

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>fci041076</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/04/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EMANUEL HOUSE ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1030 ALAMANCE COURT GREENSBORO, NC 27406</b>
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{C 000}	<p>Initial Comments</p> <p>The Adult Care Licensure Section conducted a Follow-up survey on March 2, 2016, with a telephone exit on March 4, 2016.</p>	{C 000}		
C 140	<p>10A NCAC 13G .0405(a)(b) Test For Tuberculosis</p> <p>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.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on record review and interviews, the facility failed to assure staff was tested for tuberculosis (TB) disease upon employment in compliance with the control measures adopted by the Commission for Health Services for 1 of 2 sampled staff (Staff B).</p> <p>The findings are:</p> <p>Staff B's personnel file was not available in the</p>	C 140		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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C 140	<p>Continued From page 1</p> <p>facility for review:</p> <p>Interview on 03/02/15 at 12:09 pm with Staff B revealed: -She started working at the facility on 08/03/15. -She had TB tests and would fax them to be reviewed.</p> <p>Review of the TB tests faxed by Staff B revealed: -A 1st step TB test obtained 10/02/09, with results "0 mm." -A 2nd step TB test obtained 08/16/10, with results "0 mm."</p> <p>Second interview on 03/03/16 at 10:08 am with Staff B revealed: -The 1st and 2nd step TB test she faxed were from another employer. -She had not received a TB test since she started working at the facility. -She was unaware she needed to have another TB test, the previous Administrator asked her to get the TB test from other employment. -She worked every other weekend at the facility. -She usually worked 48 to 72 hours, and was the only staff at the facility. -Her responsibilities included housekeeping, laundry, helping residents with showers, assisting residents to the bathroom, medication administration, and preparing all meals.</p> <p>Interview with the Administrator on 03/02/16 at 10:42 am revealed: -She was unaware that Staff B needed to have another TB test upon employment at the facility. -She was going to have Staff B take a TB test immediately. -Staff B worked every other weekend, but was not going to work until she took the TB test. -Staff B's responsibilities included housekeeping,</p>	C 140		

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C 140	Continued From page 2  laundry, preparing all meals, administering medications, and staying with the residents. -When Staff B worked she was the only staff at the facility.  _____ The facility submitted a Plan of Protection on 03/04/16 as follows: -Staff B received a TB test today (1st step) and is scheduled for the second step and will not return to work until the 1st step is read as negative. -No employee will work without a current negative TB screening. -No potential candidate will be hired without evidence of a negative TB screening prior to hire within the current year. -She will monitor staff records for two weeks after employment to ensure all documents have been obtained.  CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 19, 2016.	C 140		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications  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;  This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to assure no substantiated findings were listed on the North Carolina Health Care Personnel Registry (HCPR) for 1 of 1 newly hired	C 145		

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C 145	<p>Continued From page 3</p> <p>staff (Staff B).</p> <p>The findings are:</p> <p>Staff B's personnel file was not available in the facility for review:</p> <p>Interview on 03/02/15 at 12:09 pm with Staff B revealed:</p> <ul style="list-style-type: none"> <li>-She started working at the facility on 08/03/15.</li> <li>-She had an employment record that was not at the facility.</li> <li>-She thought she had a completed HCPR check.</li> </ul> <p>Review of the HCPR results faxed by Staff B revealed:</p> <ul style="list-style-type: none"> <li>-The report was obtained on 05/20/15, three months prior to Staff B being employed at the facility.</li> </ul> <p>Second interview on 03/03/16 at 10:08 am with Staff B revealed:</p> <ul style="list-style-type: none"> <li>-She obtained the HCPR faxed from another employer.</li> <li>-A HCPR was not obtained when she started working at the facility in August 2016.</li> <li>-She worked every other weekend for 48 to 72 hours.</li> <li>-When she worked she was the only staff at the facility.</li> <li>-Her responsibilities included housekeeping, laundry, helping residents with showers, assisting residents to the bathroom, medication administration, and preparing all meals.</li> </ul> <p>Interview with the Administrator on 03/02/16 at 10:42 am revealed:</p> <ul style="list-style-type: none"> <li>-Staff B worked at the facility every other weekend.</li> <li>-When Staff B worked she was the only staff at</li> </ul>	C 145		

