

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL035008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/02/2015
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NAME OF PROVIDER OR SUPPLIER ALSTON FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 476 LEONARD ROAD LOUISBURG, NC 27549
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C 000	Initial Comments The Adult Care Licensure conducted an annual survey on December 1-2, 2015.	C 000		
C 074	<p>10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure the air vents, heat registries, cabinets and furniture were kept clean and in good repair in the kitchen, 3 of 3 bedrooms and 2 of 2 bathrooms.</p> <p>The findings are:</p> <p>Observation of the kitchen on 12/01/15 at 10:45 a.m. revealed: -The cabinets in the kitchen on both sides of the sink had missing paint. -The air vent near the refrigerator was rusty.</p> <p>Observation of the dining room on 12/01/15 at 11:00 a.m. revealed the air vent near the doorway leading to the laundry room was rusty.</p> <p>Observation of the side bedroom on 12/01/15 at 11:00 a.m. revealed: A heat control panel on the wall near the 1st bed was rusty. -The frame around the inside door entrance had missing paint.</p>	C 074		

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

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C 074	<p>Continued From page 1</p> <p>Interview with a resident on 12/01/15 at 11:15 p.m. revealed the heat control panel on the wall had been rusty for about 1-2 months.</p> <p>Observation of the front bedroom on 12/01/15 at 11:45 a.m. revealed: -The heat registry near the double windows was rusty. -The heat registry near the single window was rusty.</p> <p>Observation of the back bedroom on 12/01/15 at 12:15 p.m. revealed: -Three dresser drawers had worn areas where the enamel had worn off at the sides and front. -Two night stands had worn areas where the enamel had worn off at the sides. -One chest of drawer had worn areas where the enamel had worn off at the sides.</p> <p>Observation of the community bathroom on 12/01/15 at 12:40 p.m. revealed: -The knob was missing on the heat source in the bathroom. -The air vent in the bathroom next to the window was rusty. -The handrail used to get into the bathtub was rusty.</p> <p>Interview with the Administrator on 12/02/15 at 9:00 a.m. revealed: -She was aware the cabinets in the kitchen had missing paint. -The cabinets were painted 6 months ago. -She was not aware the air vents were rusty. -She was aware the furniture had worn areas. -She was not aware the handrail in the community bathroom was rusty.</p>	C 074		

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C 074	Continued From page 2 -She was not aware the knob on the heat source in the community bathroom was missing. -The facility did have a system in place for reporting needed repairs at the facility. -She stated, "The housekeeper and the Night Shift Aide were responsible for reporting needed repairs at the facility." -She was responsible for reporting needed repairs to the appropriate people. -She tracked the needed repairs at the facility.	C 074		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 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. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interview and personnel records, the facility failed to assure 1 of 4 sampled staff (Staff A) was tested for tuberculosis (TB) disease in	C 140		

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C 140	<p>Continued From page 3</p> <p>compliance with TB control measuring using the 2-step method.</p> <p>The findings are:</p> <p>Review of personnel records, revealed there was no personnel record for Staff A and no documentation of a TB skin test for Staff A.</p> <p>Interview with Staff A on 12/01/15 at 11:45 a.m. revealed:</p> <ul style="list-style-type: none"> -He did not know the last time he had a TB skin test. -He was a live-in Personal Care Aide. -He was the spouse of the Administrator, and he had worked at the facility since October 2015. <p>Interview with the Administrator on 12/02/15 at 9:00 a.m. revealed:</p> <ul style="list-style-type: none"> -Staff A had a TB skin test, prior to working at the facility. -She did not have documentation of the TB skin test. -No TB skin test had been completed after Staff A was hired at the facility. -Staff A was her spouse, and he had worked at the facility since October 2015. -She was responsible for making sure staff had a TB skin test prior to hire and the 2nd TB skin test was completed within 15 days of hire. <p>_____</p> <p>A plan of protection was requested by this office on 12/02/15, and was provided but not approved by the Agency.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 28, 2016.</p>	C 140		

