Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	FCL041007		02/19/2016

NAME OF PROVIDER OR SUPPLIER
DAVIS REST HOME #1

STREET ADDRESS, CITY, STATE, ZIP CODE
1514 WOODBRIAR AVENUE
GREENSBORO, NC 27405

(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
C 000	Initial Comments The Adult Care Licensure Section and the Guilford County Department of Social Services conducted an annual survey on February 18 and February 19, 2016.	C 000		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to medication aide training requirements. The findings are: Based on observation, interview and record review, the facility failed to assure medication aides hired on or after October 1, 2013, had documentation of verification of working as a medication aide during the previous 24 months in an adult care home as required or completed the required state training for 1 of 2 sampled medication aides (Staff C). [Refer to Tag 0935 G.S. 131D 4.5B(b) Adult Care Home Medication Aide Training and Competency (Type B Violation)].	C 912		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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C935	Continued From page 1	C935		
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: 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 applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding	C935		

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C935	Continued From page 2 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: TYPE B VIOLATION Based on observation, interview and record review, the facility failed to assure medication aides hired on or after October 1, 2013, had documentation of verification of working as a medication aide during the previous 24 months in an adult care home as required or completed the required state training for 1 of 2 sampled medication aides (Staff C). The findings are: Review of the employee record for Staff C revealed: - Staff C was hired as a medication aide (MA) on 05/16/14. - A medication clinical skills checklist was completed on 06/16/14. - The medication exam had been taken and passed on 03/11/05. - There was no documentation of verification that Staff C had previously worked as a MA in the past 24 months and worked as a MA in the previous 24 months prior to 10/1/13. - There was no documentation of the 5, 10 or 15 hour MA training for Staff C. Observation on 02/19/16 of the February 2016 Medication Administration Records (MARs) revealed Staff C had consistently administered	C935		

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C935	Continued From page 3 medications to each resident in the home. Interviews on 02/18/16 between 8:30 am and 8:50 am with 4 residents revealed: - Staff C administered their medications. - Staff C provided the medications in a timely manner. Interview on 02/19/16 at 10:30 am with the Administrator/Owner revealed: - Staff C administered medication to each of the 5 residents in the facility, as well as to the residents of another facility owned and operated by the Administrator/Owner. - The Administrator/Owner was not aware medication aides hired on or after October 1, 2013, were required to have verification of working as a medication aide during the previous 24 months in an adult care home and in the previous 24 month prior to 10/1/13. - The Administrator/Owner was not aware the of the required state training for medication aides. Interview on 02/19/16 at 10:15 am with Staff C revealed: - She had worked at the facility since April or May of 2014. - She did not recall if she had completed the 5, 10 or 15 hour training, "I really don't know if I did that". _____ A Plan of Protection provided by the facility on 02/19/16 as follows: - The facility will provide required 15 hour training as soon as possible, no later than February 29, 2016. - The required 15 hour training would be provided by a Registered Nurse. - The facility will ensure all MA training and	C935		

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C935	Continued From page 4 competency will be completed and documented before any MA performed unsupervised MA duties. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 4, 2016.	C935		