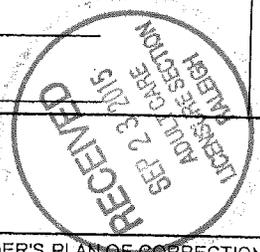


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL069001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 08/27/2015
--	--	---	---



NAME OF PROVIDER OR SUPPLIER  THE GARDENS OF PAMLICO	STREET ADDRESS, CITY, STATE, ZIP CODE 22 MAGNOLIA WAY GRANTSBORO, NC 28529
--	--

(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
D 000	Initial Comments  The Adult Care Licensure Section conducted an annual and follow-up survey on August 26- 27, 2015.	D 000		
D 137	<p>10A NCAC 13F .0407(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult 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: Based on interview and review of personnel records, the facility failed to assure 3 of 6 sampled staff had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR) check. (Staff A, B, F)</p> <p>The findings are:</p> <p>1. Review of Staff A's personnel record revealed: -He was hired as a maintenance worker on 6/10/15. -No documentation of a Health Care Personnel Registry (HCPR) check was found in Staff A's record.</p> <p>Staff A was not available for interview.</p> <p>Interview with the Business Manager on 8/27/15 at 2:45 p.m. revealed: -She had completed a HCPR check on Staff A. She did not print a copy of Staff A's HCPR check because Staff A had no substantiated findings on the HCPR check.</p>	D 137	<p>Our procedure on substantiating listings in the NC Health Care Personnel Registry was to check the Registry and only file the persons listed on the Registry.</p> <p>Corrective measures will be as follows:</p> <p>1. To pull the files on all existing employees and check for NC Health Care Personnel Registry (NCHCPR) documentation.</p> <p>2. Add documentation to all files not containing such.</p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Administrator

(X6) DATE

9/18/15

Review and Accepted POC accepted 9/23/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL069001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>08/27/2015</b>
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE GARDENS OF PAMLICO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>22 MAGNOLIA WAY GRANTSBORO, NC 28529</b>
---	--

(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
--------------------	--	---------------	---	--------------------

D 137	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-She did not know a copy of the HCPR check had to be in Staff A's personnel record.</li> <li>-She completed the HCPR check on Staff A on 8/27/15 which documented no substantiated findings.</li> <li>-She was responsible for the completion of the HCPR checks for staff.</li> <li>-The HCPR check for staff was completed, prior to hire.</li> </ul> <p>Interview with the Administrator on 8/27/15 at 4:00 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-He was aware Staff A did not have a copy of the HCPR check in his personnel record.</li> <li>-The Business Manager had completed the HCPR check on Staff A, but did not print a copy of the results.</li> <li>-The Business Manager only thought a copy of the HCPR had to be printed off if the staff had substantiated findings on the HCPR check.</li> <li>-The Business Manager was responsible for the completion of the HCPR check, prior to hire.</li> </ul> <p>2. Review of Staff B's personnel record revealed:</p> <ul style="list-style-type: none"> <li>-She was hired as a Memory Care Coordinator on 8/3/15.</li> <li>-No documentation of the Health Care Personnel Registry (HCPR) check was found in Staff B's record.</li> <li>-Staff B was not available for interview.</li> </ul> <p>Interview with the Business Manager on 8/27/15 at 2:45 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-She had completed a HCPR check on Staff B. She did not print a copy of Staff B's HCPR check because Staff B had no substantiated findings on the HCPR check.</li> <li>-She did not know a copy of the HCPR check had to be in Staff B's personnel record.</li> </ul>	D 137	<p>Measures will be put into place to prevent this deficiency in the future.</p> <p>1. Check all NCHCPR for every new hire before offering a position.</p> <p>The situation will be monitored by the Business Manager when the application for employment is received and checked by the Administrator on every hire before the position is offered.</p> <p>This monitoring procedure will occur prior to every hire in the future.</p> <p>The corrective action will be completed by Sept. 30, 2015.</p>	
-------	---	-------	---	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL069001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE GARDENS OF PAMLICO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>22 MAGNOLIA WAY</b> <b>GRANTSBORO, NC 28529</b>
---	--

(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
--------------------	--	---------------	---	--------------------

D 137

Continued From page 2

- She completed the HCPR check on Staff B on 8/27/15 which documented no substantiated findings.
- She was responsible for the completion of the HCPR checks for staff.
- The HCPR check for staff was completed, prior to hire.