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C 145 C 145	<p>Continued From page 4</p> <p>10A NCAC 13G .0406(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on personnel records and interview, the facility failed to assure 2 of 4 staff sampled had no substantiated findings on the North Carolina Health Care Personnel Registry. (Staff A, C)</p> <p>The findings are:</p> <p>1. Review of personnel records revealed there was no personnel record for Staff A/Personal Care Aide and no documentation of a Health Care Personnel Registry check.</p> <p>Interview with Staff A on 12/1/15 at 11:45 a.m. revealed no Health Care Personnel Registry check had been completed on him.</p> <p>Interview with the Administrator on 12/02/15 at 9:00 a.m. revealed: -No HCPR had been completed on Staff A. -Staff A was a live-in Personal Care Aide. -Staff A was her spouse, and he had worked at the facility since October 2015. -Staff A was a retired Physician Assistant. -She thought Staff A meet the requirements of a Personal Care Aide. -She did not know Staff A needed a HCPR check.</p>	C 145 C 145		

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C 145	<p>Continued From page 5</p> <p>-She was responsible for the completion of the HCPR check for Staff A. -The facility's monitoring plan in place for staff's HCPR checks was that HCPR checks should be done, prior to hire.</p> <p>2. Review of Staff C's personnel record revealed: -She was hired as a Medication Aide on 10/23/15. -No documentation of a Health Care Personnel Registry check was found in Staff C's record.</p> <p>Staff C was not available for interview.</p> <p>Interview with the Administrator on 12/02/15 at 11:45 a.m. revealed: -Staff C was a new hire and a Health Care Personnel Registry (HCPR) had not been completed on her. -She was responsible for the completion of a HCPR check on Staff C. -The facility's monitoring plan in place for staff 's HCPR checks was that HCPR checks should be done, prior to hire.</p> <p>_____</p> <p>A plan of protection was requested by this office on 12/02/15, and was not provided by the facility.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 28, 2016</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 accordance with G.S. 114-19.10 and G.S.</p>	C 147		

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C 147	<p>Continued From page 6</p> <p>131D-40;</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on personnel records and interview, the facility failed to assure 2 of 3 staff sampled had a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40. (Staff A, C)</p> <p>The findings are:</p> <p>1. Review of personnel records revealed there was no personnel record for Staff A/Personal Care Aide: -No documentation of a consent for a criminal background check had been completed. -No documentation a criminal background check had been completed.</p> <p>Interview with Staff A on 12/1/15 at 11:45 a.m. revealed he had not been asked to do a criminal background check.</p> <p>Interview with the Administrator on 12/02/15 at 9:00 a.m. revealed: -Staff A had been working at the facility since October 2015. -Staff A worked as a Personal Care Aide. No criminal background check had been completed on Staff A. Refer to interview with the Administrator on 12/02/15 at 9:00 a.m.</p> <p>2.Review of Staff C's personnel record revealed: -She was hired as a medication aide on 10/23/15. No documentation a consent for a criminal background check had been completed. -No documentation a criminal background check had been completed.</p>	C 147		

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C 147	<p>Continued From page 7</p> <p>Staff C was not available for interview.</p> <p>Interview with the Administrator on 12/02/15 at 9:00 a.m. revealed: -She could not find documentation of a criminal background check in Staff C's record. -Staff C had not completed a criminal background check.</p> <p>Refer to interview with the Administrator on 12/02/15 at 9:00 a.m.</p> <p>Interview with the Administrator on 12/02/15 at 9:00 a.m. revealed the monitoring plan in place for criminal background checks was staff was responsible for their own background checks.</p> <p>A plan of protection was requested by this office on 12/02/15, and was not provided by the facility.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 28, 2016</p>	C 147		
C 202	<p>10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination</p> <p>10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service</p>	C 202		

