

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL054065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2016
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NAME OF PROVIDER OR SUPPLIER ANT MARY'S FAMILY CARE HOME 1	STREET ADDRESS, CITY, STATE, ZIP CODE 104 W JAMES STREET LA GRANGE, NC 28551
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C 000	Initial Comments The Adult Care Licensure Section conducted an Annual and Follow Up Survey 4/21/16.	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 observations and interviews, the facility failed to ensure the floor vents in the residents' dining room and hallway areas were replaced and the residents' bathroom floor was repaired.</p> <p>The findings are: Observation of the floor vent in the residents' dining room area beside the stand alone freezer on 4/21/16 at 11:00 a.m. revealed: -A large,dirty,dark brown rusted vent mounted in the floor beside the stand alone freezer in the residents' dining room area. -The large in floor vent was slopped in the middle.</p> <p>Observation of the floor vent in the hallway across from the residents' dining room area on 04/21/16 at 11:35 a.m. revealed: -A large,dirty,dark brown rusted vent mounted in the hallway floor.</p> <p>Observation of the residents' bathroom floor where the commode and shower area are located on 04/21/16 at 12:50 p.m. revealed: -The vinyl flooring in the commode area had</p>	C 074		

Division of Health Service Regulation 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>several raised "bubbled up" areas with some worn and torn areas.</p> <p>Interview with the Supervisor in Charge (SIC) on 4/21/16 at 1:00 p.m. revealed: -The rusted floor vents and hallway vents had been that way for a long time. -The SIC did not clean vents as part of her routine cleaning schedule.</p> <p>Interview with the Administrator on 04/21/16 at 1:00 p.m. revealed: -She was aware of the two floor vents in need of replacement and the vinyl flooring in the residents' bathroom. -She was in the process of making those replacements and needed repairs. -She would have the staff clean on a daily basis and monitor weekly.</p>	C 074		
C 102	<p>10A NCAC 13G .0317 (a) Building Service Equipment</p> <p>10A NCAC 13G .0317 Building Service Equipment</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition</p> <p>This Rule is not met as evidenced by: Based on observation and staff interview; the facility failed to assure all electrical, and mechanical equipment in a family care home shall be maintained in a safe and operating condition related to the condition of the existing</p>	C 102		

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C 102	<p>Continued From page 2</p> <p>hinges on top of the stand alone freezer that held the top of freezer in place.</p> <p>The findings are:</p> <p>Observation on 4/21/16 at 11am revealed:</p> <ul style="list-style-type: none"> -There was a stand alone freezer in the kitchen. -The freezer opened from the front and 2 hinges on the top,back of the freezer were broken. -There was rust and debris around the hinges. -There were only 2 hinges and the top of the freezer could easily be moved out of position by gentle touch. <p>Interview with the Supervisor in Charge (SIC) on 4/21/16 at 4:15PM revealed:</p> <ul style="list-style-type: none"> -The stand alone freezer had been broken about a month. -The SIC had not told the Administrator (ADM); "she knew." -Other staff had made the (Adm) aware of the condition of the stand alone freezer (no details on time frame). -No food had spoiled because of the broken hinges on the freezer. -Staff cleaned and defrosted the freezer monthly. -The SIC had not seen any residents try to get in the freezer. <p>Interview with the Administrator on 04/21/16 at 12:45 p.m. revealed:</p> <ul style="list-style-type: none"> -She was not aware the stand alone freezer was broken. -She did not observe that the stand alone freezer top lid detached, rusted, and was broken. -No one made her aware of the condition of the stand alone freezer. -She further stated if she had been made aware of the condition of the stand alone freezer, she would have replaced it with a larger one offsite 	C 102		

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C 102	Continued From page 3 that is in working condition. -She was not aware of any food spoiling because of the broken hinges on the freezer. -She was not aware of how often the stand alone freezer was cleaned or defrosted by staff. -No residents had tried to open the freezer or have been harmed. -She contacted a person to remove the broken freezer as soon as possible and to replace it with the larger freezer in good condition.	C 102		
C 160	10A NCAC 13G .0501 (h) Personal Care Training And Competency 10A NCAC 13G .0501 Personal Care Training And Competency (h) For the purposes of this Rule, personal care tasks which require a 25-hour training program include, but are not limited to the following: (1) assist residents with toileting and maintaining bowel and bladder continence; (2) assist residents with mobility and transferring; (3) provide care for normal, unbroken skin; (4) assist with personal hygiene to include mouth care, hair and scalp grooming, care of fingernails, and bathing in shower, tub, bed basin; (5) trim hair; (6) shave resident; (7) provide basic first aid; (8) assist residents with dressing; (9) assist with feeding residents with special conditions but no swallowing difficulties; (10) assist and encourage physical activity; (11) take and record temperature, pulse, respiration, routine height and weight; (12) trim toenails for residents without diabetes or peripheral vascular disease; (13) perineal care;	C 160		

