

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL032129</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/20/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TOWER OF BLESSING A REFUGE TO SEEK # 2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2309 ELLINGTON STREET</b> <b>DURHAM, NC 27704</b>
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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  The Adult Licensure Section conducted an annual and follow-up survey on February 20, 2015.	C 000		
C 934	G.S.131D-4.5B (a) ACH Infection Prevention Requirements  G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements  (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care 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  This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 2 of 2 Staff (B, C) completed the state annual infection control training.  The findings are:  A. Review of Staff B's personnel file revealed: -Staff B was hired as a Medication Aide (MA)/Supervisor-in-Charge (SIC) on 7/13/13. -Staff B passed the MA testing on 7/3/07. -There was no documentation of the state annual	C 934		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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C 934	<p>Continued From page 1</p> <p>infection control training.</p> <p>Interview with Staff B on 2/20/15 at 5:15 p.m. revealed she was a MA and had not completed the state annual infection control training.</p> <p>Refer to interview with the Administrator on 2/20/15 at 5:36 p.m.</p> <p>B. Review of Staff C's , personnel file revealed: -Staff C was hired as a MA/SIC on 1/24/13. -Staff C passed the MA testing on 4/25/13. -There was no documentation of the state annual infection control training.</p> <p>Interview with Staff C on 2/20/15 at 11:00 a.m. revealed she was a MA and had not completed the state annual infection control training.</p> <p>Refer to interview with the Adminsitrator on 2/20/15 at 5:36 p.m.</p> <p>Interview with the Administrator on 2/20/15 at 5:36 p.m. revealed: -The Administrator kept-up with staff personnel files. -The Administrator checked staff personnel files every two months and was last checked December 2014. -Staffs B, C and the Administrator are the only MA's at the facility. -Staffs B, C and the Administrator had not completed the state annual infection control training program, because the Administrator was not aware the training was required. -The Administrator will contact someone as soon as possible to complete the training for the MAs.</p>	C 934		