

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/12/2015
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NAME OF PROVIDER OR SUPPLIER HINES GOOD SAMARITAN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 OLD GREENSBORO ROAD WINSTON-SALEM, NC 27101
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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 Care Licensure Section conducted a follow-up surey on 05/11/15 with an exit conference via telephone on 05/12/15.	{C 000}		
{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 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: FOLLOW-UP TO TYPE B VIOLATION</p> <p>Based on these findings, the previous Type B Violation was not abated.</p> <p>Based on interviews and record review, the facility failed to ensure 1 of 4 sampled staff (Staff B) was tested for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p>	{C 140}		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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{C 140}	<p>Continued From page 1</p> <p>Review of facility personnel files revealed: -A personnel file for Staff B could not be located. -There was no documentation of TB testing for Staff B.</p> <p>Interviews on 05/15/15 at 9:15 am and 11:55 am with Staff B revealed: -She began working as "fill-in" staff in September 2013. -She routinely worked four days a week for a total of 29.5 hours weekly. -Her duties included cooking, serving meals, and housekeeping. -She had not received TB testing since being employed by the facility. -She had a TB test at another facility in the past, but it was more than two years ago. -She did not have documentation of previous TB testing.</p> <p>Interviews on 05/11/15 at 10:30 am and 2:52 pm with the Manager revealed: -She did not know Staff B's hire date, but Staff B was hired "over a year ago". -When Staff B was hired, she only filled in 2 or 3 times a month. -There was not a personnel file for Staff B because she was hired to fill in on an occasional basis. -Staff B began working her current schedule of 29.5 hours weekly "about a week ago". -The Manager was responsible for ensuring TB testing was completed for new employees. -She did not ensure Staff B was tested for TB because she was not a "permanent employee".</p> <p>Interview on 05/11/15 at 11:00 am with the Administrator revealed: -She was not aware Staff B was not tested for TB</p>	{C 140}		

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{C 140}	<p>Continued From page 2</p> <p>because she did not know Staff B was even working in the facility.</p> <p>-Staff B was "just somebody (the Manager) got to do some work".</p> <p>-The Manager was not supposed to hire new staff without the Administrator's approval.</p> <p>-There was currently no system in place for monitoring to ensure all staff had been tested for TB.</p> <p>_____</p> <p>On 05/11/15, the Administrator submitted a Plan of Protection as follows:</p> <p>-The Administrator would ensure all current staff had documentation of TB testing prior to their next scheduled shift.</p> <p>-The Administrator would ensure all newly hired staff had documentation of TB testing prior to working in the facility.</p> <p>The Administrator submitted a correction date of 05/13/15 for this Unabated B Violation.</p>	{C 140}		
{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:</p> <p>(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: FOLLOW-UP TO TYPE B VIOLATION</p> <p>Based on these findings, the previous Type B Violation was not abated.</p>	{C 145}		

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{C 145}	<p>Continued From page 3</p> <p>Based on interviews and record reviews, the facility failed to ensure 1 of 4 sampled staff (Staff B) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR).</p> <p>The findings are:</p> <p>Review of facility personnel files revealed: -A personnel file for Staff B could not be located. -There was no documentation of a HCPR check for Staff B.</p> <p>Interviews on 05/15/15 at 9:15 am and 11:55 am with Staff B revealed: -She began working as "fill-in" staff in September 2013. -She routinely worked four days a week for a total of 29.5 hours weekly. -Her duties included cooking, serving meals, and housekeeping.</p> <p>Interviews on 05/11/15 at 10:30 am and 2:52 pm with the Manager revealed: -She did not know Staff B's hire date, but Staff B was hired "over a year ago". -When Staff B was hired, she only filled in 2 or 3 times a month. -There was not a personnel file for Staff B because she was hired to fill in on an occasional basis. -Staff B began working her current schedule of 29.5 hours weekly "about a week ago". -The Manager was responsible for ensuring the HCPR check was completed for new employees. -She did not check the HCPR for Staff B because she was not a "permanent employee".</p> <p>Interview on 05/11/15 at 11:00 am with the Administrator revealed:</p>	{C 145}		