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C 160	<p>Continued From page 4</p> <p>(14) apply condom catheters; (15) turn and position; (16) collect urine or fecal specimens; (17) take and record blood pressure if a registered nurse has determined and documented staff to be competent to perform this task; (18) apply and remove or assist with applying and removing prosthetic devices for stable residents if a registered nurse, licensed physical therapist or licensed occupational therapist has determined and documented staff to be competent to perform the task; and (19) apply or assist with applying ace bandages, TED's and binders for stable residents if a registered nurse has determined and documented staff to be competent to perform the task.</p> <p>This Rule is not met as evidenced by: Based on staff interview and record review; the facility failed to assure 1 of 4 sampled staff (Staff C) working in the home alone had 25 hours personal care training.</p> <p>The findings are: Review of Staff C's personnel record revealed: -Staff C's hire date was 9/8/15. -There was no documentation of any personal care training hours as a nursing assistant or personal care aide.</p> <p>Interview with staff C (Personal Care Aide) on 4/21/16 at 10:30AM revealed: -She worked 10-12 hour shifts 3-4 days a week. -She worked alone on her shift with the exception of when the Administrator came to the facility to pass medications. -Staff C would also come in on her days off if</p>	C 160		

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C 160	<p>Continued From page 5</p> <p>necessary to help out.</p> <ul style="list-style-type: none"> -Staff C and D worked most shifts. -There was a 4th staff who only worked occasionally. -Staff C was not a personal care aide or nursing assistant. <p>Interview with Administrator on 4/21/16 at 5PM revealed:</p> <ul style="list-style-type: none"> -Staff C provided personal care to residents such as nail care, assisting residents with dressing, assisting residents with bathing, shaving, grooming, and assisting residents with toileting if necessary. -The Administrator was aware Staff C did not have personal training. -The other staff were qualified as personal care assistants or nursing assistants. -The Administrator would ensure Staff C got her PCA training hours. 	C 160		
C 176	<p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation</p> <p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation</p> <p>Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a</p>	C 176		

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C 176	<p>Continued From page 6</p> <p>licensed physician, that person is exempt from the training.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on staff interview and record review; the facility failed to assure 1 of 4 sampled staff (Staff D) working alone in the facility, had Cardio-Pulmonary Resuscitation (CPR) certification.</p> <p>The findings are:</p> <p>Review of Staff D's (Personal Care Aide) personnel record revealed: -Staff D's hire date was 2/26/13 -Staff D's CPR last certification was 3/2013. -Staff D's CPR certification expired 3/2015.</p> <p>Interview with the Administrator 4/21/16 at 5PM revealed: -Staff D worked 10 to 12 hours shifts 3-4 days a week. -Staff D was the only staff member in the facility during her shifts. -The Administrator was responsible for maintaining personnel records of her staff. -The Administrator had no set system for auditing pesonnel records. -The Administrator believed she was behind in this area due to her health problems in the last 2 years -The Administrator was aware of the rule area requiring CPR certification for all staff working alone in the home. -The Administrator thought Staff D was current with her CPR certification.</p>	C 176		

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C 176	<p>Continued From page 7</p> <ul style="list-style-type: none"> -Staff D had not taken a CPR class since 2013. -Staff D would not work alone until she had her CPR certification. <hr/> <p>The Plan of Protection provided 4/21/16 included the following:</p> <ul style="list-style-type: none"> -There would be someone on the premises with CPR certification when scheduled to work. -Staff D would not work until she is certified in CPR certified. -The Administrator will audit staff personnel records quarterly to ensure staff qualifications are in compliance. -The Supervisor in Charge will audit the staff personnel records every six months. -Staff D was scheduled for CPR training 4/23/16. <p>CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED 6/5/16.</p>	C 176		
C 254	<p>10A NCAC 13G .0903(c) Licensed Health Professional Support</p> <p>10A NCAC 13G .0903 Licensed Health Professional Support</p> <p>(c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following:</p> <p>(1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule;</p>	C 254		