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C 145	Continued From page 4  the facility. -Staff B's responsibilities included housekeeping, laundry, preparing all meals, administering medications, and staying with the residents. -When Staff B worked she was the only staff at the facility.  A HCPR check for Staff B was completed on 03/04/16, with no substantiated findings.	C 145		
C 147	10A NCAC 13G .0406(a)(7) Other Staff Qualifications  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. 131D-40;  This Rule is not met as evidenced by: TYPE B VIOLATION  Based on record review and interviews, the facility failed to obtain a criminal background check for 1 of 2 sampled staff (Staff B).  The findings are:  Staff B's personnel file was not available in the facility for review:  Interview on 03/02/15 at 12:10 pm with Staff B revealed: -She started working at the facility on 08/03/15. -She was unable to recall if a criminal background check had been done since she started to work at the facility. -She had documents of her employment with her	C 147		

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C 147	<p>Continued From page 5</p> <p>and would fax them to the surveyor.</p> <p>Review of the criminal background check faxed by Staff B revealed a criminal background check was completed on 10/12/09.</p> <p>Second interview on 03/03/16 at 10:10 am with Staff B revealed:</p> <ul style="list-style-type: none"> <li>-The criminal background check that she faxed was obtained by another employer, prior to her employment at the facility.</li> <li>-She was unaware that she needed a criminal background check completed upon employment to this facility.</li> </ul> <p>Interview with the Administrator on 03/02/16 at 10:45 am revealed:</p> <ul style="list-style-type: none"> <li>-A criminal background check was not obtained for Staff B upon employment.</li> <li>-She would obtain a current criminal background check for Staff B.</li> <li>-Staff B worked every other weekend at the facility.</li> <li>-No other staff worked when Staff B worked.</li> <li>-Staff B responsibilities included: assisting residents with transferring and ambulating, preparing all meals, medication administration, laundry, and cleaning the facility.</li> </ul> <p>_____</p> <p>The facility submitted a Plan of Protection on 03/04/16 as follows:</p> <ul style="list-style-type: none"> <li>-A criminal background check was done on Staff B, on 03/03/16 with no violations that would interfere with employment in a health care setting.</li> <li>-All employees will have a current criminal background check of no less than a 7 day period prior to start date.</li> <li>-Staff records will be monitored up to two weeks after employment to ensure all required documents were obtained.</li> </ul>	C 147		

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C 147	Continued From page 6	C 147		
{C 165}	<p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 19, 2016.</p> <p>10A NCAC 13G .0502 Personal Care Training And Competency Program</p> <p>10A NCAC 13G .0502 Personal Care Training And Competency Program Approval</p> <p>(a) The 25 hour training specified in Rule .0501 of this Section shall consist of at least 15 hours of classroom instruction, and the remaining hours shall be supervised practical experience. Competency evaluation shall be conducted in each of the following areas:</p> <ul style="list-style-type: none"> <li>(1) personal care skills;</li> <li>(2) cognitive, behavioral and social care for all residents and including interventions to reduce behavioral problems for residents with mental disabilities, and;</li> <li>(3) residents' rights as established by G.S. 131D-21.</li> </ul> <p>(b) The 80-hour training specified in Rule .0501 of this Section shall consist of at least 34 hours of classroom instruction and at least 34 hours of supervised practical experience. Competency evaluation shall be conducted in each of the following areas:</p> <ul style="list-style-type: none"> <li>(1) observation and documentation;</li> <li>(2) basic nursing skills, including special health-related tasks;</li> <li>(3) personal care skills;</li> <li>(4) cognitive, behavioral and social care for all residents and including interventions to reduce behavioral problems for residents with mental disabilities;</li> <li>(5) basic restorative services; and</li> </ul>	{C 165}		

