

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/24/2015
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NAME OF PROVIDER OR SUPPLIER TAYLOR FAMILY CARE HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 1188 BERTHA WILSON ROAD BLANCH, NC 27212
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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 074	<p>10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping And Furnishings</p> <p>(a) Each family care home shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to have the flooring and appliances in the common bathroom and the kitchen's cabinet and counter top kept in good repair:</p> <p>The findings are:</p> <p>Observation of the common bathroom on 4/24/15 at 1:30 p.m. revealed:</p> <ul style="list-style-type: none"> -The caulk around the base of the commode and the bathtub was flaking. -The heat regulator above the light switch on the left side of the door to the bathroom had no protective covering. -The red tile on the bathroom floor had an off white substance on the floor between the commode and the bathtub. -The brick window sill in the bathroom was discolored. -The heat registry was rusty and a 5" X 4" portion of the heat registry had broken off which exposed wiring. -A toggle switch above the heat registry did not have a covered plate. 	C 074		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 074	<p>Continued From page 1</p> <p>Observation of the kitchen on 4/24/15 at 10:00 a.m. revealed: -Kitchen counter had a 5" X 6" exposed area under the double sinks. -The side of the kitchen cabinet near the sink had a 24" X 24" splintered and frayed wood area from the middle of the cabinet to the bottom of the cabinet.</p> <p>Interview with the Supervisor-in-Charge on 4/24/15 at 5:10 p.m. revealed: -She was aware of the repairs that needed to be done in the bathroom and the kitchen. -She was in the process of getting the repairs done. -The facility did not have a monitoring plan in place for keeping furnishings in good repair.</p> <p>Interview with the Administrator on 4/24/15 at 10:00 a.m. revealed all questions were referred to the Supervisor-in-Charge.</p>	C 074		
C 140	<p>10A NCAC 13G .0405(a)(b) Test For Tuberculosis</p> <p>10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services. Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. (b) There shall be documentation on file in the</p>	C 140		

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C 140	<p>Continued From page 2</p> <p>home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 2 of 3 sampled staff were tested for Tuberculosis (TB) disease in compliance with Tuberculosis (TB) control measuring using the 2-step testing method. (Staff B, C)</p> <p>The findings are:</p> <p>1. Review of Staff B's, personal care aide, personnel record revealed: -She was hired to work at the facility on May 1985. -No documentation of a TB skin test was found in Staff B's record.</p> <p>Interview with Staff B on 4/24/15 at 4:45 p.m. revealed: -She had a 2-step TB skin test. -Supervisor-in-Charge was responsible for keeping up with her TB skin test.</p> <p>Interview with the Supervisor-in-Charge on 4/24/15 at 5:10 p.m. revealed: -She could not find documentation of a TB skin test in Staff B's record. -She was not aware the results of TB skin tests for Staff B had been misplaced. -She would have Staff B to get a 2-step TB skin test. -She gave no time frame.</p> <p>Refer to interview with the Supervisor-in-Charge on 4/24/15 at 5:10 p.m.</p>	C 140		

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C 140	<p>Continued From page 3</p> <p>Refer to the interview with the Administrator on 4/24/15 at 10:00 a.m.</p> <p>2. Review of Staff C's, Supervisor-in-Charge, personnel record revealed; -She was hired to work at the facility on August 1996. -No documentation of a TB skin test was found in Staff C's record.</p> <p>Interview with Staff C on 4/24/15 at 5:10 p.m. revealed: -She could not find documentation of a TB skin test in her personnel record. -She had a 2-step TB skin test. -She was not aware that the results of her TB skin tests had been misplaced. -She would get a 2-step TB skin test. -No time frame was given. She was responsible for keeping up with her TB skin test.</p> <p>Refer to interview with the Supervisor-in-Charge on 4/24/15 at 5:10 p.m.</p> <p>Refer to the interview with the Administrator on 4/24/15 at 10:00 a.m.</p> <p>Interview with the Supervisor-in-Charge on 4/24/15 at 5:10 p.m. revealed: -The facility's monitoring plan in place was 1st step prior to hire and 2nd step within a week of hire. -She was responsible for making sure all staff had a 1st and 2nd step TB skin test.</p> <p>Interview with the Administrator on 4/24/15 at 10:00 a.m. revealed all questions were referred to the Supervisor-in-Charge.</p>	C 140		