Interview with the Administrator on 8/27/15 at 4:00 p.m. revealed:

- He was aware Staff B did not have a copy of the HCPR check in her personnel record.
- The Business Manager had completed the HCPR check on Staff B, but did not print a copy of the results.
- The Business Manager only thought a copy of the HCPR had to be printed off if the staff had substantiated findings on the HCPR check.
- The Business Manager was responsible for the completion of the HCPR check, prior to hire.

3. Review of Staff F's personnel record revealed:

- She was hired as a personal care aide on 7/30/15.
- No documentation of a Health Care Personnel Registry (HCPR) check was found in Staff F's record.

Staff F was not available for interview.

Interview with the Business Manager on 8/27/15 at 2:45 p.m. revealed:

- She had completed a HCPR check on Staff F. She did not print a copy of Staff F's HCPR check because Staff F had no substantiated findings on the HCPR check.
- She did not know a copy of the HCPR check had to be in Staff F's personnel record.
- She completed the HCPR check on Staff F on 8/27/15 which documented no substantiated

D 137

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL069001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE GARDENS OF PAMLICO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>22 MAGNOLIA WAY</b> <b>GRANTSBORO, NC 28529</b>
---	--

(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
D 137	Continued From page 3  findings. -She was responsible for the completion of HCPR checks for staff. -The HCPR check for staff was completed, prior to hire.  Interview with the Administrator on 8/27/15 at 4:00 p.m. revealed: -He was aware Staff F did not have a copy of the HCPR check in her personnel record. -The Business Manager had completed the HCPR check on Staff F, but did not print a copy of the results. -The Business Manager only thought a copy of the HCPR had to be printed off if the staff had substantiated findings on the HCPR check. -The Business Manager was responsible for the completion of the HCPR check, prior to hire.	D 137		
D 162	10A NCAC 13F .0504(b) Competency Validation For LHPS Tasks  10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task  (b) Competency validation shall be performed by the following licensed health professionals: (1) A registered nurse shall validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(1) through (28) of Rule .0903 of this Subchapter. (2) In lieu of a registered nurse, a respiratory care practitioner licensed under G.S. 90, Article 38, may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(6), (a)(11), (a)(16), (a)(18), (a)(19) and (a)(21) of Rule .0903 of this Subchapter. (3) In lieu of a registered nurse, a registered pharmacist may validate the competency of staff	D 162	The following measures are being implemented to correct the deficiency in personnel files for LHPS tasks documentation:  1. Our Resident Care Coordinator in conjunction with our Registered Nurse, will assure that competency validating documentation is in the file of all current resident care staff.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL069001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE GARDENS OF PAMLICO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>22 MAGNOLIA WAY</b> <b>GRANTSBORO, NC 28529</b>
---	--

(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
--------------------	--	---------------	---	--------------------

D 162	<p>Continued From page 4</p> <p>who perform the personal care task specified in Subparagraph (a)(8) of Rule .0903 of this Subchapter.</p> <p>(4) In lieu of a registered nurse, an occupational therapist or physical therapist may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(17) and (a)(22) through (27) of Rule .0903 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on personnel record and interview, the facility failed to assure a licensed health professional had competency validated 4 of 4 sampled staff for personal care tasks including collecting and testing of fingerstick blood samples, medication administration through injection, inhalation by machine, oxygen administration and care of residents who are physically restrained prior to staff performing the tasks. (Staff C, D, E, F)</p> <p>The findings are:</p> <p>1. Review of Staff C's personnel record revealed: -She was hired as a medication aide on 8/20/10. -She had passed the medication aide test on 6/9/14. -No documentation a competency validation for Licensed Health Professional Support (LHPS) personal care tasks was found in Staff C's record.</p> <p>Staff C was not available for interview.</p> <p>Interview with the Administrator on 8/27/15 at 4:00 p.m. revealed: -No documentation of a competency validation for Licensed Health Professional Support (LHPS) personal care tasks was found in Staff C's record.</p>	D 162	<p>2. The Administrator and Business Manager will confirm the existence of the validating documentation in every personal care employee file.</p> <p>The following measures will be put into place to prevent future problems in this area: LHPS validation and documentation will be performed on and by every new hire for personal care (by our Resident Care Coordinator and Registered Nurse) prior to their working in resident care on our floor.</p> <p>This issue will be monitored by our RCC, our Administrator and our Business Manager.</p> <p>This monitoring will occur on every new hire and checked quarterly by our Business Mgr.</p> <p>The corrective measure will be completed by Sept. 30, 2015</p>	
-------	---	-------	---	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL069001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>08/27/2015</b>
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE GARDENS OF PAMLICO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>22 MAGNOLIA WAY GRANTSBORO, NC 28529</b>
---	--