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{C 145}	<p>Continued From page 4</p> <ul style="list-style-type: none"> -She was not aware the HCPR check was not completed for Staff B because she did not know Staff B was even working in the facility. -Staff B was "just somebody (the Manager) got to do some work". -The Manager was not supposed to hire new staff without the Administrator's approval. -There was currently no system in place for monitoring to ensure all staff had HCPR checks completed prior to hire. <p>Interviews on 05/11/15 at various times with four residents revealed they had no complaints regarding services provided by Staff B.</p> <p>Review of a HCPR check completed on 05/11/15 for Staff B revealed there were no substantiated findings listed on the registry.</p> <p>On 05/11/15, the Administrator submitted a Plan of Protection as follows:</p> <ul style="list-style-type: none"> -The Administrator would ensure all current staff had documentation of a HCPR check prior to their next scheduled shift. -The Administrator would ensure all prospective employees had documentation of a HCPR check prior to hire. <p>On 05/11/15, the Administrator submitted a correction date of 05/13/15 for this Unabated Type B Violation.</p>	{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: (7) have a criminal background check in</p>	{C 147}		

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{C 147}	<p>Continued From page 5</p> <p>accordance with G.S. 114-19.10 and G.S. 131D-40;</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 4 sampled staff (Staff B) had a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40.</p> <p>The findings are:</p> <p>Review of facility personnel files revealed: -A personnel file for Staff B could not be located. -There was no documentation of a criminal background check for Staff B.</p> <p>Interviews on 05/15/15 at 9:15 am and 11:55 am with Staff B revealed: -She began working as "fill-in" staff in September 2013. -She routinely worked four days a week for a total of 29.5 hours weekly. -Her duties included cooking, serving meals, and housekeeping. -She did not recall signing a consent for a background check prior to or upon employment at the facility.</p> <p>Interviews on 05/11/15 at 10:30 am and 2:52 pm with the Manager revealed: -She did not know Staff B's hire date, but Staff B was hired "over a year ago". -When Staff B was hired, she only filled in 2 or 3 times a month. -There was not a personnel file for Staff B because she was hired to fill in on an occasional basis. -Staff B began working her current schedule of 29.5 hours weekly "about a week ago". -The Administrator conducted the criminal</p>	{C 147}		

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{C 147}	Continued From page 6 background checks for new employees. -Staff B did not have a criminal background check completed because she was not a "permanent employee". Interview on 05/11/15 at 11:00 am with the Administrator revealed: -She was not aware Staff B did not have a criminal background check completed because she did not know Staff B was even working in the facility. -Staff B was "just somebody (the Manager) got to do some work". -The Manager was not supposed to hire new staff without the Administrator's approval. Interviews on 05/11/15 at various times with four residents revealed they had no complaints regarding services provided by Staff B.	{C 147}		
C 176	10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation 10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from	C 176		

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C 176	<p>Continued From page 7</p> <p>the training.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews, and record reviews, the facility failed to have at least one staff person on the premises at all times who had completed within the last 24 months a course on cardio-pulmonary resuscitation (CPR) and choking management.</p> <p>The findings are:</p> <p>Review of personnel records revealed: -There were 5 staff who routinely worked in the facility. -There was no documentation of CPR training within the past 24 months for 5 of 5 staff. -There was documentation of CPR training completed in March 2013 for 1 of 5 staff.</p> <p>A. Observation on 05/11/15 at 9:00 am revealed: -Staff B, fill-in staff, was working alone in the facility. -Staff A, Medication Aide/Supervisor-In-Charge (MA/SIC) arrived at the facility at 9:00 am.</p> <p>Review of the facility's personnel records revealed: -A personnel file for Staff B was unable to be located. -No documentation Staff B completed CPR training.</p> <p>Interviews on 05/15/15 at 9:15 am and 11:55 am with Staff B revealed: -She began working as "fill-in" staff in September 2013.</p>	C 176		

