

MAR 10 2015

PRINTED: 02/18/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2015
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NAME OF PROVIDER OR SUPPLIER SHULER HEALTH CARE/STOREY VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 250 PITT STREET KERNERSVILLE, NC 27284 County: Forsyth
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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
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D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 1/28/15 and 1/29/15.	D 000	Addendum: Staff B completed infection prevention training dated 3/5/15 - per attachment provided on 3/10/15. Staff B completed medication errors (med adm. training) on 2/25/15 and Diabetes training on 2/19/15 - per attachment provided on 3/0/15.	
D 127	10A NCAC 13F .0403(c) Qualifications Of Medication Staff 10A NCAC 13F .0403 Qualifications Of Medication Staff (c) Medication aides and staff who directly supervise the administration of medications, except persons authorized by state occupational licensure laws to administer medications, shall complete six hours of continuing education annually related to medication administration. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure staff performing Medication Aide duties met the requirements to administer medications as evidenced by 1 of 3 sampled staff (Staff B) had not completed 6 hours of annual medication aide training. The findings are: Review of Staff B's personnel file revealed: -A hire date of 5/29/06 as a relief Supervisor-in-Charge/medication aide (SIC/MA). -Staff B passed the written Medication Aide test on 1/25/07. -Staff B's medication aide verification dated 1/25/07. -Staff B completed the Medication Aide Clinical Skills Validation on 7/26/00. -No documentation Staff B completed any annual medication aide training.	D 127	Addendum: The Administrator and Co-administrator will be responsible for ongoing monitoring of rules of non-compliance. DOC is 2/28/15 with the exception of PCS training for Staff C with a contingent DOC of 4/1/15 upon completion of Staff C's PCS training.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Orta B. Shuler TITLE: Admin (X6) DATE: 2-25-15

STATE FORM 488 FS02-14
POC approved
+ addendums on PCS
1, 6 + 8 to reflect attachments
provided on 3/10/15. DOC and
addendums discussed + Kim White
via telephone on 3/17/15 @ 11:15 AM
Carolyn Addison, RY, BSW
POC approval - 3/17/15

Division of Health Service Regulation

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D 127	<p>Continued From page 1</p> <p>Interview on 1/28/15 at 10:35 am with Staff B revealed: -She had been employed at the facility for 9 years. -She worked as fill-in staff for this facility and another sister facility. -She had not completed any medication aide training within the past year.</p> <p>Interview on 1/29/15 at 8:50 am with Co-Administrator revealed: -She is responsible for making sure training was scheduled, completed and documented.</p> <p>Interview on 1/29/15 at 2:00 pm with the Administrator revealed: -She was unaware Staff B needed medication aide training. -She thought Staff B had completed some training within the last year. -She had looked through staff training certificates and could not locate any for Staff B.</p>	D 127	<p><i>Staff member has received her 6 hours of training as of today. Copy of certificates are attached. This was missed by administrator. We will obtain closer staff records in future and require fill-ins to attend our training. This employee also worked for a home health agency and was absent when our training was offered. We now are set up with online classes to avoid any future issues.</i></p>	
D 150	<p>10A NCAC 13F .0501 Personal Care Training And Competency</p> <p>10A NCAC 13F .0501 Personal Care Training And Competency</p> <p>(a) An adult care home shall assure that staff who provide or directly supervise staff who provide personal care to residents successfully complete an 80-hour personal care training and competency evaluation program established by the Department. Directly supervise means being on duty in the facility to oversee or direct the performance of staff duties. Copies of the 80-hour training and competency evaluation program are available at the cost of printing and</p>	D 150	<p><i>(Continuation of handwritten text from D 127)</i></p>	

