

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL030007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2016
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NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF CEDAR ROCK	STREET ADDRESS, CITY, STATE, ZIP CODE 191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028
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D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on February 3-4, 2016.	D 000		
D912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Residents' 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 record review and interviews, the facility failed to assure every resident had the right to receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to Ach Infection Prevention Requirements, and Ach Medication Aide Training and Competency.</p> <p>The findings are:</p> <p>A. Based on observations and interviews, the facility failed to implement infection control procedures consistent with Centers for Disease Control and Prevention guidelines on infection control regarding the sharing of glucometers and proper disinfection of fingerstick blood sugar (FSBS) monitoring equipment by using a house glucometer on multiple residents (1 of 9 glucometers). [Refer to Tag 932, G.S. 131D-4.4 A(b) Ach Infection Prevention Requirements (Type B Violation).]</p> <p>B. Based on interview and record review, the</p>	D912		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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D912	Continued From page 1 facility failed to ensure mandatory annual in-service training for infection control was completed for 3 of 3 sampled Medication Aides (Staff A, B and C). [Refer to Tag 934, G.S. 131 D-4.5 B(a) Ach Infection Prevention Requirements (Type B Violation).] C. Based on observation, interview and record review, the facility failed to assure 2 of 3 sampled Medication Aides (Staff A and Staff C), who were hired after 10/1/13 as Medication Aides (MA), had successfully completed the 15 hour medication administration training. [Refer to Tag 935, G.S. 131 D-4.5 B(b) Ach Medication Aides; Training and Competency (Type B Violation).]	D912		
D932	G.S. 131D-4.4A (b) ACH Infection Prevention Requirements G.S. 131D-4.4A Adult Care Home Infection Prevention Requirements (b) In order to prevent transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens, each adult care home shall do all of the following, beginning January 1, 2012: (1) Implement a written infection control policy consistent with the federal Centers for Disease Control and Prevention guidelines on infection control that addresses at least all of the following: a. Proper disposal of single-use equipment used to puncture skin, mucous membranes, and other tissues, and proper disinfection of reusable patient care items that are used for multiple residents. b. Sanitation of rooms and equipment, including cleaning procedures, agents, and schedules. c. Accessibility of infection control devices and supplies.	D932		

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D932	<p>Continued From page 2</p> <p>d. Blood and bodily fluid precautions. e. Procedures to be followed when adult care home staff is exposed to blood or other body fluids of another person in a manner that poses a significant risk of transmission of HIV, hepatitis B, hepatitis C, or other bloodborne pathogens. f. Procedures to prohibit adult care home staff with exudative lesions or weeping dermatitis from engaging in direct resident care that involves the potential for contact between the resident, equipment, or devices and the lesion or dermatitis until the condition resolves. (2) Require and monitor compliance with the facility's infection control policy. (3) Update the infection control policy as necessary to prevent the transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations and interviews, the facility failed to implement infection control procedures consistent with Centers for Disease Control and Prevention guidelines on infection control regarding the sharing of glucometers and proper disinfection of fingerstick blood sugar (FSBS) monitoring equipment by using a house glucometer on multiple resident's (1 of 9 glucometers).</p> <p>The findings are:</p> <p>Observation on 2/03/16 at 11:07 am of the glucometer in the medication cart revealed: -There were two medication carts with a total of</p>	D932		

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D932	<p>Continued From page 3</p> <p>10 glucometers and 9 were labeled with a resident's name.</p> <ul style="list-style-type: none"> -All of the glucometers were not the same brand. -There was one glucometer labeled "house stock" also kept in a separate red cooler bag, labeled "house stock". -The Medication Aide obtained a resident's blood sugar and the house glucometer was observed in the cart. -Each of the 9 labeled glucometers was in a separate red cooler bag labeled with a resident's name, along with single use lancets. -The medication cart did not have Environmental Protection Agency (EPA)-approved disinfectant wipes. -The glucometers were manufactured by various companies. <p>Observation of a MA obtaining a FSBS on a resident on 2/03/16 at 11:16 am revealed:</p> <ul style="list-style-type: none"> -The MA gathered the glucometer labeled for the specific resident, the single use lancet and a test strip. -The MA obtained the blood sugar without first wiping the puncture site before or after the finger stick with an alcohol swab. -The result of the fingerstick blood sugar was 216. -The MA prepared the correct amount of Humalog Insulin per sliding scale without wiping the stopper of the insulin vial. -The MA injected the resident with the insulin syringe without wiping the injection site with alcohol before or after injection. <p>Review of the house glucometer's history revealed:</p> <ul style="list-style-type: none"> -FSBS-118 on 2/03/16 at 12:53 pm. -FSBS-129 on 2/03/16 at 6:03 am. -FSBS-314 on 5/29/15 at 11:08 am. 	D932		