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C 176	<p>Continued From page 8</p> <ul style="list-style-type: none"> -She routinely worked four days a week for a total of 29.5 hours weekly. -The Manager or the SIC was usually present when she was working, but were "in and out" for errands, leaving her by herself in the facility for 2-3 hours at a time. -When asked if she had CPR training, Staff B stated, "What's that?" -Staff B stated she had CPR training in the past, but she called it "playing with the dummy"; that's why she did not know what it was when asked. -Her CPR certification was "expired". -She did not have documentation of CPR training. -If a resident required CPR or Heimlich, she would call 911. <p>Interviews on 05/11/15 at 9:30 am, 9:56 am, and 2:15 pm with the Supervisor-In-Charge (SIC) revealed:</p> <ul style="list-style-type: none"> -He was certified in CPR, as was the facility Manager and the Personal Care Aide (PCA). -There was always staff trained in CPR on duty in addition to Staff B when she was working. -The SIC left the facility on the morning of 05/11/15 at about 8:00 am to run errands and returned at 9:00 am. -The SIC thought every facility had to have a staff person trained in CPR, but did not know a staff person trained in CPR had to be on the premises at all times. <p>Interviews on 05/11/15 at 10:30 am and 12:00 pm with the Manager revealed:</p> <ul style="list-style-type: none"> -There was not a personnel file for Staff B because she was hired to fill in on an occasional basis. -Either herself or the SIC was always on duty in addition to Staff B when she was working. -She and the SIC may be "in and out", but one of them was usually in the facility. 	C 176		

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C 176	<p>Continued From page 9</p> <p>B. Review of Staff A, Supervisor-In-Charge's (SIC's) personnel records revealed: -No documented hire date. -No documentation of CPR training.</p> <p>Interview on 05/11/15 at 2:15 pm with the SIC revealed: -He completed a CPR training class in March 2013. -He did not know why there was no documentation in his personnel file for the training. -He did not know his CPR training was not within the past 24 months. -If a resident required CPR, he would call (named staff) first because she was the manager, then he would call 911. -No residents had required CPR or Heimlich in the past year.</p> <p>Interviews on 05/11/15 at 12:00 pm and 2:52 pm with the Manager revealed: -Staff A was hired on 06/29/12 when the facility opened as a Medication Aide (MA)/SIC. -She was responsible for ensuring staff were trained in CPR. -She did not realize it had been more than 24 months since the CPR training completed in March 2013.</p> <p>C. Review of Staff D, Manager's personnel records revealed: -No documentation of a hire date. -No documentation of CPR training.</p> <p>Interviews on 05/11/15 at 12:00 pm and 2:52 pm with the Manager revealed: -She was hired on 06/29/12, when the facility opened, as the Manager.</p>	C 176		

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C 176	<p>Continued From page 10</p> <ul style="list-style-type: none"> -She completed a CPR training class in March 2013. -She did not know why there was no documentation in her personnel file for the training. -She did not know her CPR training was more than 24 months ago. -No residents had required CPR or Heimlich in the past year. <p>D. Review of Staff C, Personal Care Aide (PCA) personnel records revealed:</p> <ul style="list-style-type: none"> -No documentation of hire date. -No documentation of CPR training. <p>Telephone interview on 05/11/15 at 12:49 pm with Staff C revealed:</p> <ul style="list-style-type: none"> -She completed a CPR training class in March 2013. -She did not know her CPR training was completed more than 24 months ago. -No residents had required CPR or Heimlich in the past year. <p>Interviews on 05/11/15 at 12:00 pm and 2:52 pm with the Manager revealed:</p> <ul style="list-style-type: none"> -Staff C was hired on 06/29/12, when the facility, opened as a PCA. -She was responsible for ensuring staff were trained in CPR. -She did not realize it had been more than 24 months since the CPR training completed in March 2013. <p>E. Review of Staff E's personnel records revealed:</p> <ul style="list-style-type: none"> -A hire date of 06/29/12. -Documentation of CPR training completed in March 2013 and expiring in March 2015. 	C 176		

