

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL041031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2015
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NAME OF PROVIDER OR SUPPLIER PULLIAM FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 809 WEST MINNEOLA ROAD GIBSONVILLE, NC 27249
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C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 8/7/15.	C 000		
C 171	<p>10A NCAC 13G .0504(a) Competency Validation For Licensed Health</p> <p>10A NCAC 13G .0504 Competency Validation For Licensed Health Professional Support Tasks (a) A family care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision.</p> <p>This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to assure 1 of 2 staff (Staff A) sampled had been competency validated for personal care tasks of assistance with ambulation, administration of oxygen, and performance of finger sticks blood sugars (FSBS).</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed: -Staff A was hired 10/29/14 as a Medication Aide (MA). -There was no Licensed Health Professional Support (LHPS) competency validation checklist for Staff A.</p> <p>Staff A revealed Staff A was unavailable for</p>	C 171		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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C 171	<p>Continued From page 1</p> <p>interview on 8/7/15.</p> <p>Interview on 8/7/15 at 1:30 pm with facility Director revealed:</p> <ul style="list-style-type: none"> -Staff A worked five times weekly as a MA in the facility. -She was unaware the LHPS tasks competency validation for Staff A had not been completed. -The Director was responsible for reviewing and filing information in the staff personnel records. - " She must had overlooked the LHPS tasks competency validation checklist for Staff A". -She would immediatley contact the LHPS nurse to complete the LHPS tasks competency validation for Staff A. -Staff A would not work until she had completed the LHPS competency validation checklist by a Registered Nurse. <p>Observation on 8/7/125 at 9:00 am revealed a resident was sitting in chair in the common area with oxygen administered via nasal cannula at 2L/min.</p> <p>Review of the current LHPS tasks dated 5/4/15 revealed:</p> <ul style="list-style-type: none"> -The LHPS task review was signed by a registered nurse. -The resident required assistance with ambulation, administration of oxygen and the performance of FSBS. <p>Interview on 8/7/15 at 9:45 am with the resident revealed:</p> <ul style="list-style-type: none"> -She lived in the facility for a year. -She had worn oxygen for her anxiety and shortness of breath. -She relied on the staff for FSBS 2 times a week and medications which included administration of oxygen. 	C 171		

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C 171	Continued From page 2 Review of the Medication Administration Records (MARs) June 2015, July 2015 and August 2015 revealed Staff A had administered medications which included performance of FSBS and the administration of oxygen to the resident.	C 171		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights 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. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations regarding Medication Aide Training and Competency. The finding are: Based on interview and record reviews, the facility failed to assure 1 of 2 sampled staff (Staff A) who performed medication aide duties met the requirements to administer medications by documentation of successful completion of the clinical skills validation and had completed the 5 hour, 10 hour, or 15 hour state approved medication aide training course. [Refer to Tag 912, G.S. 131D-4.5(b) (Type B Violation).]	C 912		

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C 934	Continued From page 3	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 interview and record review, the facility failed to assure the state mandatory annual infection prevention training for Medication Aides (MA) was completed for 1 of 2 sampled staff (Staff B).</p> <p>The findings are:</p> <p>Review of Staff B's personnel record revealed: -Staff B was the Director/Medication Aide. -Staff B passed the Medication Aide test on 7/5/2000. -There was no documentation of the mandatory annual infection prevention training for Staff B.</p>	C 934		

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C 934	<p>Continued From page 4</p> <p>Interview on 8/7/15 at 1:30 pm with the Director revealed:</p> <ul style="list-style-type: none"> -She was not aware of the state mandatory infection prevention training in-service. -She had completed an occupational safety and health administration class on 8/13/03. -She was unaware MAs were required to complete the state infection training in-service yearly. -She had not received any information on the infection prevention training mandatory yearly for MAs. -She was responsible for reviewing and filing information in the staff personnel records. -She would immediately schedule staff for the completion of the state mandatory infection prevention training by the facility licensed health professional support (LHPS) registered nurse. <p>Faxed received on 8/13/15 at 12:43 pm from the facility revealed certificates of completion of the State Infection Control training course by both Staff A and Staff B dated 8/11/15 and signed by registered nurse.</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:</p>	C935		

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C935	<p>Continued From page 5</p> <p>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:</p> <ol style="list-style-type: none"> 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. <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> <ol style="list-style-type: none"> a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: <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. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section. <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on interview and record reviews, the facility failed to assure 1 of 2 sampled staff (Staff A) who performed medication aide duties met the requirements to administer medications by</p>	C935		

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C935	<p>Continued From page 6</p> <p>documentation of successful completion of the clinical skills validation and had completed the 5 hour, 10 hour, or 15 hour state approved medication aide training course.</p> <p>The findings are:</p> <p>A. Review of Staff A's personnel record revealed: -Staff A was hired 10/29/14 as a Medication Aide (MA). -Staff A passed the Medication Aide test on 7/29/14. -There was no documentation of the completion of the 5 hour, 10 hour or 15 hour state MA training course. -There was no documentation MA clinical skills validation completed.</p> <p>Review of the Medication Administration Records (MARs) June 2015, July 2015 and August 2015 revealed Staff A had administered medications to residents.</p> <p>Staff A was unavailable for interview on 8/7/15.</p> <p>Interview on 8/7/15 at 1:30 pm with facility Director revealed: -Staff A worked five times weekly as a MA in the facility and had administered medications to residents. -The Director was not aware Staff A had not completed the 5 hour, 10 hour or 15 hour MA training course. -The Director was responsible for reviewing and filing information in the staff personnel records. -Staff A would not pass medications until she had completed the 5 hour, 10 hour or the 15 hour MA training.</p> <p>_____</p> <p>The Administrator submitted a Plan of Protection</p>	C935		

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C935	<p>Continued From page 7</p> <p>as follows:</p> <ul style="list-style-type: none"> -Staff A will not work until the clinical skill validation check off list and the medications aide 5, 10, or 15 hour training course have been completed. -The Administrator will follow up on all new employees to have the training completed as is required by the Division of Health Services Regulations. <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 28, 2015 .</p>	C935		