

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>06/06/2016</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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(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 conducted a Follow-up survey on 06/06/16.	{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: FOLLOW-UP TO TYPE B VIOLATION</p> <p>Based on these findings, the previous Type B Violation was not abated.</p> <p>Based on interviews, the facility failed to assure 1 of 2 sampled staff (Staff B) was tested for tuberculosis (TB) disease upon employment in compliance with the control measures adopted by the Commission for Health Services.</p> <p>The findings are:</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>Staff B's personnel file was not available in the facility for review:</p> <p>Staff B was not available for interview.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 06/06/16 at 10:50 am revealed:</p> <ul style="list-style-type: none"> <li>-Staff B's record was not available at the facility.</li> <li>-Staff B started working at the facility in August 2015.</li> <li>-The owner was supposed to bring Staff B's record, but never did.</li> <li>-She did not know if Staff B had 2 TB skin tests completed.</li> <li>-When she was off work, Staff B worked as her relief person.</li> <li>-Staff B duties and responsibilities included: medication administration, assisting residents with showering/bathing, assisting one resident with grooming and dressing, preparing meals, and cleaning the facility.</li> </ul> <p>Interview with the Administrator on 06/06/16 at 3:10 pm revealed:</p> <ul style="list-style-type: none"> <li>-She lived out of state, and she visited the facility at least once every two weeks.</li> <li>-Her family member who is not an employee visited the facility once a week.</li> <li>-She was aware that Staff B was identified in March 2016 survey as not having TB testing and could not explain why the Plan of Protection was not implemented.</li> <li>-She thought Staff B's record was at the facility.</li> <li>-Staff B started working at the facility in August 2015.</li> <li>-Right now she was unaware where staff B's record was at, but she will find the record and make sure it was taken to the facility.</li> <li>-Staff B had a 1st step TB test, but did not have 2nd step TB skin test done.</li> </ul>	{C 140}		

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{C 140}	<p>Continued From page 2</p> <p>-Staff B's responsibilities included housekeeping, laundry, preparing all meals, administering medications, and supervising the residents. -When Staff B worked she was the only staff at the facility.</p> <p>_____</p> <p>The facility submitted a Plan of Protection on 06/06/16 as follows: -Staff B received TB (1st step) and is scheduled for the second step and will not return to work until the 1st step is read, and have a negative reading. -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 ensure Staff B's record was available at the facility for review. -Staff B worked at the facility every other weekend. -When Staff B worked she was the only staff at the facility. -Staff B's responsibilities included housekeeping, laundry, preparing all meals, administering medications, and supervising the residents.</p>	{C 140}		
{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: (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:</p>	{C 145}		

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{C 145}	<p>Continued From page 3</p> <p>Based on 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 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>Staff B was not available for interview.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 06/06/16 at 10:50 am revealed:</p> <ul style="list-style-type: none"> <li>-Staff B's record was not available at the facility.</li> <li>-Staff B started working at the facility in August 2015.</li> <li>-Staff B worked every other weekend as her relief person.</li> <li>-The owner was supposed to bring Staff B's record, but never did.</li> <li>-She did not know if a HCPR check was done for Staff B.</li> <li>-The Administrator would have done the HCPR for Staff B.</li> </ul> <p>Interview with the Administrator on 06/06/16 at 3:10 pm revealed:</p> <ul style="list-style-type: none"> <li>-Staff B was hired in August 2015, as SIC relief person.</li> <li>-She thought Staff B's record was at the facility.</li> <li>-Right now she was unaware where staff B's record was at, but she will find the record and make sure it was taken to the facility.</li> <li>-Staff B worked at the facility every other weekend.</li> <li>-When Staff B worked she was the only staff at the facility.</li> <li>-Staff B's responsibilities included housekeeping, laundry, preparing all meals, administering</li> </ul>	{C 145}		

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{C 145}	Continued From page 4  medications, and supervising the residents. -She did a HCPR check for Staff B on 03/04/16, with no substantiated findings (no documentation was provided as evidence this was done). -She lived out of state, and she visited the facility at least once every two weeks. -Her family member who is not an employee visited the facility once a week. -She was aware that Staff B was identified in March 2016 survey as not having HCPR, and could not explain why the HCPR was not available at the facility for review.  As of exit of the survey the Administrator did not provide proof of Staff B's HCPR.	{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: FOLLOW-UP TO TYPE B VIOLATION  Based on these findings, the previous Type B Violation was not abated.  Based on 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 at the	{C 147}		