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{C 165}	<p>Continued From page 7</p> <p>(6) residents' rights as established by G.S. 131D-21.</p> <p>(c) The following requirements shall apply to the 25 and 80-hour training specified in Rule .0501 of this Section:</p> <p>(1) The training shall be conducted by an individual or a team of instructors with a coordinator. The supervisor of practical experience and instructor of content having to do with personal care tasks or basic nursing skills shall be a registered nurse with a current, unencumbered license in North Carolina and with two years of clinical or direct patient care experience working in a health care, home care or long term care setting. The program coordinator and any instructor of content that does not include instruction on personal care tasks or basic nursing skills shall be a registered nurse, licensed practical nurse, physician, gerontologist, social worker, psychologist, mental health professional or other health professional with two years of work experience in adult education or in a long term care setting; or a four-year college graduate with four years of experience working in the field of aging or long term care for adults.</p> <p>(2) A trainee participating in the classroom instruction and supervised practical experience in the setting of the trainee's employment shall not be considered on duty and counted in the staff-to-resident ratio.</p> <p>(3) Training shall not be offered without a qualified instructor on site.</p> <p>(4) Classroom instruction shall include the opportunity for demonstration and practice of skills.</p> <p>(5) Supervised practical experience shall be conducted in a licensed adult care home or in a facility or laboratory setting comparable to the</p>	{C 165}		

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{C 165}	<p>Continued From page 8</p> <p>work setting in which the trainee will be performing or supervising the personal care skills.</p> <p>(6) All skills shall be performed on humans except for intimate care skills, such as perineal and catheter care, which may be conducted on a mannequin.</p> <p>(7) There shall be no more than 10 trainees for each instructor for the supervised practical experience.</p> <p>(8) A written examination prepared by the instructor shall be used to evaluate the trainee's knowledge of the content portion of the classroom training. The trainee shall score at least 70 on the written examination. Oral testing shall be provided in the place of a written examination for trainees lacking reading or writing ability.</p> <p>(9) The trainee shall satisfactorily perform all of the personal care skills specified in Rule .0501(h) and the skills specified in 10A NCAC 13G .0401(j) of this Section for the 25-hour training and in Rule .0501(h), (i) and (j) of this Section for the 80-hour training. The instructor shall use a skills performance checklist for this competency evaluation that includes, at least, all those skills specified in Rules .0501(h) and .0501(j) of this Section for the 25-hour training and all those skills specified in Rules .0501(h), (i) and (j) of this Section for the 80-hour training. Satisfactory performance of the personal care skills and interpersonal and behavioral intervention skills means that the trainee performed the skill unassisted; explained the procedure to the resident; explained to the instructor, prior to or after the procedure, what was being done and why it was being done in that way; and incorporated the principles of good body mechanics, medical asepsis and resident safety</p>	{C 165}		

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{C 165}	<p>Continued From page 9</p> <p>and privacy.</p> <p>(10) The training provider shall issue to all trainees who successfully complete the training a certificate, signed by the registered nurse who conducted the skills competency evaluation, stating that the trainee successfully completed the 25 or 80-hour training. The trainee's name shall be on the certificate. The training provider shall maintain copies of the certificates and the skills evaluation checklists for a minimum of five years.</p> <p>(d) An individual, agency or organization seeking to provide the 25 or 80-hour training specified in Rule .0501 of this Section shall submit the following information to the Adult Care Licensure Section of the Division of Facility Services:</p> <p>(1) an application which is available at no charge by contacting the Division of Facility Services, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, North Carolina 27699-2708;</p> <p>(2) a statement of training program philosophy;</p> <p>(3) a statement of training program objectives for each content area;</p> <p>(4) a curriculum outline with specific hours for each content area;</p> <p>(5) teaching methodologies, a list of texts or other instructional materials and a copy of the written exam or testing instrument with an established passing grade;</p> <p>(6) a list of equipment and supplies to be used in the training;</p> <p>(7) procedures or steps to be completed in the performance of the personal care and basic nursing skills;</p> <p>(8) sites for classroom and supervised practical experience, including the specific settings or rooms within each site;</p> <p>(9) resumes of all instructors and the program coordinator, including current RN certificate</p>	{C 165}		

