

House Of Blessings, LLC

Jessica Russell, Administrator
House of Blessings Family Care Home, LLC
1421 Ross Mill Road
Henderson, NC 27537

01/05/2015

Re: Initial Survey completed December 11, 2014 (ZRLR11)
Facility: House Of Blessings Family Care Home, LLC
Licensure Number: FCL-091-16
County: Vance

To: Susan Vincent RN, BSN, Licensure Consultant

Thank you for providing House Of Blessings Family Care Home, LLC with the opportunity to fulfill the obligations of the plan of correction as a result of the survey completed on December 11, 2014.

- In regards to the deficiency of C935 G.S. ACH Medication Aides; Training and Competency the follow changes have been made:

Staff A: As of December 18, 2014 Staff A has completed the required Medication Aide Testing and passed the required testing. In addition, is enclosed is a copy of the certificate of completion. Pertinent documentation is also included in Staff A's personnel file at the facility.

Staff B: Is currently registered to take the Medication Aide Test on January 29, 2015. Upon completion of the Medication Aide Testing Staff B will have accurate documentation of testing completion in personnel file and submit documentation to appropriate personnel.

Staff C: Has completed Medication Testing but did not pass. Staff C is currently registered to retake the Medication Aide Test on January 29, 2015. Upon completion of the Medication Aide Testing Staff B will have accurate documentation of testing completion in personnel file and submit documentation to appropriate personnel.

Staff D: As of December 24, 2014 Staff D's employment at House Of Blessings, LLC is terminated.

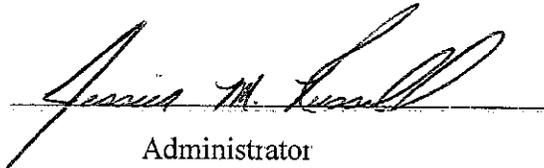
Susan Vincent RN, BSN
1-23-15

House Of Blessings, LLC

- In order to prevent this deficiency from occurring again the following measures have been put into place:

The Administrator of House Of Blessings LLC, will only hire Medication Aides that have already completed the requirements for employment at House Of Blessings, LLC; Otherwise staff will be required to complete Medication Testing within thirty days of hire.

- Monitoring of the changes made in reference to this plan of correction will be completed by the Administrator, Jessica M. Russell
- Monitoring of these changes will be monitored by the Administrator and the back-up Administrator on a quarterly basis.
- The plan of correction will be completed by February 15, 2015 and the individual completion dates will vary and are previously noted.



Administrator

1-5-15

Date

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL091015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/11/2014
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NAME OF PROVIDER OR SUPPLIER HOUSE OF BLESSINGS FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1421 ROSS MILL ROAD HENDERSON, NC 27537
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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		
C935	<p>G S § 131D-4.5B (b) ACH Medication Aides; Training and Competency</p> <p>G S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.</p> <p>(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:</p> <p>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:</p> <p>a. The key principles of medication administration.</p> <p>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.</p> <p>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.</p> <p>(3) Within 60 days from the date of hire, the individual must have completed the following:</p> <p>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:</p> <p>1. The key principles of medication administration.</p> <p>2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if</p>	C935		

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

Division of Health Service Regulation

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C935	<p>Continued From page 1</p> <p>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 interview, review of documentation, and review of personnel records; the facility failed to assure 4 of 4 medication aides (Staff A, C, D, E) had documentation of successfully passing the medication administration written exam within 60 days of completion of the medication clinical skills evaluation</p> <p>The findings are:</p> <p>An observation during tour on 12/11/14 at 9:30am revealed staff D was the only staff at facility.</p> <p>Review of December 2014 Medication Administration Records (MAR) and November 2014 MAR revealed staff D had been working as a medication aide.</p> <p>1. Review of Personnel records for staff D revealed the following: -Date of hire was 6/3/14. -There was documentation of 5 hours of medication training. -There was documentation of medication clinical skills competency validation on 6/3/14. -There was no documentation of successfully passing the medication aide exam.</p> <p>An interview on 12/11/14 at 9:30am revealed staff</p>	C935		
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C935	<p>Continued From page 2</p> <p>D was a medication aide.</p> <p>2. Review of personnel records for staff A revealed the following: -Date of hire was 9/3/14. -There was documentation of 5 hours of medication training. -There was documentation of medication clinical skills competency validation on 9/3/14. -There was no documentation of successfully passing the medication aide exam</p> <p>Review of December 2014 MAR and November 2014 MAR revealed staff A had been administering medications.</p> <p>An interview with staff A on 12/11/14 at 1:45 pm revealed staff A was scheduled to take the Medication Aide exam on 12/18/14.</p> <p>3. Review of personnel records for staff B revealed the following: -Date of hire was 6/24/14. -There was documentation of 29 contact hours in medication aide training through a community college. -There was documentation of 5 hours of medication training. -There was no documentation of successfully passing the medication aide exam.</p> <p>Review of December 2014 MAR and November 2014 MAR revealed staff B had been working as a medication aide.</p> <p>4. Review of personnel records for staff C revealed the following: -Date of hire was 7/13/14. -There was documentation of 5 hours of medication training.</p>	C935		

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C935	<p>Continued From page 3</p> <ul style="list-style-type: none"> -There was documentation of clinical skills competency validation on 7/8/14. -There was no documentation of successfully passing the medication aide exam <p>Review of December 2014 MAR and November 2014 MAR revealed staff C had been working as a medication aide.</p> <p>An interview with the Administrator on 12/11/14 at 4pm revealed the following:</p> <ul style="list-style-type: none"> -All staff were scheduled to take the medication aide exam on 12/18/14. -She was under the assumption staff had 6 months between the completion of the medication clinical skills checklist and the passing of the medication aide exam. -All staff trained on the cart for 2 days with a Registered Nurse -There were no residents receiving insulin at the facility. -She would immediately arrange for an alternate qualified medication aide. <p>An interview with the facility's Registered Nurse trainer on 12/11/14 at 4:15pm revealed:</p> <ul style="list-style-type: none"> -She had personally trained all the staff on the medication cart and validated their competency -All the staff were current on infection control training and diabetes training. -She was not aware staff had not passed the medication aide exam 	C935		

Herring, Belverly G

From: Vincent, Susan R
Sent: Monday, February 02, 2015 11:01 AM
To: linnoya.royster@vance.nc.gov
Cc: Herring, Belverly G
Subject: House of Blessings FCH Plan of Correction
Attachments: House of Blessing FCH Plan of Correction pdf

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