 of 2 Staff (A, C) completed the state annual infection control training.</p> <p>The findings are:</p> <p>A. Review of Staff C's, Medication Aide (MA), personnel file revealed: -There was no documentation of Staff C's hire date. -Staff C passed the MA testing on 1/7/14. -There was documentation of the state's annual infection control training certificate signed by Staff C on 12/15/14, but the certificate was not signed by the trainer. -There was no other documentation of the state annual infection control training.</p> <p>Interview with the Administrator on 2/16/15 at 10:44 a.m. revealed Staff C was hired to work at the facility September 2013.</p> <p>Staff C was not available for interview.</p>	C 934		

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C 934	<p>Continued From page 3</p> <p>Refer to interview with the Administrator on 2/16/15 at 10:02 a.m. and at 2:52 p.m.</p> <p>B. Review of Staff A's, Administrator/MA, personnel file revealed:</p> <ul style="list-style-type: none"> -There was no documentation of the Administrator's hire date. -The Administrator passed the MA testing on 10/7/10. -There was documentation of the state's annual infection control training certificate signed by the Administrator on 12/15/14, but the certificate was not signed by the trainer. -There was no other documentation of the state annual infection control training. <p>Interview with the Administrator on 2/16/15 at 10:02 a.m. revealed Staff C and the Administrator were the only two MA's who worked at the facility.</p> <p>Interview with the Administrator on 2/16/15 at 2:52 p.m. revealed:</p> <ul style="list-style-type: none"> -The Administrator kept up with staff personnel files. -The Administrator was aware of the state annual infection control training which needed to be completed by the MA's. -Staff C and the Administrator went to the state website on 12/15/14, reviewed the information on infection control, printed and signed the certificate. -A nurse or a pharmacist did not complete the training. -The Administrator was told by the facility's nurse consultant, staff did not need a nurse to complete the training. -The Administrator was not aware she needed a nurse or pharmacist to complete the state's annual infection control training. 	C 934		