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C 202	<p>Continued From page 8</p> <p>Center, Raleigh, North Carolina 27699-1902.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure each resident had tuberculosis (TB) disease testing upon admission to the facility in compliance with the control measures adopted by the Commission for Health Services for 1 (#3) of 3 sampled residents.</p> <p>The findings are:</p> <p>Review of Resident #3's FL-2 and Resident Register revealed an admission date of 2/09/13.</p> <p>Review of Resident #3's record revealed documentation of a TB skin test given on 11/14/12 and read as negative on 11/16/12.</p> <p>On 12/02/15 at 3:00 p.m., Resident #3 declined to be interviewed.</p> <p>Interview with the Administrator on 12/02/15 at 3:30 p.m. revealed: -She thought Resident #3 had a 2nd TB skin test. -She could not find documentation of another TB skin test in Resident #3's record. -The Administrator was responsible for making sure residents had a TB skin test prior to admission and another TB skin test within 15 days of admission.</p>	C 202		
C 272	<p>10A NCAC 13G .0904(d)(2) Nutrition and Food Service</p> <p>10A NCAC 13G .0904 Nutrition and Food Service</p> <p>(d) Food Requirements in Family Care Homes: (2) Foods and beverages that are appropriate to</p>	C 272		

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C 272	<p>Continued From page 9</p> <p>residents' diets shall be offered or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks.</p> <p>This Rule is not met as evidenced by: Based on record review, and interview, the facility failed to assure foods and beverages appropriated to residents' diets were offered or made available to all residents as snacks between meals for a total of three snacks per day.</p> <p>The findings are:</p> <p>Review of the facility census on 12/2/15 revealed 6 residents at the facility.</p> <p>Confidential interviews with 5 of 5 residents related to snacks being served revealed: -One resident stated snacks were served every other day. -Another resident stated snacks were served once a day, if at all. -5 of 5 residents stated snacks were not served three times a day. -All residents would like for snacks to be offered three times a day.</p> <p>Review of the facility's menu on 12/01/15 at 9:45 a.m. revealed: - Three snacks were documented to be served each day. -Ice cream was documented to be served on 12/01/15 after lunch.</p> <p>Observation on 12/01/15 at 3:00 p.m. revealed ice cream was served to the residents.</p> <p>Examples of snack items on the facility menu</p>	C 272		

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C 272	<p>Continued From page 10</p> <p>revealed fruit cups, ice cream and graham crackers.</p> <p>Observation of the food supply on 12/01/15 at 10:30 a.m. revealed the snacks items listed on the menu were available for snacks to be served.</p> <p>Interview with the Administrator on 12/2/15 at 9:00 a.m. revealed: -Residents were offered three snacks per day by the staff on duty but there was no designated times to give out snacks. -The snack offered between breakfast and lunch was sometimes added to the breakfast meal. -The snacks offered between lunch and supper and between supper and night snack were not added to the lunch or supper.</p> <p>There was no monitoring system in place to track if snacks were offered or given out three times per day.</p>	C 272		
C 288	<p>10A NCAC 13G .0905(a) Activities Program</p> <p>10A NCAC 13G .0905 Activities Program (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community.</p> <p>This Rule is not met as evidenced by: Based on interview and review of the Activity Calendar for December 2015, the facility failed to assure the development of an activity program which promoted active involvement of the residents with each other and the community.</p> <p>The findings are:</p>	C 288		

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C 288	<p>Continued From page 11</p> <p>Observation on 12/1/15 at 1:00 p.m.-2:00 p.m. revealed no planned group activities were offered to the residents.</p> <p>Review of the activity calendar for December 2015 revealed: -The calendar was posted on the side of the kitchen cabinet facing the sitting room. - The print was small.</p> <p>Confidential interviews with 5 of 5 residents revealed: -Activities included looking at television, playing games and shopping. -"We do activities, but not every day." -Activities are not scheduled at planned times. - "We would like to do more activities." -There was no activity calendar posted at the facility.</p> <p>Interview with the Administrator on 12/2/15 at 10:30 a.m. revealed: -The residents should know what activities to do. -The activities do not change very much from month to month. -The residents can do activities on their own. -The residents go out on outing every month. -The staff on duty was responsible for doing activities at the designated dates and times on the monthly activity calendars. -She did not have a monitoring system in place to track daily activities.</p>	C 288		
C 367	<p>10A NCAC 13G .1008(a) Controlled Substances</p> <p>10A NCAC 13G .1008 Controlled Substances (a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and</p>	C 367		