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D932	<p>Continued From page 4</p> <ul style="list-style-type: none"> -FSBS-20 on 5/29/15 at 11:07 am. -FSBS-321 on 5/29/15 at 5:37 am. -FSBS-137 on 5/28/15 at 7:58 pm. -FSBS-553 on 5/28/15 at 4:07 pm. -FSBS-269 on 5/27/15 at 7:28 pm. -FSBS-541 on 5/27/15 at 3:55 pm. -FSBS-304 on 5/26/15 at 7:29 pm. -FSBS-597 on 5/26/15 at 4:01 pm. -FSBS-226 on 5/26/15 at 10:56 am. -FSBS-370 on 5/26/15 at 6:11 am. <p>Interview with a Medication Aide (MA) on 02/03/16 at 11:30 am revealed:</p> <ul style="list-style-type: none"> - The facility had 9 residents receiving fingerstick blood sugar checks. - None of the residents receiving fingerstick blood sugar checks had a diagnosis of blood borne infectious disease such as hepatitis or Human Immunodeficiency Virus (HIV). -He did not know how many but was aware that there were residents living in the facility that were diagnosed with hepatitis and at least one diagnosed with Human Immunodeficiency Virus (HIV). -He had used the house glucometer in the past on various residents but could not recall when or with what resident it was last used. -He had used the glucometer in the past when a resident had run out of strips and when a new resident had finger sticks ordered but did not have their own glucometer. -Third shift cleaned the glucometers and they cleaned them with wipes (provided wipes which contained 62% ethyl alcohol). -He did not know who obtained the 2/03/16 FSBS results or what resident they belonged to. -He did know not to use a glucometer owned by one resident on another resident but was trained that he could use the house glucometer if needed. 	D932		

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D932	<p>Continued From page 5</p> <p>-He was trained by the Assistant Executive Director and the Resident Care Coordinator.</p> <p>Interview with a the Executive Director on 02/03/16 at 4:35 pm revealed that one of the residents receiving fingerstick blood sugar checks had a diagnosis of blood borne infectious disease such as hepatitis or Human Immunodeficiency Virus (HIV), and they did have 2 resident's that had a diagnosis of hepatitis and one resident with a diagnosis of Human Immunodeficiency Virus (HIV).</p> <p>Based on the Center for Disease Control (CDC) guidelines for infection control, the recommendations were that blood glucose monitoring devices (glucometers) should not be shared between residents. If the glucometer is to be used for more than one person, it should be cleaned and disinfected per the manufacturer's instructions. If the manufacturer does not list the disinfection information, the glucometer should not be shared between residents.</p> <p>Telephone interview on 2/03/16 at 12:04 pm with a representative from the "house" glucometer customer service department revealed: -This glucometer was not intended for multi-patient use. -There was no manufacturer's recommended cleaning or disinfecting instructions that would allow this machine to be used on multiple people.</p> <p>Interview with a Medication Aide (MA) on 02/03/16 at 3:30 am revealed: -He would use the house glucometer if any resident presented with hyperglycemia or hypoglycemia (high and low blood sugar) and the resident did not have their own glucometer. -He and the other staff used the house</p>	D932		

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D932	<p>Continued From page 6</p> <p>glucometer if a resident ran out of supplies and staff could not otherwise borrow a test strip because the machine was a different brand. -He had used the house glucometer on different residents, but did not know who he had last used it on. -Had not used the house glucometer in a long time and did not remember if he cleaned it after use. -The facility provided wipes on the cart if staff needed to clean the glucometers (provided a hand wipe with the active ingredient 62% ethyl alcohol). -He did not have an occasion to use it often. -He thought third shift cleaned the glucometers with alcohol wipes.</p> <p>Interview with the Assistant Executive Director on 02/03/16 at 2:25 pm revealed: -She knew the "house" glucometer was used on more than one resident. -It was "rare" staff had to use the house glucometer because all the residents with the diagnosis of diabetes had their own glucometers. -Staff would only use it on new residents that had orders for FSBS and did not have their own machine or when a resident ran out of test strips. -She did not know what resident was tested using the "house" glucometer. -Staff cleaned the "house" glucometer with wipes that were on the cart.</p> <p>Interview with the Resident Care Coordinator (RCC) on 02/04/16 at 10:15 am revealed: -Staff used the "house" glucometer on a "rare basis". -Staff would use the house glucometer if a resident with a glucometer ran out of supplies and they could not borrow because the test strips were a specific brand.</p>	D932		