Division of Health Service Regulation

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D 150	<p>Continued From page 2</p> <p>mailing by contacting the Division of Facility Services, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708.</p> <p>(b) The facility shall assure that training specified in Paragraph (a) of this Rule is successfully completed within six months after hiring for staff hired after September 1, 2003. Documentation of the successful completion of the 80-hour training and competency evaluation program shall be maintained in the facility and available for review.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 1 of 3 sampled staff (Staff C) successfully completed an 80-hour Personal Care Training and Competency Evaluation program within six months of hire.</p> <p>The findings are:</p> <p>Review of Staff C's personnel file revealed: -Staff C was hired on 5/7/14 as relief Supervisor-in-Charge/medication aide (SIC/MA). -Staff C was became a full-time SIC/MA on 9/17/14. -No documentation Staff C had completed Personal Care Training</p> <p>Interview on 1/29/15 at 9:10 am with Staff C revealed: -She had been employed at the facility since May 2014. -She was the current "Live-in" staff and the only staff person on duty when she worked. -She was the only staff at the facility when she was on duty. -She had not completed Personal Care Training. -No one at the facility had told her she needed to do the Personal Care Training. -She was not aware she needed the Personal</p>	D 150		

Division of Health Service Regulation

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D 150	<p>Continued From page 3</p> <p>Care Training since most of the residents were independent with bathing and dressing. -She had shaved some of the male residents. -She did assist one resident with setting up for a bath, setting out clothing for the resident and making sure clothing was "put on" properly.</p> <p>Interview on 1/29/15 at 9:50 am with the Co-Administrator revealed: -She along with the Administrator were responsible to assure staff training was completed. -Staff C had not completed Personal Care Training. -She had been trying to find "someone" who would conduct the Personal Care Training, but had not found anyone who would do it.</p> <p>Interview on 1/29/15 with three residents revealed: -One resident said Staff C routinely "set up" for the resident to take a bath, would start the shower and check hot water temperature before bathing. -Staff C would assist the resident with shaving. -Staff C would set clothing out for the resident to dress after a bath and make sure clothing was put on properly. -Two residents said Staff C would assist them with shaving on occasion if they asked her for help.</p> <p>Interview on 1/29/15 at 2:00 pm with the Administrator revealed: -"We thought since Staff C was a relief SIC/MA she did not need the Personal Care Training". -She along with the Co-Administrator and the Office Manager were responsible to assure staff training was completed. -Staff C had not completed Personal Care</p>	D 150	<p><i>Administration has been trying to find training and had told the staff member she needed it before her 6 months had expired. We have gone online, checked DHR, called DSS supervisor Shelia Moore, called Davison County Community College, Goodwill, our nurse practitioners at Southern Pharmacy. No one offers this that we can find. We started asking around for it in August 2014.</i></p>	
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D 150	Continued From page 4 Training. -She would make sure the Personal Care Training was completed as soon as possible for Staff C.	D 150	<p><i>Please advise us on this 2-25-15 matter. Admin. did not say she did not meet, just tried to convey that most of her residents are independent and we were aware of the problem.</i></p> <p><i>3-5-15 We have just received a call back from an RN that will allow this employee to join her other staff for the PC training for April 6-10, 2015.</i></p> <p><i>GBS</i></p>	
D 273	<p>10A NCAC 13F .0902(b) Health Care</p> <p>10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure referral and follow-up to meet the routine and acute health care needs for 1 of 3 sampled residents (Resident #2) with an order for Zoster vaccine.</p> <p>The findings are:</p> <p>A. Review of Resident #2's record current FL2 dated 9/4/14 revealed diagnoses included paranoid schizophrenia, chest pain, and vitamin B-12 deficiency.</p> <p>Review of Resident #2's record revealed a physician's order dated 1/15/15 for Zoster vaccine inject 0.65 ml into skin once (an injection medication used as a preventative for shingles).</p> <p>Review of Resident #2's January 2015 Medication Administration Record (MAR) revealed no entry for the Zoster vaccine transcribed or handwritten on the MAR.</p> <p>Review of Resident #2's medications on hand on</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL024013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2015
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D 273 ?	<p>Continued From page 5</p> <p>5/9/13, at 3:50 pm revealed Zoster vaccine 1 vial with 1 vial of dilutant dispensed on 1/15/15 was available for administration, and stored in a black medication storage lockbox in the refrigerator.</p> <p>Interview on 1/28/15 at 10:35 am with the relief Supervisor-in-Charge/medication aide (SIC/MA) revealed:</p> <ul style="list-style-type: none"> -The SIC/MA was ultimately responsible for reviewing physician's orders, physician occurrence visit information for possible new orders, and faxing orders to the contract pharmacy. -The SIC/MA was responsible for receiving and securing medication deliveries from the contract pharmacy on "their" shift. -The Administrator and Co-Administrator were responsible for record and MAR audits which were completed every 3 months. -When the Zoster vaccine was delivered to the facility by the contract pharmacy, "we" put it in the refrigerator and just "forgot" about it. <p>Interview on 1/28/15 at 2:45 pm with the Co-Administrator revealed:</p> <ul style="list-style-type: none"> -She contacted the contract pharmacy and they did deliver the Zoster vaccine during their night delivery on 1/15/15. -The vaccine was "no good now", because it can only remain in the refrigerator for up to 15 hours. -The vaccine should have been administered within the 15 hour period. -The vaccine would need to be reordered. -She had contacted Resident #2's primary care physician and the vaccine had not been administered at the physician's office. -What should have occurred was the resident come back to the physician's office with the Zoster vaccine and they would have administered at that time. 	D 273	<p>Addendum: New medication storage and administration policy was implemented and signed by Staff between 2/20/15 through 3/15/15. per attachment provided on 3/10/15.</p>	