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C 145	<p>10A NCAC 13G .0406(a)(5) Other Staff Qualifications</p> <p>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;</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on interview and review of personnel records, the facility failed to assure 2 of 2 staff sampled had no substantiated findings on the North Carolina Health Care Personnel Registry. (Staff B, C).</p> <p>The findings are:</p> <p>1.Review of Staff B's personal care aide (PCA), personnel record revealed: -She was hired to work at the facility on May 1985. -No documentation of a Health Care Personnel Registry check was found in Staff B's record.</p> <p>Interview with Staff B on 4/24/15 at 4:45 p.m. revealed: -She had a Health Care Personnel Registry (HCPR) check completed. -The Supervisor-in-Charge was responsible for the completion of the HCPR checks for staff.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 4/24/15 at 5:10 p.m. revealed: -No documentation of the Health Care Personnel Registry check was found in Staff B's record.</p>	C 145		
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C 145	<p>Continued From page 5</p> <ul style="list-style-type: none"> -She was not aware that the Health Care Personnel Registry (HCPR) check for Staff B had been misplaced. -A HCPR check had been completed on Staff B. -She would do another HCPR check on Staff B. -She did not give a time frame. -She was responsible for the completion of a HCPR check on Staff B. -Staff's HCPR checks should be completed, prior to hire. <p>Interview with the Administrator on 4/24/15 at 10:00 a.m. revealed all questions were referred to the Supervisor-in-Charge.</p> <p>2. Review of Staff C's, Supervisor-in-Charge (SIC), personnel record revealed:</p> <ul style="list-style-type: none"> -She was hired to work at the facility on August 1996. -No documentation of a Health Care Personnel Registry check was found in Staff C's record. <p>Interview with Staff C on 4/24/25 at 5:10 p.m. revealed:</p> <ul style="list-style-type: none"> -A Health Care Personnel Registry (HCPR) check had been completed on her. -She could not find documentation of a HCPR check in her record. -She was responsible for the completion of the HCPR check on staff. -She would do a HCPR check on herself. -Staff's HCPR checks should be completed, prior to hire. <p>Interview with the Administrator on 4/24/15 at 10:00 a.m. revealed all questions were referred to the Supervisor-in-Charge.</p> <hr/> <p>A plan of protection was requested by this office.</p>	C 145		
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C 145	Continued From page 6	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:</p> <p>(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: TYPE B VIOLATION</p> <p>Based on record review, the facility failed to assure 2 of 2 staff sampled had a criminal background check in accordance with G.S. 114-19.10 and G.S.131D-40. (Staff B, C)</p> <p>The findings are:</p> <p>1.Review of Staff B's, personal care aide, personnel record revealed: -She was hired to work at the facility on May 1985. -No documentation a consent for a criminal background check had been completed. -No documentation a criminal background check had been completed.</p> <p>Interview with Staff B on 4/24/15 at 4:45 p.m. revealed: -She had a criminal background check completed. -Supervisor-in-Charge was responsible for the completion of the criminal background checks for</p>	C 147		

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C 147	<p>Continued From page 7</p> <p>staff.</p> <p>Interview with the Supervisor-in-Charge on 4/24/15 at 5:15 p.m. revealed:</p> <ul style="list-style-type: none"> -She could not find documentation of a criminal background check in Staff B's record. -A criminal background check had been completed on Staff B. -She was not aware that the criminal background check for Staff B had been misplaced. -She would do another criminal background check on Staff B. -She did not give a time frame. -She was responsible for the completion of the criminal background checks for staff. -Criminal background checks should be completed, prior to hire. <p>Interview with the Administrator on 4/24/15 at 10:00 a.m. revealed all questions were referred to the Supervisor-in-Charge.</p> <p>2. Review of Staff C's, Supervisor-in-Charge, personnel record revealed:</p> <ul style="list-style-type: none"> -She was hired to work at the facility on August 1996. -No documentation a consent for a criminal background check had been completed. -No documentation a criminal background check had been completed. <p>Interview with Staff C on 4/24/15 at 5:10 p.m. revealed:</p> <ul style="list-style-type: none"> -A criminal background check had been completed on her. -She could not find documentation of a criminal background check in her personnel record. -She was not aware that her criminal background check had been misplaced. -She completed another criminal background 	C 147		