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C 367	<p>Continued From page 12</p> <p>disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure a ready and retrievable record of controlled substances were accurate and accountable for 2 of 2 residents for physician orders for control drugs for Methadone, Oxycodone and Clonazepam. (Resident #1, #2).</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL-2 dated 10/01/15 revealed: -Diagnoses included congestive heart failure, diabetes mellitus II, hyperlipidemia, acute renal failure, acute pancreatitis, asthma, cardiomyopathy, methicillin-resistant Staphylococcus aureus, chronic pain syndrome, psychosis, major depressive disorder, and substance abuse-cocaine. -Medication orders for Methadone (pain reliever) 10mg 1 tablet every 12 hours and for Oxycodone (pain reliever) 1 tablet every 6 hours as needed.</p> <p>Review of Resident #1's record revealed an order dated 10/10/15 to change Methadone 10 mg to 5 mg every 8 hours times 30 days.</p> <p>Review of Resident #1's record revealed an order dated 11/12/15 to change Methadone 5 mg to 10 mg every 12 hours.</p> <p>Review of Resident #1's record revealed no controlled drug logs for October 2015, November 2015 and December 2015.</p>	C 367		

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NAME OF PROVIDER OR SUPPLIER ALSTON FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 476 LEONARD ROAD LOUISBURG, NC 27549
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C 367	<p>Continued From page 13</p> <p>Review of Resident #1's Medication Administration Records (MARs) for October 2015 revealed: -Methadone 10 mg was documented as administered scheduled at 8:00 a.m. and 8:00 p.m. from 10/1-10/14/15. -Methadone 5 mg was documented as administered scheduled at 8:00 a.m., 2:00 p.m. and 8:00 p.m. from 10/15-10/31/15. -Oxycodone 5 mg was documented as administered PRN at 8:00 a.m., 2:00 p.m. and 8:00 p.m. from 10/01/15 - 10/31/15.</p> <p>Review of Resident #1's Medication Administration Records (MARs) for November 2015 revealed: -Methadone 5 mg was documented as administered at 8:00 a.m., 2:00 p.m. and 8:00 p.m. from 11/1-11/11/15. -Methadone 10 mg was documented as administered scheduled at 8:00 a.m. and 8:00 p.m.-from 11/12-11/30/15. -Oxycodone 5 mg was documented as administered PRN at 8:00 a.m., 2:00 p.m. and 8:00 p.m. from 11/01/15 - 11/30/15.</p> <p>Review of Resident #1's Medication Administration Records (MARs) for December 2015 revealed: -Methadone 10 mg was documented as administered scheduled at 8:00 a.m. and 8:00 p.m. from 12/1-12/2/15. -Oxycodone 5 mg was documented as administered PRN at 8 a.m. and 8 p.m.</p> <p>Interview with Resident #1 on 12/02/15 at 3:50pm revealed: -The resident reported no problems with the</p>	C 367		

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C 367	<p>Continued From page 14</p> <p>facility administration of the prescribed Methadone 10mg at 8:00a.m. and 8:00p.m. for pain</p> <p>-The resident reported no problems with the facility administration of the prescribed Oxycodone 5 mg administered PRN at 8 a.m. and 8 p.m. for pain.</p> <p>Interview with the Administrator on 12/01/15 at 4:30 p.m. revealed:</p> <p>-Resident #1 did not have controlled drug count sheets for October 2015, November 2015 or December 2015 for Methadone 10mg or Oxycodone HCL 5 mg.</p> <p>-The controlled drug count sheets for Resident #1 had been missing from the Administrator's office for about 6 months (July 2015).</p> <p>-The only way staff kept track of the administration of controlled drugs for Resident #1 was by documenting on the Medication Administration Records (MARs).</p> <p>Telephone interview with the pharmacist on 12/02/15 at 11:40 a.m. revealed:</p> <p>-The pharmacist's dispensing record for Resident #1 revealed 60 tablets of Methadone 10 mg were dispensed on 11/12/15.</p> <p>-The pharmacist's dispensing record for Resident #1 revealed 90 tablets of Oxycodone HCL 5 mg were dispensed on 11/12/15.</p> <p>Interview with the Administrator on 12/02/15 at 3:50 p.m. revealed:</p> <p>-She had a controlled drug form to document Resident #1's control drugs on.</p> <p>- Resident #1's Methadone 10 mg and Oxycodone HCL 5 mg would be documented on the controlled drug form starting 12/02/15.</p>	C 367		