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D932	<p>Continued From page 7</p> <ul style="list-style-type: none"> -Staff would use the "house" glucometer if a resident was admitted with FSBS orders and they did not have a glucometer. -Staff would use the "house" glucometer if a resident without a glucometer presented with signs and symptoms of high or low blood sugar. -She did not know what resident the "house" glucometer was last used. <p>Interview with a Executive Director on 02/03/16 at 4:10 pm revealed:</p> <ul style="list-style-type: none"> -There was not a written policy on use of the "house" glucometer. -She was aware they had a "house" glucometer that was used on different residents on a "as needed basis". -She was not aware the "house" glucometer was not indicated for use on multiple residents. -She thought that cleansing the machine with the sanitization wipes was sufficient. -Staff used alcohol based wipes, but she was unaware they were not EPA approved. -She did not know when or how often the "house" glucometer was used, but did not think it was frequent because all of the diabetic residents had their own glucometers. -She knew the use of a "house" glucometer was not intended for multiple resident use on a resident with a diagnosis of blood borne infectious disease such as hepatitis or Human Immunodeficiency Virus (HIV) that could potentially spread the infectious disease. <hr/> <p>The facility provided a Plan of Protection on 02/03/16 as follows:</p> <ul style="list-style-type: none"> -Immediately the house glucometer will be disposed of. -A new glucometer has been ordered and will only be used on one resident, if needed. -New residents will receive an unopened house 	D932		

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D932	<p>Continued From page 8</p> <p>glucometer and a replacement house glucometer will be ordered.</p> <p>-If the house stock glucometer is used one time it will be replaced immediately with the same process.</p> <p>-A training has been scheduled for all medication aides and supervisory staff on G.S. 131D 4.5(b) Adult care Home Infection Control for 2/03/16 at 8:00 pm.</p> <p>-The Executive Director and/or Resident Care Coordinator will randomly monitor the house glucometer use and status to ensure compliance.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 7, 2016.</p>	D932		
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> <p>This Rule is not met as evidenced by:</p>	D934		

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D934	<p>Continued From page 9</p> <p>TYPE B VIOLATION</p> <p>Based on interview and record review, the facility failed to ensure mandatory annual in-service training for infection control was completed for 3 of 3 sampled Medication Aides (Staff A, B and C).</p> <p>The findings are:</p> <p>A. Review of Staff A's personnel record revealed: -A hire date of 12/03/14 and employed as a Medication Aide (MA). -A Medication Clinical Skills checklist completed on 4/14/15. -Documentation of a passing score on the written Medication Aide test on 3/27/15. -There was no documentation of a certificate of completion of annual infection control training.</p> <p>Interview with Staff A on 2/03/16 at 10:12 am revealed: -He had been a MA at this facility for more than a year. -He had worked as a Personal Care Aide (PCA) and then a MA for approximately 21/2 years. -They had a lot of staff training but did not recall having an infection control training.</p> <p>Refer to Interview with the Assistant Executive Director on 2/03/16 at 2:25 pm.</p> <p>Refer to Interview with the Executive Director on 2/03/16 at 4:10 pm.</p> <p>B. Review of Staff B's personnel record revealed: -A hire date of 10/02/08 and employed as a Medication Aide (MA), a Personal Care Aide and the Cook. -There were no dates that indicated the change of job description status.</p>	D934		