Division of Health Service Regulation

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D 273	<p>Continued From page 6</p> <p>-Apparently there was some "miscommunication". -It should have been administered during a physician office visit.</p> <p>Interview on 1/29/15 at 8:45 am with Resident #2 revealed: -The physician asked her about the "shingles shot" 2 weeks ago when she last saw her primary care physician. -She had shingles one time, several years ago. -She had never gotten the vaccine.</p> <p>Interview on 1/29/15 at 8:50 am pm with Staff C, full-time SIC/MA revealed: - Resident #2 never received the Zoster vaccine. -The resident was scheduled to visit her primary care physician today (1/29/15) and the Zoster vaccine was supposed to be given to the resident today. -The Zoster vaccine was delivered at night by the contract pharmacy in a square "cooler type" container when she was on duty. -When the Zoster vaccine was delivered by the contract pharmacy on 1/15/16, she did not know what to do with it. -The relief SIC/MA told her the next morning (1/16/15) when she came on duty to put it in the black lockbox in the refrigerator. -"We" put the Zoster vaccine in the black lockbox in the refrigerator and "forgot about it". -She never thought to call anyone or asked anyone what to do with it.</p> <p>Second interview on 1/29/15 at 10:40 am with the Co-Administrator revealed: -Resident #2 went to her primary care physician today (1/29/15) to get her Zoster vaccine administered and she refused to take it. -The Zoster vaccine was discontinued.</p>	D 273	<p><i>Proper procedure was not implemented in this case by staff. The order should have been added to current MAR and the storage of medication should have been followed thru. Our doctors have stated that they should have got the vaccine filled at the on site pharmacy and administered it to the resident while she was present. If not given at the office the staff is responsible to follow thru with the administration of injection by doctor or</i></p>	
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Division of Health Service Regulation