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C 176	<p>Continued From page 11</p> <p>Staff E was unavailable for interview.</p> <p>Interviews on 05/11/15 at 12:00 pm and 2:52 pm with the Manager revealed:</p> <ul style="list-style-type: none"> -Staff E was hired on 06/29/12 when the facility opened. -Staff E was on duty alone in the facility at night. -Staff E completed a CPR training class in March 2013. -The Manager was responsible for ensuring staff were trained in CPR. -She did not realize it had been more than 24 months since the CPR training completed in March 2013. <p>On 05/11/15, the Administrator submitted a Plan of Protection as follows:</p> <ul style="list-style-type: none"> -Beginning immediately, a CPR-certified staff person would be on the premises at all times. -A CPR training class was scheduled for today, 05/11/15 at 6:00 pm and all staff would attend. -The Administrator would ensure all newly hired staff would show documentation of CPR training prior to hire. <p>CORRECTION DATE FOR TYPE B VIOLATION SHALL NOT EXCEED JUNE 26, 2015.</p>	C 176		
C 342	<p>10A NCAC 13G .1004(j) Medication Administration</p> <p>10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following:</p> <ol style="list-style-type: none"> (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; 	C 342		

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C 342	<p>Continued From page 12</p> <p>(4) instructions for administering the medication or treatment;</p> <p>(5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;</p> <p>(6) date and time of administration;</p> <p>(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and</p> <p>(8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observation, interview, and record review, the facility failed to ensure documentation of medication administration from 04/01/15 through 05/11/15 for the six residents residing in the facility.</p> <p>A. Review of Resident #4's current FL-2 dated 06/09/14 revealed: -Diagnoses included schizophrenia paranoid type, depressive disorder, and learning disorder. -Medications included an antipsychotic, beta blocker, antihistamine, proton pump inhibitor, anticholinergic, stool softener, anticonvulsant, saline nasal spray, and antianxiety agent.</p> <p>Review of the facility's Medication Administration Records (MARs) revealed: -There were no MARs available for the months of April or May 2015. -Review of January 2015 and February 2015 MARs revealed medications were documented as administered from 01/01/15 through 02/28/15.</p>	C 342		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/12/2015
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NAME OF PROVIDER OR SUPPLIER HINES GOOD SAMARITAN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 OLD GREENSBORO ROAD WINSTON-SALEM, NC 27101
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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 342	<p>Continued From page 13</p> <p>-Review of March 2015 MARs revealed there was no documentation of 8:00 am medications on 03/14/15, 03/15/15, 03/21/15, 03/22/15, 03/27/15, and 03/28/15 and no documentation of 8:00 am medications from 03/11/15 through 03/31/15.</p> <p>Review of Resident #4's medications on hand and comparison with dispensed quantities and dates, it appeared Resident #4 was receiving his medications as scheduled daily.</p> <p>On 05/11/15 at 10:30 am, the Manager arrived at the facility with a set of MARs for May 2015.</p> <p>Review of the May 2015 MARs revealed Resident #4's MAR had medications documented as administered by the Manager and the Supervisor-In-Charge (SIC) from 05/01/15 through 05/10/15.</p> <p>Interview on 05/11/15 at 10:30 am with the Manager revealed:</p> <ul style="list-style-type: none"> -She spilled red-colored liquid on the May 2015 MARs yesterday, 05/10/15, so she threw them away. -She did not know she needed to keep the MARs for documentation of medications already administered. -She called the pharmacy this morning and had them print her another copy of the May 2015 MARs. -When she picked up the MARs from the pharmacy, she "started documenting in the car". -She documented the SIC's initials for one medication on 05/04/15 through 05/08/15 so the SIC would "know where to sign" for the other medications administered at that time. -She was unable to locate the MARs for April 2015. 	C 342		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/12/2015