(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
--------------------	--	---------------	---	--------------------

D 162	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-He thought the Licensed Health Professional Support (LHPS) Nurse had competency validated Staff C for LHPS personal care tasks.</li> <li>-The Licensed Health Professional Support (LHPS) Nurse was responsible for competency validation for LHPS personal care tasks for staff.</li> <li>-Staff C should have been competency validated for LHPS personal care tasks prior to performing the tasks.</li> <li>-The LHPS Nurse would be coming to the facility tomorrow which was 8/28/15.</li> </ul> <p>Licensed Health Professional Support (LHPS) Nurse was not available for interview.</p> <p>2. Review of Staff D's personnel record revealed:</p> <ul style="list-style-type: none"> <li>-She was hired as a personal aide on 7/24/15.</li> <li>-No documentation a competency validation for Licensed Health Professional Support (LHPS) personal care tasks was found in Staff D's record.</li> </ul> <p>Interview with the Administrator on 8/27/15 at 4:00 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-No documentation of a competency validation for Licensed Health Professional Support (LHPS) personal care tasks was found in Staff D's record.</li> <li>-He thought the LHPS Nurse had competency validated Staff D for LHPS personal care tasks.</li> <li>-The LHPS Nurse was responsible for competency validation for LHPS personal care tasks for staff.</li> <li>-Staff D should have been competency validated for LHPS personal care tasks, prior to performing the tasks.</li> <li>-The LHPS Nurse would be coming to the facility tomorrow which was 8/28/15.</li> </ul> <p>Licensed Health Professional Support (LHPS) Nurse was not available for interview.</p>	D 162		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL069001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE GARDENS OF PAMLICO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>22 MAGNOLIA WAY</b> <b>GRANTSBORO, NC 28529</b>
---	--

(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
D 162	<p>Continued From page 6</p> <p>3, Review of Staff E's personnel record revealed: -She was hired as a personal care aide on 9/17/14. -No documentation a competency validation for Licensed Health Professional Support (LHPS) personal care tasks was found in Staff E's record.</p> <p>Staff E was not available for interview.</p> <p>Interview with the Administrator on 8/27/15 at 4:00 p.m. revealed: -No documentation of a competency validation for Licensed Health Professional Support (LHPS) personal care tasks was found in Staff E's record. -He thought the LHPS nurse had competency validated Staff E for LHPS personal care tasks. Staff E should have been competency validated for LHPS personal care tasks, prior to performing the tasks. -The LHPS Nurse was responsible for competency validation for LHPS personal care tasks for staff. -The LHPS Nurse would be coming to the facility tomorrow which was 8/28/15.</p> <p>Licensed Health Professional Support (LHPS) Nurse was not available for interview.</p> <p>4. Review of Staff F's personnel record revealed: -She was hired as a personal care aide on 7/30/15. -No documentation a competency validation for Licensed Health Professional Support (LHPS) personal care tasks was found in Staff F's record.</p> <p>Staff F was not available for interview.</p> <p>Interview with the Administrator on 8/27/15 at 4:00 p.m. revealed:</p>	D 162		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL069001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>08/27/2015</b>
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  
**THE GARDENS OF PAMLICO**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**22 MAGNOLIA WAY  
GRANTSBORO, NC 28529**

(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
D 162	<p>Continued From page 7</p> <p>-No documentation of a competency validation for Licensed Health Professional Support (LHPS) personal care tasks was found in Staff F's record. -He thought the LHPS Nurse had competency validated Staff F for LHPS personal care tasks. -Staff F should have been competency validated for LHPS personal care tasks, prior to performing the tasks. -The LHPS Nurse was responsible for competency validation for LHPS personal care tasks for staff. -The LHPS Nurse would be coming to the facility tomorrow which was 8/28/15.</p> <p>Licensed Health Professional Support (LHPS) Nurse was not available for interview.</p>	D 162		
D934	<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>	D934	<p>Our corrective action regarding the training program for infection control for medication aides will be as follows:</p> <ol style="list-style-type: none"> <li>1. Our Business Manager will investigate all Medication Aide personnel files to access how many aides do not have documentation of having completed the training program.</li> <li>2. All personnel without documentation will complete the training program on infection control for Medication Aides by Sept. 30, 2015.</li> </ol>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL069001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE GARDENS OF PAMLICO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>22 MAGNOLIA WAY</b> <b>GRANTSBORO, NC 28529</b>
---	--