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D 273	Continued From page 7 Interview on 1/29/15 at 2:00 pm with the Administrator revealed: -She realized with the Zoster vaccine, she needed to put some systems in place. -She was in the process of implementing new procedures for pharmacy deliveries.	D 273	<i>home health services. We have a form explaining this new policy (attached) which will make sure that administration is aware of these meds.</i>	
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based observations, record reviews, and interviews the facility failed to assure therapeutic diets were served as ordered for 1 of 1 resident with an order for a cardiac prudent diet (Resident #3). The findings are: Review of Resident #3 current FL-2 dated 6/18/14 revealed: -Diagnoses included hypercholesterolemia, dyslipidemia, and schizoaffective disorder. -A physician's order for Pravastatin Sodium 40 mg daily (used to lower high cholesterol levels). Record review of Resident #3 revealed: -A physician's order dated 12/11/14 for a cardiac prudent diet (food prepared with low fat and low cholesterol). -Laboratory results dated 4/14/14 for a	D 310	<i>order!</i> <i>Addendum: Resident # 3 obtained a new diet order for a regular diet dated 1/30/15 - per attachment provided on 3/10/15.</i>	2-15-15 GAS

Division of Health Service Regulation

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D 310	<p>Continued From page 8</p> <p>cholesterol level of 132 (lab results sheet with a normal reference range of 100-199).</p> <p>Review of the posted therapeutic diet list in the kitchen on 1/28/15 revealed Resident #3 was to be served a cardiac prudent diet.</p> <p>Review of the menu at a glance revealed residents on a regular diet were to be served beef tips in gravy, pasta, broccoli, 1 white roll, 1 square of peanut butter chocolate chip bar and a 4 ounce (oz.) beverage.</p> <p>Observation of the lunch meal on 1/28/15 from 12:45 pm to 1:00 pm revealed:</p> <ul style="list-style-type: none"> -Resident #3 was served chicken salad with light mayonnaise, pasta salad, garden salad with 2 tablespoons of ranch dressing, 1 white roll, 12 oz. skim milk, and 1 square serving of chocolate chip cookie bar with lite cool whip. -The resident consumed 75% of the meal, 100% of the chocolate chip cookie bar with lite cool whip, and 100% of the skim milk. -The resident requested a second helping of the chocolate chip cookie bar with lite cool whip, but there was no more chocolate cookie bar with lite cool whip available. -All residents were served the same meal. <p>Review of the cardiac (low fat and low cholesterol) facility menu revealed:</p> <ul style="list-style-type: none"> -Resident #3 was supposed to be served the following during the lunch meal on 1/28/15: -Beef tips in gravy, pasta, broccoli, 1 white/wheat roll, margarine spread and seasonal fruit. -Resident #3 should not have been served the chocolate chip cookie bar with lite cool whip for dessert. <p>Review of the ingredients on the lite cool whip</p>	D 310		
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Division of Health Service Regulation