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C 342	<p>Continued From page 14</p> <p>Resident #4 was unavailable for interview.</p> <p>Refer to interview on 05/11/15 at 9:56 am with the Supervisor-In-Charge (SIC).</p> <p>B. Review of Resident #2's current FL-2 dated 01/26/15 revealed: -Diagnoses included major depression, asthma, gastroesophageal reflux disease, mild mental retardation, psychosis, and allergic rhinitis. -Medications included an antihistamine, anticonvulsant, nasal steroid, proton pump inhibitor, inhaled steroid and bronchodilator combination, and two antipsychotics.</p> <p>-Review of January 2015 and February 2015 MARs revealed medications were documented as administered from 01/01/15 through 02/28/15. -Review of March 2015 MARs revealed there was no documentation of 8:00 am medications on 03/14/15, 03/15/15, 03/21/15, 03/22/15, 03/27/15, and 03/28/15 and no documentation of 8:00 am medications from 03/11/15 through 03/31/15.</p> <p>Review of Resident #2's medications on hand and comparison with dispensed quantities and dates, it appeared Resident #2 was receiving his medications as scheduled daily.</p> <p>On 05/11/15 at 10:30 am, the Manager arrived at the facility with a set of MARs for May 2015.</p> <p>Interview on 05/11/15 at 10:30 am with the Manager revealed: -She spilled red-colored liquid on the May 2015 MARs yesterday, 05/10/15, so she threw them away. -She did not know she needed to keep the MARs for documentation of medications already administered.</p>	C 342		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/12/2015
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C 342	<p>Continued From page 15</p> <p>-She called the pharmacy this morning and had them print her another copy of the May 2015 MARs.</p> <p>-She was unable to locate the MARs for April 2015.</p> <p>Interview on 05/11/15 at 2:49 pm with Resident #2 revealed staff administered his medications on time daily and he had no complaints regarding medications.</p> <p>Refer to interview on 05/11/15 at 9:56 am with the Supervisor-In-Charge (SIC).</p> <p>C. Review of Resident #3's current FL-2 dated 10/27/14 revealed: -Diagnoses included schizophrenia catatonic type. -Medications included a proton pump inhibitor, saline nasal spray, a calcium channel blocker, and an antipsychotic.</p> <p>-Review of January 2015 and February 2015 MARs revealed medications were documented as administered from 01/01/15 through 02/28/15.</p> <p>-Review of March 2015 MARs revealed there was no documentation of 8:00 am medications on 03/14/15, 03/15/15, 03/21/15, 03/22/15, 03/27/15, and 03/28/15 and no documentation of 8:00 am medications from 03/11/15 through 03/31/15.</p> <p>Review of Resident #3's medications on hand and comparison with dispensed quantities and dates, it appeared Resident #3 was receiving his medications as scheduled daily.</p> <p>On 05/11/15 at 10:30 am, the Manager arrived at the facility with a set of MARs for May 2015.</p> <p>Interview on 05/11/15 at 10:30 am with the</p>	C 342		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/12/2015
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NAME OF PROVIDER OR SUPPLIER HINES GOOD SAMARITAN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 OLD GREENSBORO ROAD WINSTON-SALEM, NC 27101
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C 342	<p>Continued From page 16</p> <p>Manager revealed: -She spilled red-colored liquid on the May 2015 MARs yesterday, 05/10/15, so she threw them away. -She did not know she needed to keep the MARs for documentation of medications already administered. -She called the pharmacy this morning and had them print her another copy of the May 2015 MARs. -She was unable to locate the April 2015 MARs.</p> <p>Interview on 05/11/15 at 2:45 pm with Resident #3 revealed staff administered his medications on time daily and he had no complaints regarding medications.</p> <p>Refer to interview on 05/11/15 at 9:56 am with the Supervisor-In-Charge (SIC).</p> <p>D. Review of Resident #1's current FL-2 dated 11/12/14 revealed: -Diagnoses included Schizoaffective disorder, depressed type, thalassemia minor, and nocturnal enuresis. -Medications included vitamin supplements, laxatives, a nasal steroid, a synthetic hormone replacement, two antipsychotics, and an antidepressant.</p> <p>-Review of January 2015 and February 2015 MARs revealed medications were documented as administered from 01/01/15 through 02/28/15. -Review of March 2015 MARs revealed there was no documentation of 8:00 am medications on 03/14/15, 03/15/15, 03/21/15, 03/22/15, 03/27/15, and 03/28/15 and no documentation of 8:00 am medications from 03/11/15 through 03/31/15.</p> <p>Review of Resident #1's medications on hand</p>	C 342		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/12/2015