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C 367	<p>Continued From page 15</p> <p>2. Review of Resident #3's current FL-2 dated 1/22/15 revealed:</p> <ul style="list-style-type: none"> - Diagnoses included schizophrenia hypertension and diabetic controlled. -There was no order for Clonazepam (anti-anxiety drug) 1 mg tablet twice a day as needed. <p>Review of Resident #3's record revealed no order for Clonazepam 0.5 mg tablet twice a day as needed.</p> <p>Review of Resident #3's Medication Administration Records (MARs) for October 2015 revealed Clonazepam 1mg was documented as administered scheduled at 8:00 a.m. and 8:00 p.m.</p> <p>Review of Resident #3's Medication Administration Records (MARs) for November 2015 revealed Clonazepam 1mg tablet was documented as administered as needed (PRN) at 8:00 a.m. and 8:00 p.m.</p> <p>Review of Resident #3's Medication Administration Record (MARs) for December 2015 revealed Clonazepam 1 mg was not administered PRN on 12/1 or 12/2.</p> <p>Review of the medication on hand on 12/02/15 at 2:45 p.m. revealed:</p> <ul style="list-style-type: none"> -Resident #1 had 30 tablets of Clonazepam 1 mg. -The label read take 1 tablet as needed when dispensed. <p>Review of Resident #3's record revealed no controlled drug count sheets for October 2015, November 2015 or December 2015.</p> <p>On 12/02/15 at 3:00 p.m., Resident #3 declined to be interviewed.</p>	C 367		

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C 367	<p>Continued From page 16</p> <p>Interview with the Administrator on 12/02/15 at 2:30 p.m. revealed:</p> <ul style="list-style-type: none"> -Thirty tablets of Clonazepam 1mg was on hand because staff gave Resident #3, 0.5 mg of Clonazepam from 11/1-11/30/15. -Clonazepam 1mg had been changed to Clonazepam 0.5 mg on 10/13/15, but had not been changed on the Medication Administration Records (MARs). -She could not find an order for Clonazepam 0.5 mg in Resident #3's record. -Resident #3 did not have controlled drug count sheets for October 2015, November 2015 or December 2015. -The controlled drug count sheets for Resident #3 had been missing from the Administrator's office for about 6 months (July 2015). -The only way staff kept track of the administration of controlled drugs for Resident #3 was by documenting on the Medication Administration Records (MARs). <p>Telephone interview with the pharmacist on 12/02/15 at 3:45 p.m. revealed:</p> <ul style="list-style-type: none"> -Sixty 1 mg tablets of Clonazepam were dispensed on 10/13/15 for Resident #3. -The order on file was for Clonazepam 1 mg as needed Bid. <p>Telephone interview with the Resident #3's physician on 12/2/15 at 5:00 p.m. revealed:</p> <ul style="list-style-type: none"> - Resident #3 had an order for Clonazepam 0.5 mg as needed Bid. -The order was changed on 10/13/15. 	C 367		
C 912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Resident's Rights</p>	C 912		

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C 912	<p>Continued From page 17</p> <p>Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to test for tuberculosis for staff, other staff qualifications and Medication Aides, training and competency.</p> <p>The findings are:</p> <p>1. Based on interview and personnel records, the facility failed to assure 1 of 4 sampled staff (Staff A) was tested for tuberculosis (TB) disease in compliance with TB control measuring using the 2-step method. [Refer to Tag C 140 10A NCAC 13G .0405(a) (Type B Violation)].</p> <p>2. Based on personnel records and interview, the facility failed to assure 2 of 4 staff sampled had no substantiated findings on the North Carolina Health Care Personnel Registry. (Staff A, C) [Refer to Tag C 145 10A NCAC 13G .0406(a)(5). (Type B Violation)].</p> <p>3. Based on personnel records and interview, the facility failed to assure 2 of 3 staff sampled had a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40. (Staff A, C). [Refer to Tag C 147 10A NCAC 13G .0406(a)(7) (Type B Violation)].</p>	C 912		