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C 254	<p>Continued From page 8</p> <p>(2) evaluating the resident's progress to care being provided;</p> <p>(3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and</p> <p>(4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on staff interview and record review; the facility failed to assure quarterly assessments by a Licensed Health Support Professional for 2 of 3 sampled Residents(Resident #1,#2,) who had tasks for injections, Ted hose, and capillary blood glucose testing.</p> <p>The findings are:</p> <p>1.Review of Resident #1's current FL-2 dated 9/15/15 revealed: -Diagnoses included Schizophrenia, COPD/Asthma, Hypertension, Obesity, PTSD, Hyperlipidemia, and Impaired Fasting Glucose.</p> <p>Review of Resident #1's Licensed Health Support Professional Support review date 11/3/15 revealed: -Diagnoses included Atrial Fibrillation, Osteoarthritis, Insomnia, Vitamin D deficiency, Anxiety, and Depression. -LHPS tasks included an Intramuscular injection of Depo-Testosterone every 2 weeks.</p> <p>Interview with Administrator on 4/21/16 at 5PM revealed: -She thought there was more recent documentation of LHPS evaluations in her Resident #1's chart.</p>	C 254		

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C 254	<p>Continued From page 9</p> <p>Observation on 4/21/16 at 4PM revealed the Administrator called the LHPS nurse that performed her quarterly LHPS reviews and put the conversation on speaker phone.</p> <ul style="list-style-type: none"> -The Administrator requested the current documentation of LHPS reviews for Resident #1 that was due 2/2016. -The LHPS nurse reminded the Administrator of a previous communication between herself and the Administrator that assessments could not be done until payment was made. -The LHPS nurse did not indicate when she would be out to the facility but made it very clear she was available to continue services at the facility once she was paid. -The Administrator denied any previous conversation between the LHPS nurse and herself regarding payment. -The Administrator said she would make payment 4/21/16 for the service. <p>2. Review of Resident #2's current FL-2 dated 6/29/15 revealed diagnoses included Hypoglycemia, Acute on Chronic Renal Failure, Vascular Insufficiency in bilateral lower extremities, lower extremity cellulitis.</p> <p>Review of Resident #2's LHPS review dated 11/3/15 revealed:</p> <ul style="list-style-type: none"> -Tasks included checking capillary blood glucose, applying compression hose every AM and off every PM. <p>Interview with the Administrator on 4/21/16 at 4PM revealed:</p> <ul style="list-style-type: none"> -She thought she was up to date on Resident #2's LHPS quarterly review. -She put Resident #2's compression stockings on every AM and took them off every PM. -She was trained on how to check blood sugars 	C 254		

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C 254	Continued From page 10 -She had been behind on some training and assessments since having health problems over the past 2 years. -She would arrange for an LHPS nurse to come to the facility and evaluate all her residents.	C 254		
C 259	<p>10A NCAC 13G .0904(a)(4) Nutrition and Food Service</p> <p>10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (4) There shall be at least a three-day supply of perishable food and a five-day supply of non-perishable food in the facility based on the menus, for both regular and therapeutic diets.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a 3 day supply of perishables and a 5 day supply of nonperishables were available in the facility for the residents.</p> <p>The findings are:</p> <p>Observation of the refrigerator and stand-alone freezer on 04/21/16 at 10:00 a.m. revealed: -There were no perishable items in the refrigerator except one gallon of milk, a half dozen of eggs, and a large covered bowl of rice. - There were three to four large frozen zip lock bags of vegetables in the stand alone freezer.</p> <p>Interview with the Supervisor in Charge (SIC) on 4/21/16 at 10:15 a.m. revealed she stated, "that's all there is."</p> <p>Observation of the kitchen storage areas on 04/21/16 at 10:15 a.m. revealed:</p>	C 259		

