

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL079086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/13/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SAFE HAVEN ADULT CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>165 GLENDALE DRIVE EDEN, NC 27288</b>
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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 000	Initial Comments  The Division of Health Service Regulation conducted an Annual survey April 12-13, 2016.	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: Based on interview and record review, the facility failed to assure 1 of 3 sampled staff (Staff A) were tested upon employment for tuberculosis (TB) in compliance with control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed: -Staff A was hired on 08/15/14 as Personal Care Aide, Medication Aide, and Supervisor-in-Charge (PCA,MA/SIC) at the facility. -A TB skin test dated 06/04/14 with negative</p>	C 140		

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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>results.</p> <p>-No documentation of a 2nd step TB skin test after hire.</p> <p>Interview with Staff A, (PCA, MA/SIC), on 04/12/16 at 12:13 pm revealed:</p> <p>-She had been employed at the facility since 2014.</p> <p>-She was unable to recall the exact date of hire, but thought it was fall or winter 2014.</p> <p>-She worked 8 am to 8 pm. Her responsibilities included administering medications to residents at the facility, meal preparation, cleaning the facility, assisting residents with showers and assisting one resident that was total care.</p> <p>-She had TB tests in the past (unable to recall dates) but does not recall receiving a TB test since she started working at the facility.</p> <p>Interview with the Manager on 04/12/16 at 3:43 pm revealed:</p> <p>-He returned to the business as Manager last year.</p> <p>-Prior to his return, the Administrator/owner was responsible to ensure staff received all training.</p> <p>-Staff A was hired prior to him taking over responsibilities of the business.</p> <p>-He thought Staff A had been employed at the facility since 2011.</p> <p>-Staff A should have two TB tests from a previous employer.</p> <p>-He thought both TB tests for Staff A were transferred from previous employment.</p> <p>-He was unaware if Staff A received a 2nd step TB test after employment at the facility.</p> <p>-He had problems with documents missing from staff records.</p> <p>-He had not reviewed staff records to ensure all required documents were in the record.</p>	C 140		

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C 154	Continued From page 2	C 154		
C 154	<p>10A NCAC 13G .0501 (b) Personal Care Training And Competency</p> <p>10A NCAC 13G .0501 Personal Care Training And Competency</p> <p>(b) The facility shall assure that staff who perform or directly supervise staff who perform personal care tasks listed in Paragraph (i) of this Rule in facilities with heavy care residents successfully complete an 80-hour training program, including competency evaluation, approved by the Department according to Rule .0502 of this Section and comparable to the State-approved Nurse Aide I training.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 3 facility Staff (Staff B) had documentation of successfully completing a 80-hour personal care training program, including competency evaluation.</p> <p>The findings are:</p> <p>Review of Staff B's personnel record revealed: -Staff B's date of hire at the facility was 12/31/14. -Staff B was a Personal Care Aide (PCA). -There was no documentation of successfully completing (25 or 80 hour) any personal care training and competency training.</p> <p>Interview on 04/12/16 at 2:10 pm with Staff B revealed: -She worked at the facility for at least two years. -Her job description was PCA, her responsibilities included: cleaning the facility; cooking the meals;</p>	C 154		

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C 154	<p>Continued From page 3</p> <p>assisting residents with showers.</p> <ul style="list-style-type: none"> <li>-There was one resident (Resident #2) that was considered heavy care.</li> <li>-She had to do everything for Resident #2, even assist the resident with eating meals.</li> <li>-She was unable to recall if she had PCS training.</li> </ul> <p>Interview on 04/12/16 at 3:13 pm with the Manager revealed:</p> <ul style="list-style-type: none"> <li>-He started working as Manager last year.</li> <li>-Prior to his employment the Administrator/owner was responsible for ensuring staff records had all the required documents.</li> <li>-He thought Staff B had been employed at the facility since 2011.</li> <li>-He was unaware if Staff B had 80-hour personal care training and competency.</li> <li>-He thought all staff had the personal care training, not sure if it was 25-hour or 80-hour training.</li> <li>-He was told by the Administrator/owner that some documents in staff records were missing, but was unaware what was being done to replace the documents.</li> </ul>	C 154		
C 171	<p>10A NCAC 13G .0504(a) Competency Validation For Licensed Health</p> <p>10A NCAC 13G .0504 Competency Validation For Licensed Health Professional Support Tasks</p> <p>(a) A family care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing</p>	C 171		