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C 147	<p>Continued From page 8</p> <p>check on 4/24/15.</p> <p>-She was responsible for the completion of the criminal background checks for staff.</p> <p>-Criminal background checks should be completed, prior to hire.</p> <p>Interview with the Administrator on 4/24/15 at 10:00 a.m. revealed all questions were referred to the Supervisor-in-Charge.</p> <p>_____</p> <p>A plan of protection was requested by this office.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 8, 2015</p>	C 147		
C 202	<p>10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination</p> <p>10A NCAC 13G .0702 Tuberculosis Test and Medical Examination</p> <p>(a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure each resident had tuberculosis (TB) disease testing upon admission to the facility in compliance with the control measures adopted by the Commission for Health Services for 1 (#1) of 3 sampled residents.</p>	C 202		

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C 202	<p>Continued From page 9</p> <p>The findings are:</p> <p>Review of Resident #1's Resident Register revealed an admission date of 6/30/82.</p> <p>Review of Resident #1's record revealed no documentation of a TB skin test.</p> <p>Interview with Resident #1 on 4/24/15 at 5:00 p.m. revealed resident did not know the last time he had a TB skin test.</p> <p>Interview with the Supervisor-in-Charge on 4/24/15 at 5:10 p.m. revealed:</p> <ul style="list-style-type: none"> -She was aware Resident #1 did not have documentation of a TB skin test in his record. -Resident #1's TB skin tests had been misplaced at the facility. -She was in the process of getting him a 2-step TB skin test. -She did not give an exact date a 2-step TB skin test would be completed. -The facility's monitoring plan in place for TB skin test was 1st step prior to the admission of the resident and the 2nd step within a week of the resident's admission date. -She was responsible for the making sure Resident #1 had a 2-step TB skin test. <p>Interview with the Administrator on 4/24/15 at 10:00 a.m. revealed all questions were referred to the Supervisor-in-Charge.</p>	C 202		
C 292	<p>10A NCAC 13G .0905 (d) Activities Program</p> <p>10A NCAC 13G .0905 Activities Program</p> <p>(d) There shall be a minimum of 14 hours of a</p>	C 292		

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C 292	<p>Continued From page 10</p> <p>variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and monthly calendar, the facility failed to assure the development of an activity program which promoted active involvement of the residents with each other and the community.</p> <p>The findings are:</p> <p>Observation on 4/24/15 from 9:15 a.m. - 2:30 p.m. and 3:00 p.m.-6:00 p.m. revealed no planned group activities were offered to the residents.</p> <p>Observation on 4/24/15 at 9:15 a.m. revealed a resident was outside sweeping the porch.</p> <p>Observation on 4/24/15 at 9:30 and 1:00 p.m. revealed a resident was in the kitchen washing the dishes.</p> <p>Review of the activity calendar for April 2015 revealed: -It could not be determined if 14 hours of activities</p>	C 292		
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C 292	<p>Continued From page 11</p> <p>per week were offered by the facility.</p> <ul style="list-style-type: none"> -Some of the activities written on the calendar were not readable, because they written on the calendar with a magic marker. -The print on the calendar was small. -The activities that were readable included such things as feeding the dog, making up the bed, washing dishes, eating breakfast, lunch and dinner. <p>Confidential interviews with 3 of 4 residents revealed:</p> <ul style="list-style-type: none"> -Activities included looking at television, washing the dishes, playing games, making up the bed, mopping the floor and feeding the dog. -They did not mind doing chores at the facility. -We do activities but not every day. -We go out shopping and eating every other month. <p>Interview with the Supervisor-in-Charge on 4/24/15 at 5:10 p.m. revealed:</p> <ul style="list-style-type: none"> -She was responsible for activities at the facility. -She was responsible for the documentation of the activities on the monthly calendar at the facility. -She did not know chores such as washing the dishes, making up the bed, mopping the floor and feeding the dog did not meet the criteria for planned group activity. -She was not aware a planned group activities included activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. -The facility did not have an Activity Director. -She was in the process of hiring an Activity Director. <p>Interview with the Administrator on 4/24/15 at</p>	C 292		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