(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
D934	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on personnel record and interview, the facility failed to assure 1 of 2 sampled medication aides had completed the state mandated annual infection control course. (Staff C)</p> <p>The findings are:</p> <p>Review of Staff C's personnel record revealed: -She was hired as a medication aide on 8/20/10. -No documentation Staff C completed the mandatory annual infection control training.</p> <p>Staff C was not available for interview.</p> <p>Interview with the Resident Care Coordinator (RCC) on 8/27/15 at 3:45 p.m. revealed: Staff C had not completed the mandatory annual infection control training for medication aides. -She was not aware of the mandatory annual infection control training for medication aides.</p> <p>Interview with the Administrator on 8/27/15 at 4:00 p.m. revealed: -He was not aware of the mandatory annual infection control training. -Staff C would complete the mandatory annual infection control training. -No time frame was given. -He would put a system in place to assure medication aides completed the mandatory annual infection control training.</p>	D934	<p>The following measures will be implemented to prevent future problems in this area:</p> <p>All personnel being trained to become a Medication Aide will undergo the infection control training program under the direction of our RCC. Documentation will be placed in their personnel file and assured by our Business Manager.</p> <p>Quality assurance monitoring to prevent this deficiency from occurring again will be by our RCC and our Business Mgr. on each training for Med Tech and checked quarterly by our Administrator.</p> <p>These new hire monitoring and quarterly checks will take place as stated.</p> <p>This plan of correction will be completed by Sept. 30, 2015</p>	
D935	<p>G.S. § 131D-4.5B(b) ACH Medication Aides; Training and Competency</p> <p>G.S. § 131D-4.5B (b) Adult Care Home</p>	D935		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL069001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE GARDENS OF PAMLICO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>22 MAGNOLIA WAY</b> <b>GRANTSBORO, NC 28529</b>
---	--

(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
D935	<p>Continued From page 9</p> <p>Medication Aides; Training and Competency Evaluation Requirements.</p> <p>(b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following:</p> <p>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:</p> <p>a. The key principles of medication administration.</p> <p>b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.</p> <p>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.</p> <p>(3) Within 60 days from the date of hire, the individual must have completed the following:</p> <p>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:</p> <p>1. The key principles of medication administration.</p> <p>2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.</p> <p>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.</p>	D935	<p>All of our training for Medication Aides and our checklist for the training were from a training book that essentially matches the five hour Department course. Our pass rate for aides taking the State Medication Aide test has been 100%. During this inspection no medication pass errors were detected. However, our deficiency of failing to have the Med Techs complete the five-hour training developed by the Department on time will be corrected immediately.</p> <p>The following measures will be implemented to correct this deficient area:</p> <p>Each current Medication Aide will complete this course. Our RCC and Registered Nurse Consultant will check and facilitate their completion.</p> <p>Our Business Manager will assure that all Med Techs have completion documentation in their personnel files.</p> <p>Our Administrator will check each file for documentation.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL069001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>08/27/2015</b>
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  <b>THE GARDENS OF PAMLICO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>22 MAGNOLIA WAY GRANTSBORO, NC 28529</b>
---	--

(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
--------------------	--	---------------	---	--------------------

D935	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on personnel records and interview, the facility failed to assure 1 of 2 sampled medication aides had completed the 15 hour medication administration training program developed by the Department within 60 days of hire. (Staff C)</p> <p>The findings are:</p> <p>Review of Staff C's personnel record revealed: -She was hired as a medication aide on 8/20/10. -She had passed the medication aide test on 6/9/14. -No documentation of the 15 hour medication training was found in Staff C's record.</p> <p>Staff C was not available for interview.</p> <p>Interview with the Resident Care Coordinator on 8/27/15 at 3:45 p.m. revealed: -Staff C had not completed the 15 hour medication administration training program developed by the Department. -She was not aware of the 15 hour medication administration training within 60 days of hire.</p> <p>Interview with the Administrator on 8/29/15 at 4:00 p.m. revealed: -He was not aware of the 15 hour medication administration training within 60 days of hire. -He would put a monitoring system in place to assure all medication aides had the 15 hour medication administration training program developed by the Department.</p>	D935	<p>In the future, no personnel will be set up to take the State Medication Aide Test without completion of this course as monitored by our RCC, Registered Nurse Consultant and Business Manager.</p> <p>As stated, our Administrator, Business Manager and RCC will monitor this situation to assure no re-occurrences.</p> <p>Monitoring will take place during any hire or promotion to Medication Aide before any person is set-up to take the Med Tech test.</p> <p>This deficiency plan of correction will be completed by Sept. 30, 2015.</p>	
------	--	------	--	--