

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2015
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NAME OF PROVIDER OR SUPPLIER FALLS RIVER COURT MEMORY CARE COMM	STREET ADDRESS, CITY, STATE, ZIP CODE 1130 FALLS RIVER AVENUE RALEIGH, NC 27614
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D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on May 27, 28, 29, 2015.	D 000		
D 139	<p>10A NCAC 13F .0407(a)(7) Other Staff Qualifications</p> <p>10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40;</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure a criminal history record search in accordance with G.S. 114-19.10 and 131D-40 was completed on 1 of 3 sampled staff (Staff A). The findings are:</p> <p>Based on review of the staff record for Staff A revealed:</p> <ul style="list-style-type: none"> - Staff A was hired on 7/03/14 as a medication aide. - There was a statewide criminal history background check dated 6/27/15. - There was no documentation of a nationwide criminal history background check with finger prints in the record. <p>Interview on 5/28/15 at 11 a.m. with the Executive Director (ED) revealed:</p> <ul style="list-style-type: none"> - Both she and the Business Office Manager (BOM) were hired in September of 2014. - The BOM was not available at this time for interview. - The records left by the previous BOM and Administrator were filed in different areas in the facility office and difficult to locate. - The ED said they were not able to find all of the documents when they began to go over the staff 	D 139		

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

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D 139	Continued From page 1 records. - She was not aware Staff A required a nationwide criminal history background check. Interview on 5/28/15 at 3:15 p.m. with the ED revealed: - According to a form she found for Staff A, it indicated Staff A was not living in this state until 2013. - She was hired in July of 2014. - The ED would ensure a nationwide criminal history background check with finger prints was completed.	D 139		
D 468	10A NCAC 13F .1309 Special Care Unit Staff Orientation And Train 10A NCAC 13F .1309 Special Care Unit Staff Orientation And Training The facility shall assure that special care unit staff receive at least the following orientation and training: (1) Prior to establishing a special care unit, the administrator shall document receipt of at least 20 hours of training specific to the population to be served for each special care unit to be operated. The administrator shall have in place a plan to train other staff assigned to the unit that identifies content, texts, sources, evaluations and schedules regarding training achievement. (2) Within the first week of employment, each employee assigned to perform duties in the special care unit shall complete six hours of orientation on the nature and needs of the residents. (3) Within six months of employment, staff responsible for personal care and supervision within the unit shall complete 20 hours of training	D 468		

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D 468	<p>Continued From page 2</p> <p>specific to the population being served in addition to the training and competency requirements in Rule .0501 of this Subchapter and the six hours of orientation required by this Rule.</p> <p>(4) Staff responsible for personal care and supervision within the unit shall complete at least 12 hours of continuing education annually, of which six hours shall be dementia specific.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure staff assigned to the special care unit had completed 6 hours of orientation during the first week of employment and within six months of employment, 20 hours of training specific to the population being served for 1 of 3 special care unit staff. (Staff B) The findings are:</p> <p>Review of the staff record for Staff B revealed:</p> <ul style="list-style-type: none"> - Staff B was hired on 5/09/12 to work in the facility, a special care unit, as a medication aide. - There was no documentation of 6 hours of orientation within the first week of hire for the unit. - There were a total of 6 hours documented of special care unit training from 3/04/15 - 5/12/15 in Staff B's record. - Twenty hours of training within 6 months of hire was not documented. <p>Interview on 5/28/15 at 11 a.m. with the Executive Director (ED) revealed:</p> <ul style="list-style-type: none"> - She and the Business Office Manger (BOM) were responsible for ensuring staff qualifications were completed as required. - Both she and the BOM were not hired until last September 2014. - The staff files were not complete upon review after they were hired. - Staff qualifications and training were in many 	D 468		

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D 468	Continued From page 3 different files and it was difficult to locate needed documents. - The ED now had mandated training at least one time per month for staff in the special care unit since she started in September of 2014. - They would search for the documentation of the 6 hour orientation and the 20 hour training by 6 months of hire . Interview on 5/29/15 at 3 p.m. with the special care Nurse revealed: - Staff B had 5 hours of dementia training when hired but the documentation could not be located. - The facility was now providing staff with training each month. No further documentation was provided by the end of the survey.	D 468		
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 home medication aides established by the Commission pursuant to G.S. 131D-4.5	D934		

