

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2016
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NAME OF PROVIDER OR SUPPLIER COLONIAL MANOR REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 160 HEALTH CARE DRIVE RUTHERFORDTON, NC 28139
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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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on April 26, 2016 and April 27, 2016.	D 000		
D935	<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 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> <ul style="list-style-type: none"> 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. <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> <ul style="list-style-type: none"> a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: <ul style="list-style-type: none"> 1. The key principles of medication administration. 2. The federal Centers of Disease Control and 	D935		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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D935	<p>Continued From page 1</p> <p>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.</p> <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 observations, interviews, and record reviews the facility failed to assure 1 of 4 sampled Medication Aides (Staff A) had completed the medication written examination within 60 days of hire as a medication aide.</p> <p>The findings are:</p> <p>Review of Staff A's personnel file revealed: -Staff A was hired on 8/15/14 as a Medication Aide. -A medication clinical skills check off was completed on 9/1/14. -Documentation of being listed on the Nurse Aide I Registry on 9/12/12 with an expiration date of 9/30/16. -Documentation of a controlled drug screen test on 8/13/14. -Documentation of 15 hours medication training dated 9/1/14. -Documentation of Staff A being listed on the North Carolina Medication Aide Registry with an original test date of 10/6/14 and expiration date of 10/31/16. -Documentation of Diabetic Care Management training dated 9/1/14. -No documentation of the medication written</p>	D935		

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D935	<p>Continued From page 2</p> <p>examination for Medication Aides working in Adult Care Homes.</p> <p>Interview with the Manager on 4/28/16 at 11:30am revealed:</p> <ul style="list-style-type: none"> -She was unaware that Staff A would need to take the Medication Aide working in Adult Care Homes written examination if she was listed as on the North Carolina Medication Aide Registry that was active. -She would immediately remove Staff A from the medication cart and let her work as a Personal Care Aide until she could successfully complete the Adult Care Home medication written exam. <p>Interview with Staff A on 4/27/16 at 1:30pm revealed:</p> <ul style="list-style-type: none"> -She had worked at the facility August 2014. -She had completed training at a local community college for phlebotomy training and as a Certified Medical Assistant. -She had completed the testing for the North Carolina Medication Aide Registry and was certified to administer medications in a skilled nursing facility since 10/6/14. -She had never worked in a skilled nursing facility or administered medications in a skilled facility. -Her current duties included supervising the floor, "do medication passes," and resident care "anything a personal care aide does." -Staff A felt "very comfortable" performing fingerstick blood sugar testing, administering insulin, administering nebulizer treatments, and applying oxygen. -She was unaware she needed to take the Adult Care Home medication written exam if she had already successfully completed the North Carolina Medication Aide Registry testing. <p>Observation of Staff A on 4/26/16 at 2:15pm</p>	D935		

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D935	<p>Continued From page 3</p> <p>revealed:</p> <ul style="list-style-type: none"> -Staff A performed a fingerstick blood sugar (FSBS) on 1 resident without incident and with good infection control technique. <p>Observation of Staff A on 4/27/16 from 7:47am to 7:59am revealed:</p> <ul style="list-style-type: none"> -Staff A administered 22 medications to 2 residents during the 8am morning medication pass. -The administered medications included oral tablets and capsules, two liquid medications requiring measurement in medication cups, and a topical ointment. <p>Reconciliation of the residents' medication orders revealed no medication errors observed during the 8am morning medication pass on 4/27/16.</p>	D935		