

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE RADBOURNE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3505 ORIOLE PLACE CHARLOTTE, NC 28269
--	---

(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 Mecklenburg County Department of Social Services conducted an annual survey on May 11, 2016.	C 000		
C 145	<p>10A NCAC 13G .0406(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall:</p> <p>(5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: Based on interview and review of personnel records, the facility failed to assure 2 of 4 sampled staff (Staff A and B) had no substantiated findings on the North Carolina Health Care Personnel Registry.</p> <p>The findings are:</p> <p>A. Review of Staff A's personnel record revealed: -Staff A was hired as a Care Aide on 4/25/16. -A Health Care Personnel Registry check was dated 4/27/16 with no findings.</p> <p>Review of Staff A's time sheets revealed she started working with residents on 4/25/16.</p> <p>Staff A was unavailable for interview on 5/11/16.</p> <p>Refer to interview on 5/11/16 at 11:20 am with the Supervisor in Charge.</p> <p>Refer to interview on 5/11/16 at 12:35 pm with the</p>	C 145		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE RADBOURNE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3505 ORIOLE PLACE CHARLOTTE, NC 28269
--	---

(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 145	<p>Continued From page 1</p> <p>Administrator.</p> <p>B. Review of Staff B's personnel record revealed: -Staff B was hired as a Care Aide and Medication Aide on 2/04/15. -A Health Care Personnel Registry (HCPR) check was dated 2/11/15 with no findings.</p> <p>Review of Staff B's time sheets revealed she started working with residents on 2/04/16.</p> <p>A telephone interview on 5/11/16 at 11:40 am with Staff A revealed that she was not aware if a HCPR check was one of the several background checks that was performed when she was hired at the facility. Refer to interview on 5/11/16 at 11:20 am with the Supervisor in Charge.</p> <p>Refer to interview on 5/11/16 at 12:35 pm with the Administrator.</p> <p>Interview on 5/11/16 at 11:20 am with the Supervisor in Charge (SIC) revealed: -The hire date on file was the date that she interviewed staff and offered the job. It was "contingent on passing Corporate's criminal background check, the drug screen, the HCPR and a training session with the me (the SIC)". -The Corporate office performed the HCPR checks; "it should be checked before they send applicants to me for interview".</p> <p>Interview on 5/11/16 at 12:35 pm with the Administrator revealed: -The Corporate office was responsible for completing the criminal background check, the drug screen and the HCPR checks on new hires. -She was aware the HCPR should be checked before the new employee started working.</p>	C 145		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE RADBOURNE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3505 ORIOLE PLACE CHARLOTTE, NC 28269
--	---

(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
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 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 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. 	C935		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE RADBOURNE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3505 ORIOLE PLACE CHARLOTTE, NC 28269
--	---

(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
C935	<p>Continued From page 3</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 interview and record review, the facility failed to assure 1 of 4 medication aides (Staff B) completed the 15 hour medication administration training program prior to passing medications within 60 days of hire.</p> <p>The findings are:</p> <p>Review of Staff B's personnel file revealed: -A hire date of 2/04/15 as a Nursing Assistant and Medication Aide (MA). -There was documentation of the 5 hour state medication aide training on 2/04/15. -A medication administration clinical skills check list was completed on 2/04/15. -Documentation that Staff B passed the written MA examination on 6/23/15. -There was documentation of 10 hour state medication aide training on 12/18/15.</p> <p>Interview on 5/11/16 at 11:20 am with the Supervisor in Charge (SIC) revealed: -Staff B took the first available date for taking the state MA test. -Staff B did not administer medications until after she had passed the state medication test. "I arranged for other MAs or myself to come administer the medications until she had passed the test".</p> <p>Telephone interview on 5/11/16 at 11:40 am with Staff B revealed: -She had never been a MA before working at this facility.</p>	C935		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE RADBOURNE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3505 ORIOLE PLACE CHARLOTTE, NC 28269
--	---

(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
C935	<p>Continued From page 4</p> <ul style="list-style-type: none"> -She took the MA training and medication skills check-offs when she was told to by the facility Nurse. -She was not aware the 10 hour MA training was to be completed soon after the 5 hour training. -She took the state MA test on the first available date on 6/23/15. -She had not administered medications at the facility until she passed the test. Other staff and the SIC administered the medications. <p>Telephone interview on 5/11/16 at 1:00 pm with the Nurse revealed:</p> <ul style="list-style-type: none"> -A previous facility Nurse had completed the MA training for Staff B. -She had not worked at the facility when Staff B completed her MA training. 	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 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</p>	C992		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE RADBOURNE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3505 ORIOLE PLACE CHARLOTTE, NC 28269
--	---

(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
C992	<p>Continued From page 5</p> <p>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 interviews and record reviews, the facility failed to assure an examination and screening for the presence of controlled substances was performed for 1 of 4 sampled staff (Staff B) before the employee began working at the facility.</p> <p>The findings are:</p> <p>Review of Staff B's personnel file revealed: -A hire date of 2/04/15 as a Medication Aide and Certified Nursing Assistant. -She starting working in the facility on 2/04/15. -There was no record that Staff B completed a controlled drug screening prior to employment on 2/04/15. -There was documentation that Staff B completed a controlled drug screening on 10/05/15 after employment at the facility.</p>	C992		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE RADBOURNE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3505 ORIOLE PLACE CHARLOTTE, NC 28269
--	---

(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
C992	<p>Continued From page 6</p> <p>Interview on 5/11/16 at 11:20 am with the Supervisor in Charge (SIC) revealed: -The hire date was the date that she interviewed the employee and was contingent on passing the background checks and drug screening performed by the corporate office. -A former staff member was in charge of the paperwork for the employee files when Staff B was hired. "We performed an audit of the facility files in October 2015 and discovered no drug screen was done on Staff B, so one was collected immediately." -She was not aware until the audit that no drug screening had been completed on Staff B. -The SIC often had to contact the Administrator to get her help in making sure the corporate office was forwarding the new hire's data to the SIC. "That often delayed the dates we entered, and could be a reason dates were listed after the hire date."</p> <p>Telephone interview on 5/11/16 at 11:40 am with Staff B revealed: -The background checks were completed by the corporate office. -She could not remember when a drug screening was done.</p> <p>Interview on 5/11/16 at 12:35 pm with the Administrator revealed: -The corporate office performed the drug screening test, and should have collected the results before sending staff for an interview with the SIC. -She was aware of the facility's audit results that discovered that no drug screening had been completed on Staff B, and was aware that it had been completed as soon as it was discovered it had been missed. -Staff B already had worked in their system, so</p>	C992		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL060115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE RADBOURNE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3505 ORIOLE PLACE CHARLOTTE, NC 28269
--	---

(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
C992	Continued From page 7 they "were familiar with her, and knew she had to have passed all the checks" to remain employed.	C992		