Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060118	A. BUILDING: _____ B. WING _____	R 01/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA MERRYWOOD	3600 PARK ROAD CHARLOTTE, NC 28209

(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 a follow-up survey on January 20, 2016.	{D 000}	Preparation, execution and submission of this Plan of Correction does not constitute admission of fault or liability on the part of Atria MerryWood as to the truth of the facts alleged or conclusions drawn in the Summary Statement of Deficiencies or any specific statement of non-compliance. Atria MerryWood submits this Plan of Correction in order to comply with state laws and regulatory provisions.	
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 training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if	D935	D935: Method of Correction - At the point of hire, Medication Aides who have passed the NC ACH Medication Aide Test with a previous employer within the last 24 months will be given the Medication Aide Validation Form by the RSD or RSS, Resident Service Director or Resident Supervisor, to have their previous employer complete and bring back to be filed in their personnel file. If the person being hired has not been a Medication Aide who has passed the NC ACH Medication Aide Test with a previous employer within the last 24 months, RSD or RSS will have them complete the 5, 10, or 15 hour medication administration training program developed by the Department, as well as, a clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.	

Reviewed & Approved L Bergkamp RN 3-3-16

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D935	Continued From page 1 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. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure 3 of 3 sampled Medication Aides (Staff A, Staff B, and Staff C), who were hired after 10/1/13 as Medication Aides (MA), had successfully completed the 15 hour medication administration training prior to administering medications. The findings are: A. Review of Staff A's personnel and training record revealed: -Staff A was hired on 11/25/15 as a Medication Aide (MA). -Staff A had successfully passed the Medication Aide Test on 7/28/15. -Staff A successfully completed a Medication Clinical Skills checklist on 11/23/15. -There was no documentation Staff A completed a 5, 10 or 15 hour medication administration program. -There was no documentation a Medication Aide Employment Verification was completed. Attempted interview with Staff A was unsuccessful. B. Review of Staff B's personnel and training	D935	Date of Correction - Implementation of practice of either obtaining NC ACH Medication Aide Test Validation Form from a previous employer of 24 months or less or having new hire for Medication Aide complete the 5, 10, or 15 hour medication administration training program developed by the Department, as well as, a clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503 will begin immediately. The 15 hour medication administration training for Medication Aides on staff for 60 days or more will be complete by the RSD, who is an RN, by April 17, 2016.	

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D935	Continued From page 2 record revealed: -Staff B was hired on 4/15/15 as a MA.-Staff B had successfully passed the Medication Aide Test on 11/23/10. -Staff B successfully completed a Medication Clinical Skills checklist on 5/05/15. -There was no documentation Staff B completed a 5, 10 or 15 hour medication administration program. -There was no documentation a Medication Aide Employment Verification was completed. C. Review of Staff C's personnel and training record revealed: -Staff C was hired on 1/15/15 as a MA. -Staff C had successfully passed the Medication Aide Test on 12/20/07. -Staff C successfully completed a Medication Clinical Skills checklist on 3/10/15. -There was no documentation Staff C completed a 5, 10 or 15 hour medication administration program. -There was no documentation a Medication Aide Employment Verification was completed. Attempted interview with Staff C was unsuccessful. Interviews on 01/20/16 at 3:35 pm with Staff B revealed: -She had been working at the facility since April of 2015. -She had been checked off by an RN prior to passing medications. -She was working as a medication aid. -She did receive training on medication administration since her hire date but it was training that the corporate office developed. -She was not aware what a Medication Aide Employment Validation Form was and did not get	D935		

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D935	Continued From page 3 one signed by her previous employer. Interview on 01/20/16 at 3:25 pm with the Resident Services Director revealed: -She had worked at this facility for approximately 11/2 years. -She was not aware of the 5, 10 ,or 15 hour medication training requirement. -She was not aware of the Medication Aide Employment Validation Form and never asked staff to have one signed by their previous administrators. -She did class room training prior to staff working on the medication cart. -This training was developed by corporate, was six hours long and included routes of medication administration, the six rights to medication administration, receiving medication from the pharmacy, transcription, documentation of routine, as needed medication and narcotics. -She thought that a MA would have to take a class prior to taking the North Carolina Medication Administration test. Interview on 01/20/16 at 4:15 p.m. with the Administrator revealed: -She was aware of the 5, 10 and 15 hour training requirement and thought that this requirement was being met. -She was aware of the Medication Aide Employment Validation Form and thought she had seen the form in the office. -The Resident Services Director was responsible for all staff medication training. -She did not know why the required medication aide training was not implemented and knew that the corporate based training was different than that of the state developed training.	D935		