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C 171	<p>Continued From page 4</p> <p>competency is assured through facility staff oversight and supervision.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure that 3 of 3 sample staff (Staff A, B and C) were competency validated for Licensed Health Professional Support (LHPS) tasks of fingerstick blood sugars, insulin injections, transferring and ambulation.</p> <p>The findings are:</p> <p>Review of Resident #1's record revealed: -The current FL2 dated 08/15/15 included diagnoses of diabetes mellitus type 2. -Orders for Fingerstick blood sugars four times daily, and insulin injection at bedtime. -Review of Resident #1's January, February, and March 2016 Medication Administration Record revealed either Staff A or C documented checking the resident's blood sugar at least four times daily, with insulin injection at bedtime.</p> <p>Review of Resident #2's record revealed: -The current FL2 dated 12/08/15 included diagnoses of vascular dementia. -The Care Plan and Assessment signed by the physician on 06/03/15 assessed the resident as needing extensive assistance with toileting, ambulation, bathing, dressing, grooming, and transferring.</p> <p>Observation on 04/12/15 at 12:30 pm and 5:10 pm revealed: -Resident #2 was totally dependent on Staff B to ambulate and transfer from a sitting position to his wheelchair, getting in and out of bed, dressing/grooming, and assistance with eating meals.</p>	C 171		

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C 171	<p>Continued From page 5</p> <p>1. Review of Staff A's personnel file revealed: -Staff A's date of hire date was 08/15/14. -Staff A was hired as a Personal Care Aide/Medication Aide/Supervisor-in-Charge (SIC). -There was no documentation of a completed LHPS competency validation.</p> <p>Interview on 04/12/16 at 12:13 pm with Staff A revealed: -She had worked at the facility since 2014 (unable to recall the exact date). -She was unable to recall if she had not been competency validated for finger stick blood sugars (FSBS), insulin injection, ambulation and transfer. -When she worked, she checked Resident #1's blood sugar at least three times during her shift. -She went to training as scheduled and instructed by the Administrator/owner.</p> <p>Refer to interview on 04/12/16 at 3:13 pm with the Manager.</p> <p>2. Review of Staff B's personnel file revealed: -Staff B had a hire date of 12/31/14. -Staff B was hired as a Supervisor-in-charge/Personal Care Aide (SIC).</p> <p>Interview on 04/12/16 at 4:10 pm with Staff B revealed: -Her responsibilities were cooking, cleaning, ambulation and transferring, dressing, and feeding (Resident #2). -She was unable to recall if she had received LHPS competency validation. -The Administrator/owner scheduled all trainings and put the documentation of trainings in the record -If she had training the documentation should be</p>	C 171		

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C 171	<p>Continued From page 6</p> <p>in her staff record.</p> <p>Refer to interview on 04/12/16 at 3:13 pm with the Manager.</p> <p>3. Review of Staff C's personnel file revealed: -Staff C had a hire date of 04/08/11. -Staff C was hired as a Medication Aide/Supervisor-in-charge (SIC). -There was no documentation of LHPS competency validation.</p> <p>Staff C was not available for interview.</p> <p>Refer to interview on 04/12/16 at 3:13 pm with the Manager.</p> <p>Interview on 04/12/16 at 04/12/16 at 3:13 pm with the Manager revealed: -He thought the Administrator had ensured staff had all required training. -He came back to work at the facility as Manager last year, and was aware that some documents were missing from staff records. -He knew that staff had documents at another facility and would try to obtain the documents from other facility.</p> <p>The Administrator/owner was not available for interview.</p>	C 171		
C 934	<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,</p>	C 934		