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C 342	<p>Continued From page 17</p> <p>and comparison with dispensed quantities and dates, it appeared Resident #1 was receiving his medications as scheduled daily.</p> <p>On 05/11/15 at 10:30 am, the Manager arrived at the facility with a set of MARs for May 2015.</p> <p>Interview on 05/11/15 at 10:30 am with the Manager revealed: -She spilled red-colored liquid on the May 2015 MARs yesterday, 05/10/15, so she threw them away. -She did not know she needed to keep the MARs for documentation of medications already administered. -She called the pharmacy this morning and had them print her another copy of the May 2015 MARs. -She was unable to locate the April 2015 MARs</p> <p>Resident #1 was unavailable for interview.</p> <p>Refer to interview on 05/11/15 at 9:56 am with the Supervisor-In-Charge (SIC).</p> <p>E. Review of Resident #5's current FL-2 dated 06/09/14 revealed: -A diagnosis of Schizoaffective disorder. -Medications included a selective serotonin reuptake inhibitor (SSRI), a diuretic and hypertensive combination medication, vitamin supplement, proton pump inhibitor, anticonvulsant, antipsychotic, and anticholinergic.</p> <p>-Review of January 2015 and February 2015 MARs revealed medications were documented as administered from 01/01/15 through 02/28/15. -Review of March 2015 MARs revealed there was no documentation of 8:00 am medications on 03/14/15, 03/15/15, 03/21/15, 03/22/15, 03/27/15,</p>	C 342		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/12/2015
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C 342	<p>Continued From page 18</p> <p>and 03/28/15 and no documentation of 8:00 am medications from 03/11/15 through 03/31/15.</p> <p>Review of Resident #5's medications on hand and comparison with dispensed quantities and dates, it appeared Resident #5 was receiving his medications as scheduled daily.</p> <p>On 05/11/15 at 10:30 am, the Manager arrived at the facility with a set of MARs for May 2015.</p> <p>Interview on 05/11/15 at 10:30 am with the Manager revealed: -She spilled red-colored liquid on the May 2015 MARs yesterday, 05/10/15, so she threw them away. -She did not know she needed to keep the MARs for documentation of medications already administered. -She called the pharmacy this morning and had them print her another copy of the May 2015 MARs. -She was unable to locate the April 2015 MARs.</p> <p>Interview on 05/11/15 at 2:53 pm with Resident #5 revealed staff administered his medications on time daily and he had no complaints regarding medications.</p> <p>Refer to interview on 05/11/15 at 9:56 am with the Supervisor-In-Charge (SIC).</p> <p>F. Review of Resident #6's current FL-2 dated 05/01/14 revealed: -Diagnoses included hypertension, hypercholesterolemia, schizophrenia, and substance abuse. -Medications included an anticonvulsant and two antipsychotics.</p>	C 342		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/12/2015
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C 342	<p>Continued From page 19</p> <p>-Review of January 2015 and February 2015 MARs revealed medications were documented as administered from 01/01/15 through 02/28/15.</p> <p>-Review of March 2015 MARs revealed there was no documentation of 8:00 am medications on 03/14/15, 03/15/15, 03/21/15, 03/22/15, 03/27/15, and 03/28/15 and no documentation of 8:00 am medications from 03/11/15 through 03/31/15.</p> <p>Review of Resident #6's medications on hand and comparison with dispensed quantities and dates, it appeared Resident #6 was receiving his medications as scheduled daily.</p> <p>On 05/11/15 at 10:30 am, the Manager arrived at the facility with a set of MARs for May 2015.</p> <p>Interview on 05/11/15 at 10:30 am with the Manager revealed: -She spilled red-colored liquid on the May 2015 MARs yesterday, 05/10/15, so she threw them away. -She did not know she needed to keep the MARs for documentation of medications already administered. -She called the pharmacy this morning and had them print her another copy of the May 2015 MARs. -She was unable to locate the April 2015 MARs.</p> <p>Interview on 05/11/15 at 2:45 pm with Resident #6 revealed staff administered his medications on time daily and he had no complaints regarding medications.</p> <p>Refer to interview on 05/11/15 at 9:56 am with the Supervisor-In-Charge (SIC).</p> <p>Interview on 05/11/15 at 9:56 am with the Supervisor-In-Charge (SIC) revealed:</p>	C 342		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/12/2015
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C 342	<p>Continued From page 20</p> <p>-He and the Manager were the only staff who administered medications in the facility. -He administered the morning medications this morning, 05/11/15, but did not sign MARs because "we have newer sheets". -The SIC initially stated the May 2015 MARs had not been started yet, then stated he remembered documenting on the May 2015 MARs. -He documented medication administration on the April 2015 MARs but did not know where they were; the Manager "may have misplaced them".</p> <p>On 05/26/15, the Administrator submitted a Plan of Protection as follows: -The Administrator will immediately begin an audit of all MARs to ensure a current and accurate MAR for every resident. -All medications will be documented immediately after administration by the staff person administering the medication. -The Administrator will review MARs weekly for 3 months and then monthly thereafter to ensure ongoing compliance.</p> <p>CORRECTION DATE FOR TYPE B VIOLATION SHALL NOT EXCEED JUNE 26, 2015.</p>	C 342		
{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</p>	{C 912}		