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D934	<p>Continued From page 10</p> <p>-A Medication Clinical Skills checklist completed on 2/27/09.</p> <p>-Documentation of a passing score on the written Medication Aide test on 2/24/11.</p> <p>-There was no documentation of a certificate of completion of annual infection control training.</p> <p>Staff B was unavailable for interview.</p> <p>Refer to Interview with the Assistant Executive Director on 2/03/16 at 2:25 pm.</p> <p>Refer to Interview with the Executive Director on 2/03/16 at 4:10 pm.</p> <p>C. Review of Staff C's personnel record revealed:</p> <p>-A hire date of 1/23/14 .</p> <p>-A Medication Clinical Skills checklist completed on 1/24/14.</p> <p>-Documentation of a passing score on the written Medication Aide test on 8/23/03.</p> <p>-There was no documentation of a certificate of completion of annual infection control training.</p> <p>Interview with Staff C on 2/03/16 at 3:30 pm revealed:</p> <p>-He had been a MA for approximately two years.</p> <p>-He was hired and functioned as a MA.</p> <p>-He had not taken an infection control class, but had taken an Occupational Safety and Health Administration course that included blood borne pathogen information.</p> <p>Refer to Interview with the Assistant Executive Director on 2/03/16 at 2:25 pm.</p> <p>Refer to Interview with the Executive Director on 2/03/16 at 4:10 pm.</p> <p>Interview with the Assistant Executive Director on</p>	D934		

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D934	<p>Continued From page 11</p> <p>2/03/16 at 2:25 pm revealed: -She thought she was the only one that had to take the infection control training because she was the "point person" for infection control. -She was responsible for staff training and in-services. -She took the state infection control training on-line on her own and without any instructor. -None of the other MAs or supervisors had taken this required training.</p> <p>Interview with the Executive Director on 2/03/16 at 4:10 pm revealed: -She had not taken the infection control training. -She thought only one person had to take the class as the staff member appointed "in charge" of the infection control program. -She did not require the MAs to take infection control training. -She did not require the supervisors to take the infection control training. -She had an infection control training scheduled for the following week, but it was to be taught by the Assistant Executive Director (non-licensed). The Assistant Executive Director was going to instruct the on-line infection control training. -She was not aware the class required a licensed instructor. -She was not aware infection control training was an annual requirement.</p> <p>_____</p> <p>The facility provided a Plan of Protection on 2/03/15 as follows: -A training has been scheduled for staff on G.S. 131D 4.5(b) Adult care Home Infection Control for 2/03/16 at 8:00 pm and all Medication Aides and Supervisory staff are required to attend. -All Medication Aids will take an infection control class prior to administering medications and annually thereafter.</p>	D934		

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D934	Continued From page 12 -The Executive Director and the Quality Control staff will randomly audit staff training to assure that staff are trained per G.S. 131D 4.5(b) Adult care Home Infection Control. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED April 7, 2016.	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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NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF CEDAR ROCK	STREET ADDRESS, CITY, STATE, ZIP CODE 191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028
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D935	<p>Continued From page 13</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: TYPE B VIOLATION</p> <p>Based on observation, interview and record review, the facility failed to assure 2 of 3 sampled Medication Aides (Staff A and Staff C), who were hired after 10/1/13 as Medication Aides (MA), had successfully completed the 15 hour medication administration training.</p> <p>The findings are:</p> <p>A. Review of Staff A's personnel and training record revealed:</p> <ul style="list-style-type: none"> -Staff A was hired on 12/03/14 as a Medication Aide (MA). -Staff A had successfully passed the written Medication Aide Test on 3/27/15. -There was documentation Staff A completed a Medication Clinical Skills checklist on 4/14/15. -There was no documentation Staff A completed a 5, 10 or 15 hour medication administration program. 	D935		

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D935	<p>Continued From page 14</p> <p>Observation on 2/03/15 at 11:07 am - 11:45 am revealed Staff A, Medication Aide, was preparing and administering the morning medications to residents.</p> <p>Review of a residents' Medication Administration Record observed during the morning medication pass revealed Staff A documented the administration of medications 11 days in January 2016.</p> <p>Interview on 2/03/15 at 11:40 am with Staff A revealed:</p> <ul style="list-style-type: none"> -He had been working at the facility for over a year as both a Personal Care Aide (PCA) and a Medication Aide (MA). -He never took the 5-hour MA training class. -He was unaware he was required to take a 5 hour MA training and an additional 10 within 60 days of competency check off. -He was trained on the medication cart by both the Assistant Executive Director (AED) and the Resident Care Coordinator (RCC). -After they trained him for 2-3 days he was checked off by the facility contracted Nurse. -The Nurse did observe him passing medications and check him for competency. <p>Refer to interview with the Resident Care Coordinator on 2/04/16 at 9:48 am.</p> <p>Refer to interview with Assistant Executive Director on 2/03/16 at 2:45 pm.</p> <p>Refer to interview with the Executive Director on 2/03/16 at 4:10 pm.</p> <p>Refer to Interview with the Administrator on 12/03/15 at 4:03 pm.</p>	D935		