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C 259	<p>Continued From page 11</p> <p>-There were no canned goods in the kitchen cabinets or on the storage shelving unit.</p> <p>Interview with the Supervisor in Charge (SIC) on 4/21/16 at 10:15 a.m. revealed:</p> <p>-She stated, "there are canned goods right over there" as she pointed to the same shelving unit.</p> <p>-She could give no explanation why there was an inadequate supply of food on hand.</p> <p>Interview with the Administrator on 04/21/16 at 1030 a.m. revealed:</p> <p>-She was not aware a three day supply of perishables and a five day supply of nonperishables were required.</p> <p>-She said "no one had told her about the three day and five day rule."</p> <p>-She was scheduled to go grocery shopping that day and would purchase those items.</p>	C 259		
C 375	<p>10A NCAC 13G .1009(a)(1) Pharmaceutical Care</p> <p>10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following:</p> <p>(1) an on-site medication review for each resident which includes at least the following:</p> <p>(A) the review of information in the resident's</p>	C 375		

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C 375	<p>Continued From page 12</p> <p>record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and,</p> <p>(B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and,</p> <p>(C) documenting the results of the medication review in the resident's record;</p> <p>This Rule is not met as evidenced by: Based on staff interview and record review; the facility failed to assure quarterly pharmaceutical reviews for 3 of 3 sampled residents (#1, #2, #3).</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 9/15/15 revealed: -Diagnoses included Schizophrenia, COPD/Asthma, Hypertension, Obesity, PTSD, Hyperlipidemia, and Impaired Fasting Glucose.</p> <p>Review of Resident #1's Licensed Health Support Professional Support review date 11/3/15 revealed: -Diagnoses included Atrial Fibrillation, Osteoarthritis, Insomnia, Vitamin D deficiency, Anxiety, and Depression.</p>	C 375		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL054065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2016
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NAME OF PROVIDER OR SUPPLIER ANT MARY'S FAMILY CARE HOME 1	STREET ADDRESS, CITY, STATE, ZIP CODE 104 W JAMES STREET LA GRANGE, NC 28551
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(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 375	<p>Continued From page 13</p> <p>Review of Resident #1's current Pharmacy Reviews revealed the last visit for review was 11/3/15.</p> <p>Review of Resident #2's current FL-2 dated 6/29/15 revealed diagnoses included Hypoglycemia, Acute on Chronic Renal Failure, Vascular Insufficiency in bilateral lower extremities, lower extremity cellulitis.</p> <p>Review of Resident #2's current Pharmacy Reviews revealed the last visit for review was 11/3/16.</p> <p>Interview with the Administrator on 4/21/16 at 4:30PM revealed: -She knew she was behind on the pharmacy reviews for her facility. -She would arrange through another pharmacy for quarterly pharmacy reviews for her facility.</p> <p>The findings are:</p> <p>Review of Resident #3's current FL-2 dated 10/17/11 revealed: -Diagnoses included Schizophrenia, Hypertension, Obesity, and Borderline Intellectual Functioning.</p> <p>Review of Resident 3's Licensed Health Support Professional Support review date 08/17/15 revealed: -Diagnoses included Obesity and Hypertension.</p> <p>Review of Resident #3's current Pharmacy Reviews revealed the last visit for review was</p>	C 375		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL054065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2016
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NAME OF PROVIDER OR SUPPLIER ANT MARY'S FAMILY CARE HOME 1	STREET ADDRESS, CITY, STATE, ZIP CODE 104 W JAMES STREET LA GRANGE, NC 28551
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(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 375	Continued From page 14 3/05/15. Interview with the Administrator on 4/21/16 at 4:05 p.m. revealed: -She was aware the pharmacy reviews were past due for the facility. -She had called the pharmacy a few weeks ago regarding the need for the pharmacy reviews and had not received them. -She was in the process of contacting another pharmacy to complete the reviews for her facility. -She would make arrangements with another pharmacy to complete the quarterly pharmacy reviews for her facility. Observation of Administrator on 4/21/16 at 4:15 p.m. revealed she called another pharmacy to secure services for timely quarterly pharmacy reviews.	C 375		
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 staff interview and record review, the facility failed to assure every resident received care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. The findings are:	C 912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL054065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2016
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NAME OF PROVIDER OR SUPPLIER ANT MARY'S FAMILY CARE HOME 1	STREET ADDRESS, CITY, STATE, ZIP CODE 104 W JAMES STREET LA GRANGE, NC 28551
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(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 912	<p>Continued From page 15</p> <p>Based on staff interview and record review; the facility failed to assure 1 of 4 sampled staff (Staff D) working alone in the facility, had Cardio-Pulmonary Resuscitation (CPR) certification.[Refer to Tag 176 10C NCAC 13G.0507 Training on Cardio-Pulmonary Resuscitation (Type B Violation)].</p> <p>CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED 6/5/16.</p>	C 912		