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{C 165}	<p>Continued From page 10</p> <p>numbers as applicable;</p> <p>(10) policy statements that address the role of the registered nurse, instructor to trainee ratio for the supervised practical experience, retention of trainee records and attendance requirements;</p> <p>(11) a skills performance checklist as specified in Subparagraph (c)(9) of this Rule; and</p> <p>(12) a certificate of successful completion of the training program.</p> <p>(e) The following requirements shall apply to the competency evaluation for purposes of exempting adult care home staff from the 25 or 80-hour training as required in Rule .0501 of this Section:</p> <p>(1) The competency evaluation for purposes of exempting adult care home staff from the 25 and 80-hour training shall consist of the satisfactory performance of personal care skills and interpersonal and behavioral intervention skills according to the requirement in Subparagraph (c) (9) of this Rule.</p> <p>(2) Any person who conducts the competency evaluation for exemption from the 25 or 80-hour training shall be a registered nurse with the same qualifications specified in Subparagraph (c)(1) of this Rule.</p> <p>(3) The competency evaluation shall be conducted in a licensed adult care home or in a facility or laboratory setting comparable to the work setting in which the participant will be performing or supervising the personal care skills.</p> <p>(4) All skills being evaluated shall be performed on humans except for intimate care skills such as perineal and catheter a care, which may be performed on a mannequin.</p> <p>(5) The person being competency evaluated in the setting of the person's employment shall not be considered on duty and counted in the</p>	{C 165}		

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{C 165}	<p>Continued From page 11</p> <p>staff-to-resident ratio.</p> <p>(6) An individual, agency or organization seeking to provide the competency evaluation for training exemption purposes shall complete an application available at no charge from the Division of Facility Services, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, North Carolina 27699-2708 and submit it to the Adult Care Licensure Section along with the following information:</p> <p>(A) resume of the person performing the competency evaluation, including the current RN certificate number;</p> <p>(B) a certificate, with the signature of the evaluating registered nurse and the participant's name, to be issued to the person successfully completing the competency evaluation;</p> <p>(C) procedures or steps to be completed in the performance of the personal care and basic nursing skills;</p> <p>(D) a skills performance checklist as specified in Subparagraph (c)(9) of this Rule; a site for the competency evaluation; and a list of equipment, materials and supplies;</p> <p>(E) a site for the competency evaluation; and</p> <p>(F) a list of equipment, materials and supplies.</p> <p>This Rule is not met as evidenced by: Type B Violation</p> <p>Based on record reviews and interviews the facility failed to assure 2 of 2 sampled staff (Staff A and B) successfully completed a 25 hour Personal Care and Training program.</p> <p>The findings are:</p> <p>A. Review of Staff A's personnel record revealed:</p>	{C 165}		

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{C 165}	<p>Continued From page 12</p> <ul style="list-style-type: none"> <li>-Staff A was hired 6/14/14.</li> <li>-Staff A had a job description for a Supervisor-in-Charge.</li> <li>-Health Care Personal Registry check was completed 8/24/14.</li> <li>-No documentation of a 25 hour Personal Care and Training being completed.</li> <li>-Staff A's record was previously cited for not having 25-hour training in October 2015.</li> </ul> <p>Interview on 03/02/16 at 9:41 am with Staff A revealed:</p> <ul style="list-style-type: none"> <li>-She had worked at the facility since June 2014.</li> <li>-She worked as a Supervisor-in-Charge/personal care aide.</li> <li>-She worked 7/24 hour shifts and was relieved by another staff person every other weekend.</li> <li>-Her responsibilities were medication administration; assisting residents with ambulation and transferring, and preparing meals.</li> <li>-When she worked no other staff were at the facility.</li> <li>-She had been scheduled for the 25-hour personal care training two weeks ago.</li> <li>-She did not take the training because it was cancelled by the pharmacy representative that was scheduled to do the training.</li> <li>-She called the pharmacy representative once to reschedule the appointment, but had not received a return phone call.</li> </ul> <p>Interview with the Administrator on 03/03/16 at 3:25 pm revealed:</p> <ul style="list-style-type: none"> <li>-Staff A was to take the 25-hour personal care training.</li> <li>-She thought Staff A had obtained the training.</li> </ul> <p>Interview on 03/03/16 at 1:02 pm with the pharmacy representative revealed:</p>	{C 165}		