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D 310	<p>Continued From page 9</p> <p>container revealed: -One serving contained 2 grams (gms) carbohydrates. -One serving contained 1.5 gms of saturated fat.</p> <p>Review of the ingredients for the chocolate chip cookies revealed: -One chocolate chip cookie contained 4.76 gms of fat. -One chocolate chip cookie contained 20.81 gms of carbohydrates. -One chocolate chip cookie contained 1.19 gms of saturated fat.</p> <p>Interview on 1/28/15 at 3:25 pm with the relief Supervisor-in-Charge (SIC/MA) revealed: -She usually used the cardiac prudent (low fat/low cholesterol) diet menu for guidance for Resident #3's meal preparation. -She served the chocolate chip bar dessert to Resident #3 because that was what the resident wanted. -She used 1 package of chocolate chip cookies for the chocolate chip cookie bar dessert -The resident wanted to be served what the other residents were served at meal times. -She had not documented the resident's dietary non-compliance. -She had not made the resident's primary care physician aware of the dietary non-compliance. -She substituted the beef tips with gray today for chicken salad. -She substituted the broccoli today for garden salad with ranch or thousand island dressing.</p> <p>Interview on 1/28/15 at 3:35 pm with Resident #3 revealed: -He was not aware he was on a "special diet". -He was usually served the same meals as the other residents.</p>	D 310		
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D 310	<p>Continued From page 10</p> <ul style="list-style-type: none"> -He preferred to be on a low fat/low cholesterol diet. -He did not know he was supposed to have been served fruit as a dessert for the lunch meal today (1/28/15) even though he did prefer the chocolate chip bar for dessert. -If he had known about the cardiac prudent diet order he would have eaten the fruit instead of the chocolate chip bar dessert. <p>Interview on 1/29/15 at 2:00 pm with the Administrator and the Co-Administrator revealed:</p> <ul style="list-style-type: none"> -Resident #3 was non-compliant with his diet. -The resident on occasion would walk up to the local convenient store to buy food snacks to eat. -Resident #3's dietary non-compliance had not been documented in the resident's record. -The resident had a physician appointment on 1/30/15 and they were going to make the physician aware of the resident's non-compliance with his diet. 	D 310	<p><i>When the doctor (1/30/15) met with the resident they decided that due to his cholesterol numbers being in range and his non compliance that a regular diet was okay. (attached)</i></p> <p><i>Staff is to go by diet orders and we do stress that however they do have the right to go against their diet. Staff will document in their charts these decisions if they chose</i></p>	
D 338	<p>10A NCAC 13F .0909 Resident Rights</p> <p>10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure the rights of residents were maintained and exercised without hindrance as related to residents being treated with respect, consideration, and dignity at meal times by 1 staff (Staff C).</p>	D 338	<p><i>Staff is to go by diet orders and we do stress that however they do have the right to go against their diet. Staff will document in their charts these decisions if they chose</i></p>	

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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
D 338	<p>Continued From page 11</p> <p>The findings are:</p> <p>Interviews with 2 residents during the initial tour of the facility on 1/28/15 revealed: -One resident stated the full-time Supervisor-in-Charge/medication aide (SIC/MA), "Did not serve meals appropriately. She makes us stand in line and wait for meals. She said it takes too long to set the table and food will get cold if she sets the table." -Another resident did not mind waiting in line to get food.</p> <p>Interview on 1/28/15 with the relief SIC/MA revealed: -The breakfast meal was served between 7:30 am to 8:00 am each day. -The lunch meal was served between 12:00 pm and 12:30 pm each day. -The dinner meal was served between 5:00 pm to 5:30 pm each day.</p> <p>Observation on 1/28/15 between 12:15 pm and 12:30 pm of the lunch meal preparation revealed: -The relief SIC/MA set up the dining room tables with plates, silverware, cups and glasses. -The relief SIC/MA plated the food from the cooking pots onto the plates set at the dining room tables. -The relief SIC/MA filled all the drinking cups and glasses with beverages set on the dining room tables. -At 12:30pm, the relief SIC/MA called all the residents to the dining room for the lunch meal.</p> <p>Interview with 3 residents on 1/29/15 regarding the meal service revealed: -One resident stated "It is better for [named staff member](full-time SIC/MA) to serve from the kitchen. It is easier for her."</p>	D 338	<p><i>to be more compliant in the future.</i></p>	<p><i>1-15-15 BBS</i></p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2015
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D 338	<p>Continued From page 12</p> <ul style="list-style-type: none"> -The resident preferred having food prepared and ready on the table at meal times. -The resident stated it was difficult to try to manage an assistive walking device while carrying the meal plate, utensils and drinks to the table. -A second resident did not mind being served from the kitchen. -The resident stated she had to go back and forth from the kitchen to obtain drinks, silverware, and dessert during meal times. -The resident preferred having drinks and silverware ready on the table prior to meals being served. -A third resident stated, "Standing in line or having food prepared and ready on the table is fine with me either way." <p>Interview on 1/29/15 at 9:10 am with the full-time SIC/MA revealed:</p> <ul style="list-style-type: none"> -She had residents "line up in the kitchen to get food because the food stays hot." -She had the residents to line up in the hall and they would pass by the stove in the kitchen. -The residents would pick up their plates and she would place the food onto the plates from the cooking pots on the stove. -She had the residents stand in line at lunch and dinner meals, not at breakfast. -She was trained during orientation to have food prepared and ready on the tables at meal times. -She decided to have the residents line up and serve food from the kitchen stove top at meal times because she wanted the food to be hot for the residents. <p>Observation of the lunch meal service on 1/29/15 at 12:15 pm revealed:</p> <ul style="list-style-type: none"> -One resident sitting in the dining room finishing up the lunch meal. 	D 338	<p><i>The residents have different preferences about the way the meals are served. We asked each one separately what they like. Out of 10 residents 6 prefer, 3 don't like and one was not there to ask. Staff does only do this at lunch and supper. There silverware, drinks and desserts are placed on table before meal and we have told the 3 that do not like this method can have their</i></p>	
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Division of Health Service Regulation