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D935	<p>Continued From page 15</p> <p>B. Review of Staff C's personnel and training record revealed:</p> <ul style="list-style-type: none"> -He was hired on 1/23/14 as a Medication Aide (MA). -He had successfully passed the written Medication Aide Test on 8/23/03. - There was documentation Staff C completed a Medication Clinical Skills checklist on 1/24/14. -There was no documentation that Staff C took the 5 hour medication training. -There was no documentation Staff C took the additional 10 hours of medication training to complete the required 15 hour medication administration program within 60 days of hire. -There was no documentation a Medication Aide Employment Verification was completed. <p>Review of a resident Medication Administration Record observed during the morning medication pass revealed Staff C documented the administration of medications 11 days in January 2016.</p> <p>Interview with Staff C on 2/03/16 at 3:20 pm revealed:</p> <ul style="list-style-type: none"> -He had been employed at this facility as a MA for approximately two years. -The supervisor (non-licensed personnel) trained him on the medication cart by first him observing the medication pass and then the supervisor observing him do the medication pass. -After 3 days the Nurse came and observed him passing medications and checked him off. -He did take a MA training class with the Assistant Executive Director. <p>Refer to interview with the Resident Care Coordinator on 2/04/16 at 9:48 am.</p> <p>Refer to interview with Assistant Executive</p>	D935		

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D935	<p>Continued From page 16</p> <p>Director on 2/03/16 at 2:45 pm.</p> <p>Refer to interview with the Executive Director on 2/03/16 at 4:10 pm.</p> <p>Refer to Interview with the Administrator on 12/03/15 at 4:03 pm.</p> <p>_____</p> <p>Interview on 2/04/16 at 9:48 am with the Resident Care Coordinator revealed:</p> <ul style="list-style-type: none"> -She and the Assistant Executive Director were responsible for training the MAs. -The MAs would "shadow" them and then they would shadow the MAs for 2-3 days or until the MAs were comfortable with the medication pass. -After they trained staff on the medication pass the Nurse would check the MAs off for competency. -The 5 hour medication administration training was completed prior to MAs working on the medication cart and it was taught by the Assistant Executive Director (non-licensed personnel). -She was not aware the training required a licensed healthcare professional to instruct the course. <p>Interview with the Assistant Executive Director on 2/03/16 at 2:45 pm revealed:</p> <ul style="list-style-type: none"> -She trained the MAs on policy and procedures and then the MA "shadowed" her on a medication pass. -After 2 days they monitored the MAs on the medication pass. -The Registered Nurse (RN) would then come in and check them off for competency. -MAs were not permitted to sign the books (Medication administration Records) unless the Registered Nurse checked them off. -She did teach the 5, 10, 15 hour medication training course. 	D935		

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D935	<p>Continued From page 17</p> <p>-She took the 5,10,15 hour medication training course on-line.</p> <p>Interview with the Executive Director on 2/03/16 at 4:10 pm revealed:</p> <p>-The MAs spent 3 days on the medication cart with Resident Care Coordinator or the Assistant Executive Director to be trained.</p> <p>-After this training the Nurse would come in and check them off for competency.</p> <p>-The Assistant Executive Director taught the 5,10,15 hour medication training course.</p> <p>-She was not aware the medication training required a licensed health professional to instruct the course.</p> <p>Interview on 12/03/15 at 4:03 pm with the Administrator revealed:</p> <p>-Processes were put in place and implemented to provide training to staff as well as to track what courses still required according to the plan of correction that was accepted on 9/18/15.</p> <p>-A training tracker was developed by the Human Resources Manager and was being utilized in efforts to assure required staff training was implemented and completed.</p> <p>-He was not aware that the additional 10 hours of training was required within 60 days of hire.</p> <p>-He did not have documentation to indicate that MAs were given the additional 10 hours of medication aide training.</p> <p>On 2/03/16, the Administrator submitted a Plan of Protection as follows:</p> <p>-Immediately the unqualified staff will be replaced with qualified staff until the RN teaches the 15 hour medication training to the Medication Aides that required the class.</p> <p>-The Registered Nurse will teach the 5 hour medication training class prior to Medication</p>	D935		

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D935	Continued From page 18 Aides being trained on the medication cart. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED April 7, 2016.	D935		