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{C 165}	<p>Continued From page 13</p> <ul style="list-style-type: none"> <li>-She provided personal care and all types of training several times per month.</li> <li>-She heard from Staff A once, when the staff called to inquire about the 25-hour personal care training.</li> <li>-Staff A inquired, but did not sign up for the 25-hour personal care training.</li> </ul> <p>B. Staff B's personnel file was not available in the facility for review:</p> <p>Interview on 03/02/15 at 12:09 pm with Staff B revealed:</p> <ul style="list-style-type: none"> <li>-She had not had the 25-hour personal care training at the facility, but thought she had the training at another facility.</li> <li>-She would check with another employer to ensure she had the training.</li> <li>-If she should found documentation of the training she would fax the document.</li> </ul> <p>As of exit of the survey Staff B did not fax documented proof of having received 25-hour personal care training.</p> <p>Interview with the Administrator on 03/03/16 at 3:25 pm revealed:</p> <ul style="list-style-type: none"> <li>-She thought that Staff B had personal care training received from other employment.</li> <li>-She thought Staff B had provided documented proof of her personal care training.</li> <li>-She was a Registered Nurse and wondered if she could provide the training herself.</li> <li>-She would make sure that both Staff A and B received the 25-hour personal care training.</li> </ul> <p>_____</p> <p>The facility submitted a Plan of Protection on 03/18/16 as follows:</p> <ul style="list-style-type: none"> <li>-The Administrator will ensure both Staff A and B receive 25-hour personal care training by</li> </ul>	{C 165}		

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{C 165}	Continued From page 14  03/25/16. -All employees will have needed personal care training and competencies prior to providing hands on care. -All active employees will have their employee files audited by the Administrator monthly for threes months, then quarterly times three, after that annually to ensure all required training is received.  CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 19, 2016.  This rule area is still out of compliance, See Event # 70TE11.	{C 165}		
{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, interviews, and record reviews the facility failed to assure residents received care and services that are adequate, appropriate and in compliance with federal and state laws and rules and regulations related to TB test; Criminal background check; Personal Care Training and Competency; and Medicaiton Aides Training and Competency Program.  The findings are:	{C 912}		

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{C 912}	<p>Continued From page 15</p> <p>1. Based on record review and interviews, the facility failed to assure staff was tested for tuberculosis (TB) disease upon employment in compliance with the control measures adopted by the Commission for Health Services for 1 of 2 staff (Staff B) [Refer to Tag 140 TB Test (Type B Violation)].</p> <p>2. Based on record review and interviews, the facility failed to obtain a criminal background check for 1 of 2 sampled staff (Staff B) [Refer to Tag 147 Criminal Background Check (Type B Violation)].</p> <p>3. Based on record reviews and interviews the facility failed to assure 2 of 2 sampled staff (Staff A and B) successfully completed a 25 hour Personal Care and Training program. [Refer to Tag 165 Personal Care Training and Competency Program (Type B Violation)]</p> <p>4. Based on interviews and record reviews, the facility failed to assure 2 of 2 sampled staff (Staff A and B) who performed medication aide duties met the requirements to administer medications by documentation of completing the 5,10, or 15-hour medication training for new staff. [Refer to Tag 935 Ach Medication Aides Training and Competency (Type B Violation)]</p>	{C 912}		
C935	<p>G.S. § 131D-4.5B (b) ACH Medication Aides; Training and Competency</p> <p>G.S. § 131D-4.5B (b) Adult Care Home 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</p>	C935		

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C935	<p>Continued From page 16</p> <p>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> <ol style="list-style-type: none"> <li>a. The key principles of medication administration.</li> <li>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.</li> </ol> <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> <ol style="list-style-type: none"> <li>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: <ol style="list-style-type: none"> <li>1. The key principles of medication administration.</li> <li>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.</li> </ol> </li> <li>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.</li> </ol> <p>This Rule is not met as evidenced by: Type B Violation</p>	C935		

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C935	<p>Continued From page 17</p> <p>Based on interviews and record reviews, the facility failed to assure 2 of 2 sampled staff (Staff A and B) who performed medication aide duties met the requirements to administer medications by documentation of completing the 5,10, or 15-hour medication training for new staff.</p> <p>The findings are:</p> <p>A. Review of Staff A's personnel record revealed: -Staff A's hire date was 06/14/14. -Staff A was hired as a personal care aide, medication aide and worked as the Supervisor-in-Charge. -Staff A had documentation she passed the written medication aide exam on 05/22/14. -There was documentation of a medication clinical skills checklist dated 06/14/14. -There was no documentation Staff A completed the 5, 10, or 15 hour medication training class. -There was no documentation of employment verification completed for Staff A.</p> <p>Review of the residents' Medication Administration Records (MARs) for January, February, and March 2016 revealed documentation Staff A had administered medications to residents.</p> <p>Interview with Staff A on 03/02/16 at 9:42 am revealed: -When she was hired, the owner did the medication clinical skills validation. -She worked 7/24 hour shifts, and administered medications to the residents. -She received medication training prior to coming to the facility. -She took and passed her written medication aide test prior to employment at the facility.</p>	C935		