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D 338	Continued From page 13 -Both dining room tables had been cleaned of plates, silverware, cups and glasses. -Both dining room tables had been wiped clean with the exception of the place setting of the one resident. Interview on 1/29/14 at 12:30 pm with a resident sitting in the dining room revealed: -She stated the full-time SIC/MA had the residents line up to get their lunch meal today. -She stated, "I liked being served from the kitchen stove because it does not waste food and we can tell them what we want and don't want to eat." Interview on 1/29/15 at 12:40 pm with the full-time SIC/MA revealed: -She had decided to serve lunch early today (before 12:00 noon). -She had already served the lunch meal and cleaned the dishes.	D 338	<i>plates brought to them.</i>	<i>2-23-15 GBS</i>
D934	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	D934		

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D934	<p>Continued From page 14</p> <p>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 record reviews and interviews, the facility failed to assure 1 of 3 medication aides had completed the mandatory annual infection prevention training (Staff B).</p> <p>The findings are: Review of Staff B's personnel file revealed: -A hire date of 5/29/06 as a relief Supervisor-in-Charge/medication aide (SIC/MA). -Last documented infection control training was on 7/13/06. -Staff B completed the Medication Aide Competency Validation on 7/26/06.</p> <p>Interview on 1/28/15 at 9:50 am with the Co-Administrator revealed: -Staff B had infection control training at her other job. -Staff B had not completed the annual infection prevention training offered at the facility. -"We" thought she did not need it since she had completed infection control training at her other job.</p> <p>Interview on 1/28/15 at 10:35 am with Staff B, relief SIC/MA revealed: -She had completed infection control training at her other job. -She had not completed the annual infection prevention training at the facility. -She thought since she had taken it at her other job she did not need to taken the infection</p>	D934	<p><i>Staff member supplied her copy of training signed by the nurse that gave the class. Everyone will get this years training on March 27 at 1pm.</i></p>	<p><i>BB5 3-5-15</i></p>
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D934	Continued From page 15 prevention training at this facility. Interview on 1/29/15 at 8:50 am with Co-Administrator revealed: -She is responsible for making sure training is scheduled, completed and documented. -Annual infection prevention training was offered to staff every year in March.	D934	<i>Staff member did receive this at other job. Copy is attached.</i>	
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Shook, Linda

From: Harrison, Carolyn
Sent: Tuesday, March 17, 2015 11:52 AM
To: Shook, Linda; Brown, Danyelle A
Cc: mooresh@forsyth.cc
Subject: Shuler Health Care/Storey Villa POCA 3-17-15
Attachments: Shuler Health Care-Storey Villa 1-29-15 POCA.pdf

Hi Linda,
Attached is the POCA for Shuler Health Care/Storey Villa HAL-034-013 Forsyth county. The POC was approved on 3/17/15.

Carolyn Harrison

Carolyn Harrison, RN, BSN
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Adult Care Licensure Section- Division of Health Service Regulation
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<http://www.ncdhhs.gov/dhsr>

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