TAYLOR FAMILY CARE HOME #1

**1188 BERTHA WILSON ROAD
BLANCH, NC 27212**

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C 292	Continued From page 12 10:00 a.m. revealed all questions were referred to the Supervisor-in-Charge.	C 292		
C 912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to Health Care Personnel Registry checks and criminal background checks.</p> <p>The findings are:</p> <p>1. Based on interview and review of personnel records, the facility failed to assure 2 of 2 staff (personal care aide and Supervisor-in-Charge) sampled had no substantiated findings on the North Carolina Health Care Personnel Registry. [Refer to Tag D 0154 10 A NCAC 13G .0406(a)(5) (Type B Violation)].</p> <p>2. Based on record review, the facility failed to assure 2 of 2 staff (personal care aide and Supervisor-in-Charge) sampled had a criminal background check in accordance with G.S. 114-19.10 and G.S.131D-40. [Refer to Tag 10 A NCAC 13G .0406(a) (7) (Type B Violation)].</p>	C 912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/24/2015
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NAME OF PROVIDER OR SUPPLIER TAYLOR FAMILY CARE HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 1188 BERTHA WILSON ROAD BLANCH, NC 27212
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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 934	Continued From page 13	C 934		
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 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 personnel records and interviews, the facility failed to assure 1 of 1 (Staff C) sampled medication aide completed the state mandated annual infection control course.</p> <p>The findings are:</p> <p>Review of Staff C's, Supervisor-in-Charge (SIC), personnel record revealed: -She was hired to work at the facility on August 1996. -No documentation of the completion of the state mandated annual infection control course was found in Staff C's record.</p>	C 934		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/24/2015
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C 934	<p>Continued From page 14</p> <p>Interview with Staff C on 4/24/15 at 5:10 p.m. revealed: -She had not completed the state mandated annual infection control course. -She did not know about the state mandated annual infection control course. -She was responsible for staff training at the facility. -She would complete the state mandated annual infection control course, but no time frame was given.</p> <p>Interview with the Administrator on 4/24/15 at 10:00 a.m. revealed all questions were referred to the Supervisor-in-Charge.</p>	C 934		
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: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. 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</p>	C935		

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NAME OF PROVIDER OR SUPPLIER TAYLOR FAMILY CARE HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 1188 BERTHA WILSON ROAD BLANCH, NC 27212
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C935	<p>Continued From page 15</p> <p>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> <ol style="list-style-type: none"> 1. The key principles of medication administration. 2. The federal Centers of 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>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 record review and interviews, the facility failed to assure staff who administered medications had documentation of successfully completing the clinical skills validation portion of the competency evaluation for 1 (Staff C) of 1 sampled staff.</p> <p>The findings are:</p> <p>Review of Staff C's, Supervisor-in-Charge (SIC), personnel record revealed:</p> <ul style="list-style-type: none"> -She was hired to work at the facility on August 1996. -No documentation a medication clinical skills validation checklist had been completed for Staff 	C935		
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C935	<p>Continued From page 16</p> <p>C.</p> <p>Interview with Staff C on 4/24/15 at 5:10 p.m. revealed: No documentation of the medication clinical skill validation checklist was found in her record. -She had been check off on the medication clinical skills validation checklist, but the information had been misplaced. -She would get the Registered Nurse to check her off again on the medication clinical skills validation checklist. -She did not give a time frame. -She had passed the medication examination on 12/17/10. -She was responsible for staff training at the facility. -There was no monitoring plan in place to assure medication aides had completed the clinical skills validation checklist.</p> <p>Review of the March 2015 and April 2015 medication administration records (MARs) revealed Staff C had administered medications daily to residents on a routine basis.</p> <p>Interview with the Administrator on 4/24/15 at 10:00 a.m. revealed all questions were referred to the Supervisor-in-Charge.</p>	C935		