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C935	<p>Continued From page 18</p> <p>-She had not received any medication training since she was hired at the facility June 2014.</p> <p>Refer to interview with the Administrator on 03/02/16 at 11:10 am.</p> <p>B. Staff B's personnel file was not available in the facility for review:</p> <p>Interview with Staff B on 03/02/15 at 12:11 pm revealed:</p> <p>-Passed her medication aide test in July 2014. -She started working at the facility in August 2015. -On her date of hire, the Administrator did her medication clinical skills validation. -She worked at the facility every other weekend. -She administered medications to the residents when she was on duty. -She did not recall any medication orientation or training other than the clinical skills validation completed on the date she was hire (August 3, 2016). -She was unsure if her previous employment was verified.</p> <p>Review of the residents' Medication Administration Records (MARs) for January, February, and March 2016 revealed documentation Staff B had administered medications to residents.</p> <p>Refer to interview with the Administrator on 03/02/16 at 11:10 am.</p> <p>_____</p> <p>Interview with the Administrator on 03/02/16 at 11:10 am revealed:</p> <p>-She was a Registered Nurse and had completed the medication clinical skills validation with both Staff A and B.</p>	C935		

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C935	<p>Continued From page 19</p> <p>-She was unaware she needed to do the 5,10, or 15-hour medication aide training because Staff A was already a medication aide. -She would do the medication aide training with Staff A and B.</p> <p>_____</p> <p>The facility submitted a Plan of Protection on 03/18/16 as follows: -The Administrator will ensure both Staff A and B receive medication aide training by 03/25/16. -Prior to being hired or administering medications the employee will receive the required medication aide training and competency by a registered nurse. -Employee files will be audited by the Administrator prior to the first scheduled day of work to ensure the required trainings are in place. -The Administrator will monitor staff records weekly for three weeks, then quarterly times three, then annually to ensure all required training is received.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 19, 2016.</p>	C935		
C992	<p>G.S. § 131D-45 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 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</p>	C992		

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C992	<p>Continued From page 20</p> <p>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 observation, interviews, and record reviews, the facility failed to assure an examination and screening for the presence of controlled substances was performed for 2 of 2 sampled new staff (Staff A and B) before the employee began working at the facility.</p> <p>The findings are:</p> <p>A. Review of Staff A's personnel record revealed: -Staff A's hire date was 06/14/14. -Staff A was hired as a personal care aide,</p>	C992		

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C992	<p>Continued From page 21</p> <p>medication aide and worked as the Supervisor-in-Charge.</p> <p>-There was documentation in the record that Staff A completed a drug screening prior to employment on 05/19/14.</p> <p>-There was no documentation that Staff A completed a controlled drug screening after employment at the facility.</p> <p>-There was no documentation of employment verification completed for Staff A.</p> <p>Interview with Staff A on 03/02/16 at 9:42 am revealed:</p> <p>-She did not complete a controlled drug screening upon employment at the facility.</p> <p>-The current controlled drug screening in her record dated 05/19/14 was done by her previous employer, prior to starting work at the facility on (06/14/14).</p> <p>-The previous Administrator told her it was okay to use the drug screening from that previous employer.</p> <p>Refer to interview with the Administrator on 03/02/16 at 11:10 am.</p> <p>B. Review of employees records revealed, Staff B's personnel record was at the facility.</p> <p>Interview with Staff B on 03/02/16 at 11:13 pm revealed:</p> <p>-Staff B was hired last year on 08/03/15.</p> <p>-She does not recall taking a controlled drug test.</p> <p>-She was unsure if her previous employment was verified.</p> <p>-She was told by the previous Administrator to obtain documents from another employer for her employee record at the facility.</p> <p>Refer to interview with the Administrator on</p>	C992		

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C992	Continued From page 22 03/02/16 at 11:10 am.  Interview with the Administrator on 03/03/16 at 4:03 pm revealed: -She thought both Staff A and B had all required documents. -She was unaware of the missing documents. -She would check all staff records to ensure all required documents were in the records.	C992		