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C 912	Continued From page 18 4. Based on interview and record review, the facility failed to assure the medication clinical skills competency validation was completed for 1 of 3 staff sampled (Staff A) prior to administration of medications; and failed to assure Staff A completed 5, 10 or 15 hours Medication Aide training or passed written Medication Aide test. Refer to Tag C 935 10A NCAC 13G 131D-4.5B(b) (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 individual must have completed the following:	C935		

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C935	<p>Continued From page 19</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: TYPE B VIOLATION</p> <p>Based on interview and record review, the facility failed to assure the medication clinical skills competency validation was completed for 1 of 3 staff sampled (Staff A) prior to administration of medications; and failed to assure Staff A completed 5, 10 or 15 hours Medication Aide training or passed written Medication Aide test.</p> <p>The findings are:</p> <p>Review of personnel records revealed there was no personnel record for Staff A:</p> <ul style="list-style-type: none"> -No documentation of completion of a medication clinical skills checklist. -No documentation of completion of 5, 10 or 15 hours medication aide training within 60 days of hire. -No documentation Staff A passed the Medication Aide written test. 	C935		

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C935	<p>Continued From page 20</p> <p>Interview with Staff A on 12/1/15 at 11:45 a.m. revealed: -He had worked at the facility since October 1, 2015. -He was a retired Physician Assistant. -He was qualified to give out medications.</p> <p>Interview with the Administrator on 12/02/15 at 9:00 a.m. revealed: -No medication clinical skills checklist had been completed for Staff A. -Staff A had not passed the written Medication Aide test. -Staff A had not completed the 5, 10 or 15 hours Medication Aide training. -She prepared the medications, but Staff A administered the medications to the residents. -Staff A was a retired Physician Assistant. -He was qualified to give medications. -She was responsible for making sure Medication Aides had a medication clinical skills competency validation and 5, 10 or 15 hours of training completed and passed the written Medication Aide test.</p> <p>_____</p> <p>A plan of protection was requested by this office on 12/02/15, and was not provided by the facility.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 28, 2016.</p>	C935		
C992	<p>G.S. § 131D-45 Examination and screening for</p> <p>G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care</p>	C992		

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C992	<p>Continued From page 21</p> <p>homes.</p> <p>(a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure examination and screening for the presence of controlled substances were performed for 2 of 2 sampled staff that were hired after 10/01/13. (Staff A, C)</p>	C992		

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C992	<p>Continued From page 22</p> <p>1. Review of personnel records revealed there was no personnel record for Staff A/Personal Care Aide and no documentation of a controlled substance examination and screening test.</p> <p>Interview with Staff A on 2/01/15 at 11:45 a.m. revealed he had not been asked to do a controlled substance examination and screening test.</p> <p>Interview with the Administrator on 12/02/15 at 9:00 a.m. revealed: -Staff A had been working at the facility since October 2015. -She had not completed a controlled substance examination and screening test for Staff A. -She was unaware of the requirements for controlled substance examination and screening test for staff hired after 10/01/13. -She would be responsible for completion of the controlled substance examination and screening test for Staff A.</p> <p>2.Review of Staff C's personnel record revealed: -She was hired as a Medication Aide on 10/23/15. No documentation of a controlled substance examination and screening test was found in Staff C's record.</p> <p>Staff C was not available for interview.</p> <p>Interview with the Administrator on 12/02/15 at 9:00 a.m. revealed: -She had not completed a controlled substance examination and screening test for Staff C. -She was unaware of the requirements for controlled substance examination and screening test for staff hired after 10/01/13. -She would be responsible for completion of the</p>	C992		

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C992	Continued From page 23 controlled substance examination and screening test for Staff C.	C992		