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{C 912}	<p>Continued From page 21</p> <p>reviews, the facility failed to provide care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations regarding tuberculosis (TB) testing, adult care home medication aide training and competency requirements, and training in cardiopulmonary resuscitation (CPR).</p> <p>The findings are:</p> <p>A. Based on interview and record review, the facility failed to ensure staff performing medication aide duties met the requirements to administer medications as evidenced by 1 of 2 staff (Staff A) had not passed the medication aide written examination and 2 of 2 staff (Staff A and Staff D) had not completed any of the state approved medication aide training. [Refer to Tag 935, G.S. 131D-4.5B(b) (Unabated Type B Violation).]</p> <p>B. Based on interviews and record reviews, the facility failed to ensure 1 of 4 sampled staff (Staff B) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR). [Refer to Tag 145, 10A NCAC 13G .0406(a)(5) (Unabated Type B Violation).]</p> <p>C. Based on interviews and record review, the facility failed to ensure 1 of 4 sampled staff (Staff B) was tested for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. [Refer to Tag 140, 10A NCAC 13G .0405(a)(b) (Unabated Type B Violation).]</p> <p>D. Based on observations, interviews, and record reviews, the facility failed to have at least one staff person on the premises at all times who had completed within the last 24 months a course on</p>	{C 912}		