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C 934	<p>Continued From page 7</p> <p>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: Based on interview and record review, the facility failed to assure Medication Aide (Staff C) had mandatory annual infection prevention training.</p> <p>The findings are:</p> <p>Review of Staff C's personnel record revealed: -Staff C was hired on 04/08/11, as a Medication Aide/Supervisor-in-Charge (SIC). -Staff C passed the written medication administration examination on 10/06/11. -The medication administration clinical skills check list was completed on 09/28/11. -There was no documentation of the annual mandatory infection prevention training having been completed.</p> <p>Review of three residents medication administration records revealed: -Staff C documented administering medications for the three residents in February 2016 and March 2016. -For one resident Staff C checked blood sugars</p>	C 934		

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C 934	Continued From page 8  and administered insulin in February and March 2016.  Staff C was not available for interview.  Interview on 04/12/16 at 3:13 pm with the Manager revealed: -He was unaware if infection prevention training had been done. -He knows that documents were missing from some staff records, but does not know specifically what documents were missing. -He would ensure the infection prevention training was completed.	C 934		
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	C935		

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C935	<p>Continued From page 9</p> <p>exists.</p> <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> <p>a. An additional 10-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>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> <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: Based on interview and record reviews, the facility failed to assure 1 of 2 sampled staff (Staff A) who performed medication aide duties met the requirements to administer medications by documentation of successful completion of the clinical skills validation</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed:</p> <ul style="list-style-type: none"> <li>-Staff A was hired on 08/15/14.</li> <li>-Staff A was hired as a Personal Care Aide/Medication Aide/Supervisor-in-charge.</li> <li>-Staff A had 5-hour medication training on 08/30/15.</li> <li>-Staff A had documentation she passed the state medication aide test on 10/27/15.</li> <li>-There was no documentation Staff A completed</li> </ul>	C935		

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C935	<p>Continued From page 10</p> <p>the 10 hour medication training class. -There was no documentation Staff A completed the medication clinical skills checklist after 08/15/14.</p> <p>Review of the residents' Medication Administration Records (MARs) for January, February, March and April 2016 revealed documentation Staff A had administered medications to residents.</p> <p>Observation on 04/12/16 at 12:15 pm and 4:45 pm revealed Staff A prepared and checked a resident's blood sugar, and administered medications to other two residents.</p> <p>Interview on 04/12/16 at 12:30 pm with Staff A revealed: -The Administrator/owner scheduled all trainings and was responsible for all the staff records. -She started working at the facility in 2014, but was unable to recall the exact date she was hired. -She was unable to recall if she had been checked off by a Registered Nurse since she started working at the facility. -She obtained her medication aide certification in October 2015, after her employment at the facility.</p> <p>Interview on 04/12/16 at 3:13 pm with the Manager revealed: -He thought all staff had received the required training. -He was not sure if Staff A had completed clinical skills validation. -He will check with the Administrator to see if there are other documents not filed in the record at the facility.</p>	C935		

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C935	Continued From page 11  The Administrator/owner was not available for interview.	C935		
C992	G.S. § 131D-45 G.S. § 131D-45. Examination and screening for  G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.  (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 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	C992		

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C992	<p>Continued From page 12 examination and screening.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure examination and screening for the presence of controlled substances were performed for 1 of 3 sampled staff that were hired after 10/01/13. (Staff A)</p> <p>Review of Staff A's personnel record revealed: -Staff A date of hire was 08/15/14 -There was no documentation of a controlled substance examination and screening test.</p> <p>Interview on 04/12/16 at 12:30 pm with Staff A revealed she was unable to recall if she had a controlled substance examination and screening test. -She started working at the facility in 2014, but does not recall the paperwork done when she started working. -The Administrator had her to do some paperwork, but she does not recall if she took a drug test.</p> <p>The Administrator/owner was not available for interview.</p> <p>Interview on 04/12/16 at 3:13 pm with the Manager revealed: -He came back to work at the facility last year, and was aware some staff records were missing documents because the Administrator had informed him. -He had not personally looked at staff records to ensure required documents were in the records.</p>	C992		