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D934	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure the mandatory, annual in-service training program for adult care home medication aides on infection control was completed for 2 of 3 sampled medication aides. (Staff B and Staff C). The findings are:</p> <p>1. Review of the staff record for Staff B revealed:</p> <ul style="list-style-type: none"> - A hire date of 5/09/12. - Staff B was hired as a medication aide. - Staff B had a medication administration clinical skills competency check completed on 5/31/12. - There was no documentation of completing the state mandatory annual in-service infection prevention training program. <p>Staff B was not available for interview.</p> <p>Refer to the interview on 5/28/15 at 5:30 p.m. with the special care unit nurse.</p> <p>Refer to interview on 5/28/15 at 5:45 p.m. with the facility nurse trainer.</p> <p>Refer to the review of the infection control course manual used.</p> <p>2. Review of the staff record for Staff C revealed:</p> <ul style="list-style-type: none"> - A hire date of 2/10/11. - Staff C was hired as a medication aide. - Staff C had a medication administration clinical skills competency check list was completed on 3/12/11. - A medication administration examination was passed on 5/24/04. 	D934		

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D934	<p>Continued From page 5</p> <ul style="list-style-type: none"> - There was no documentation of completing the state mandatory annual in-service infection prevention training program. <p>Staff C was not available for interview.</p> <p>Refer to the interview on 5/28/15 at 5:30 p.m. with the special care unit nurse.</p> <p>Refer to interview on 5/28/15 at 5:45 p.m. with the facility nurse trainer.</p> <p>Refer to the review of the infection control course manual used.</p> <hr/> <p>Interview on 5/28/15 at 5:30 p.m. with the special cure unit nurse revealed:</p> <ul style="list-style-type: none"> - She did not know why the state mandatory annual infection prevention training had not been given to the medication aides in the past. - She had gotten the state manual for the infection prevention training this year. - She thought she had given it to the facility nurse trainer to use in the training of the course. - The special care unit nurse did not know why the state training manual was not used to train the medication staff on infection prevention. - She would ensure the state mandatory, annual infection prevention training would be completed with the correct course material and on a annual basis. <p>Interview on 5/28/15 at 5:45 p.m. with the facility's nurse trainer revealed:</p> <ul style="list-style-type: none"> - She had taught an infection control class as requested by the facility. - She taught it from a manual. - She thought the class met the state requirement. 	D934		

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D934	Continued From page 6 - She was not aware the manual used was not our state approved training course manual. Review of the infection control course manual used provided by the facility nurse revealed it was labeled as the (another state) Department of Human Services manual.	D934		
D935	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 individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes	D935		

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D935	<p>Continued From page 7</p> <p>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 observation, interview and record review, the facility failed to assure 1 of 1 sampled medication aides (Staff A) hired on or after 9/30/13 who began administering medication had met the medication administration requirements prior to administering medications. The findings are:</p> <p>Review of the staff record for Staff A revealed:</p> <ul style="list-style-type: none"> - Staff A was hired on 7/03/14 as a nursing assistant. - Staff A had passed the medication administration written exam on 11/26/14 and had medication clinical skills competency validation completed. - There was no documentation of completion of the 15 hour medication training in the record. <p>Interview on 5/27/15 at 10:43 a.m. with Staff A revealed:</p> <ul style="list-style-type: none"> - She had been working as a medication aide since November 2014. - She was hired in May of 2014. - She worked the day shift today and passed 	D935		
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D935	<p>Continued From page 8</p> <p>medications to residents.</p> <ul style="list-style-type: none"> - She had some training with the facility nurse on how to pass medications. <p>Observation on 5/28/15 at 8:13 a.m. of Staff A during the medication pass revealed:</p> <ul style="list-style-type: none"> - Staff A administered medications to 2 residents. - Staff A documented the medications as administered on the residents' medication administration records (MAR). <p>Interview on 5/28/15 at 11:30 a.m. with the Executive Director revealed:</p> <ul style="list-style-type: none"> - She was not sure what medication training was required. - She was not aware of the requirement for 15 hours of medication administration training prior to passing medication. - She asked why was this required of medication aides if a nurse was on staff. <p>Interview on 5/28/15 at 5:45 p.m. with the facility nurse trainer revealed:</p> <ul style="list-style-type: none"> - She taught many classes at the facility. - She did not know there were medication training requirements since 9/30/13. - She would work with the facility to ensure the proper medication training requirements would be completed for those passing medications. 	D935		