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{C 912}	Continued From page 22 cardio-pulmonary resuscitation (CPR) and choking management. [Refer to Tag 176, 10A NCAC 13G .0507 (Type B Violation).] E. Based on observation, interview, and record review, the facility failed to ensure documentation of medication administration from 04/01/15 through 05/11/15 for the six residents residing in the facility. [Refer to Tag 342, 10A NCAC 13G .1004(j) (Type B Violation).]	{C 912}		
{C935}	G.S. § 131D-4.5B (b) ACH Medication Aides; Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (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 bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the	{C935}		

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{C935}	<p>Continued From page 23</p> <p>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: FOLLOW-UP TO TYPE B VIOLATION</p> <p>Based on these findings, the previous Type B Violation was not abated.</p> <p>Based on interview and record review, the facility failed to ensure staff performing medication aide duties met the requirements to administer medications as evidenced by 1 of 2 staff (Staff A) had not passed the medication aide written examination and 2 of 2 staff (Staff A and Staff D) had not completed any of the state approved medication aide training.</p> <p>The findings are:</p> <p>A. Review of Staff A, Supervisor-In-Charge's (SIC's) personnel records revealed: -No documentation of a hire date. -Documentation of a Medication Clinical Skills</p>	{C935}		
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{C935}	<p>Continued From page 24</p> <p>Validation dated 10/15/14.</p> <ul style="list-style-type: none"> -No documentation Staff A passed the written medication aide examination. -No documentation of the 5 or 10 hour medication aide training program. <p>Review of the facility's Medication Administration Records (MARs) revealed there were no MARs available for the months of April 2015 or May 2015.</p> <p>Review of January 2015 through March 2015 MARs revealed Staff A documented administration of medications for 20 days in January, 17 days in February, and 22 days in March.</p> <p>Interviews on 05/11/15 at 9:56 am and 2:15 pm with the Staff A, revealed:</p> <ul style="list-style-type: none"> -He started administering medications in the facility "about" May 2014. -Staff A initially stated the first time he was validated by the nurse to administer medications was 10/15/14, then stated he was first validated prior to 10/15/14, then stated he was only validated by a nurse once but thought it was prior to 10/15/14. -He took the medication aide written examination in December 2014 but failed the exam. -He was not sure whether or not he could administer medications after he failed the exam, but "knew it (the medications) had to be done". -He had not completed the 5 or 10 hour medication aide training. <p>Interviews on 05/11/15 at 10:36 am, 2:00 pm, and 2:52 pm with the Manager revealed:</p> <ul style="list-style-type: none"> -Staff A was hired on 06/29/12 when the facility opened as a Medication Aide (MA)/SIC. -Staff A was "not remembering right". 	{C935}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/12/2015
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NAME OF PROVIDER OR SUPPLIER HINES GOOD SAMARITAN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 OLD GREENSBORO ROAD WINSTON-SALEM, NC 27101
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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
{C935}	<p>Continued From page 25</p> <ul style="list-style-type: none"> -The Manager could remember details better than Staff A because the Manager had been a pharmacy technician for 28 years. -Staff A was validated by a nurse to administer medications "several times" because they thought they could be validated every three months until they passed the written examination. -She was informed during the previous survey that Staff A had to take and pass the written exam prior to administering any more medications, so she thought he needed to get validated again and then take the written exam. -When Staff A failed the written examination, "they" told the Manager he could still administer medications. The Manager did not know who "they" were, she just "thought he could give them (medications)". -The Manager had been trying to organize and clean out records, so she discarded the skills validation forms that were completed prior to 10/15/14. -Staff A had not completed the 5 or 10 hour medication aide training program because he was hired in 2012 before the training was required. <p>Refer to interview on 05/11/15 at 2:10 pm with the Administrator.</p> <p>Refer to interviews on 05/11/15 at various times with four residents.</p> <p>B. Review of Staff D, Manager's personnel records revealed:</p> <ul style="list-style-type: none"> -No documentation of a hire date. -Documentation of a Medication Clinical Skills Validation dated 10/15/14. -Documentation Staff D passed the written medication aide examination on 12/19/14. -No documentation of the 5 or 10 hour medication aide training program. 	{C935}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/12/2015
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NAME OF PROVIDER OR SUPPLIER HINES GOOD SAMARITAN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 OLD GREENSBORO ROAD WINSTON-SALEM, NC 27101
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{C935}	<p>Continued From page 26</p> <p>Interviews on 05/11/15 at 12:00 pm and 2:52 pm with the Manager revealed:</p> <ul style="list-style-type: none"> -She was hired on 06/29/12 when the facility opened as the Manager. -She had been administering the medications since the facility opened on 06/29/15 -She was validated by a nurse to administer medications "several times" because she thought she could be validated every three months until she passed the written examination. -She was informed during the previous survey that she had to take and pass the written exam prior to administering any more medications, so she thought she needed to get validated again and then take the written exam. -The Manager had been trying to organize and clean out records, so she discarded the skills validation forms that were completed prior to 10/15/14. -She had not completed the 5 or 10 hour medication aide training program because she was hired in 2012 before the training was required. <p>Refer to interview on 05/11/15 at 2:10 pm with the Administrator.</p> <p>Refer to interviews on 05/11/15 at various times with four residents.</p> <p>Interview on 05/11/15 at 2:10 pm with the Administrator revealed:</p> <ul style="list-style-type: none"> -Following the previous survey, she pulled staff from her other facilities to administer medications until the staff in this facility were re-validated by a nurse to administer medications. -The Administrator thought they could administer medications for another 90 days if they were re-validated by the nurse. 	{C935}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/12/2015
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NAME OF PROVIDER OR SUPPLIER HINES GOOD SAMARITAN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 OLD GREENSBORO ROAD WINSTON-SALEM, NC 27101
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{C935}	<p>Continued From page 27</p> <p>Interviews on 05/11/15 at various times with four residents revealed staff administered the medications on time daily and they had no complaints regarding medications.</p> <p>On 05/11/15, the Administrator submitted a Plan of Protection as follows: -Beginning immediately, only staff who have met the training and competency requirements for medication aides will administer medications. -The Administrator will ensure ongoing compliance.</p> <p>The Administrator submitted a correction date of 05/12/15 for this Unabated B Violation.</p>	{C935}		