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{C 147}	<p>Continued From page 5</p> <p>facility for review.</p> <p>Staff B was not available for interview.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 06/06/16 at 10:50 am revealed:</p> <ul style="list-style-type: none"> <li>-Staff B started working at the facility in August 2015.</li> <li>-Staff B was her relief person.</li> <li>-Staff B relieved her every other weekend.</li> <li>-She was unaware of the training Staff B received.</li> <li>-Staff B's record was not at the facility.</li> <li>-The owner was supposed to bring Staff B's record, but never did.</li> <li>-She was unaware if a criminal background check was done on Staff B.</li> <li>-The Administrator was responsible for criminal background checks.</li> </ul> <p>Interview with the Administrator on 06/06/16 at 3:10 pm revealed:</p> <ul style="list-style-type: none"> <li>-Staff B was hired in August 2015.</li> <li>-A criminal background check was not obtained for Staff B upon employment.</li> <li>-However, a criminal background check was done on Staff B, on 03/03/16, after it was identified during the March 2016 survey Staff B did not have a criminal background check.</li> <li>-The criminal background check had no violations that would interfere with employment in a health care setting (No documentation was sent to validate that a criminal record check was done).</li> <li>-She would locate Staff B's record and make sure it was placed at the facility.</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's responsibilities included: assisting residents with transferring and ambulating,</li> </ul>	{C 147}		

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{C 147}	<p>Continued From page 6</p> <p>preparing all meals, medication administration, laundry, and cleaning the facility.</p> <p>-She lived out of state, and she visited the facility at least once every two weeks.</p> <p>-Her family member who is not an employee visited the facility once a week.</p> <p>-She was aware that Staff B was identified in March 2016 survey as not having criminal background check, and could not explain why the Plan of Protection was not implement.</p> <p>_____</p> <p>The facility submitted a Plan of Protection on 03/09/16 as follows:</p> <p>-Staff B's record will be placed at the facility.</p> <p>-In the future all employees will have a current criminal background check of no less than a 7 day period prior to start date.</p> <p>-She will monitor staff records for up to two weeks after employment to ensure all required documents were obtained.</p>	{C 147}		
C 153	<p>10A NCAC 13G .0501 (a) Personal Care Training And Competency</p> <p>10A NCAC 13G .0501 Personal Care Training And Competency</p> <p>(a) The facility shall assure that personal care staff and those who directly supervise them in facilities without heavy care residents successfully complete a 25-hour training program, including competency evaluation, approved by the Department according to Rule .0502 of this Section. For the purposes of this Subchapter, heavy care residents are those for whom the facility is providing personal care tasks listed in Paragraph (i) of this Rule. Directly supervise means being on duty in the facility to</p>	C 153		

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C 153	<p>Continued From page 7</p> <p>oversee or direct the performance of staff duties.</p> <p>This Rule is not met as evidenced by: Based on record review, 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 (PCS).</p> <p>The findings are:</p> <p>A. Review of Staff A's personnel record revealed: -Staff A was hired on 6/14/14. -Staff A had a job description for a Supervisor-in-Charge. -A Health Care Personal Registry check was completed 8/24/14 (with no substantiated findings). -No documentation of 25 hour Personal Care and Training completed. -Staff A's record was previously cited for not having 25-hour training in October 2015.</p> <p>Interview with Staff A (Supervisor-in-Charge/SIC) on 06/06/16 at 10:50 am revealed: -She had worked at the facility since June 2014. -She worked as a Supervisor-in-Charge/Personal Care Aide. -She worked 7/24 hour shifts and was relieved by another staff person every other weekend. -Her responsibilities were medication administration; assisting residents with ambulation and transferring, and preparing meals. -When she worked no other staff worked at the facility. -She had been scheduled for the 25-hour personal care training two weeks ago. -She had not take the PCS training yet.</p>	C 153		

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C 153	<p>Continued From page 8</p> <p>-She thought about taking the training online, but found all the training could not be completed online.</p> <p>-She did not know the sources to contact to obtain the PCS training.</p> <p>Interview with the Administrator on 06/06/16 at 3:10 pm revealed:</p> <p>-Staff A was to take the 25-hour personal care training in February 2016, but due to a personal matter cancelled the training.</p> <p>-Staff A was to reschedule herself for the training again.</p> <p>-She was unaware Staff A did not reschedule or take the PCS training.</p> <p>-She lived out of state, and she visited the facility at least once every two weeks.</p> <p>-Her family member who is not an employee visited the facility once a week.</p> <p>-She was aware that Staff A was identified in March 2016 survey as not having PCS training, but could not explain why she did not monitor to ensure the training was obtained.</p> <p>B. Staff B's personnel file was not available at the facility for review:</p> <p>Staff B was not available for interview.</p> <p>Interview with Staff A (Supervisor-in-Charge/SIC) on 06/06/16 at 10:50 am revealed:</p> <p>-Staff B was hired in August 2015.</p> <p>-Staff B was her relief person.</p> <p>-Staff B relieved her every other weekend.</p> <p>-She was unaware of the training Staff B received.</p> <p>Interview with the Administrator on 06/06/16 at 3:10 pm revealed:</p> <p>-Staff B was hired in August 2015, as relief</p>	C 153		

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C 153	<p>Continued From page 9</p> <p>person.</p> <p>-She thought Staff B received PCS training from other employment.</p> <p>-She also thought Staff B had provided documented proof of her PCS training, but was not sure because she did not have documentation.</p> <p>-Staff B duties were to administer medications, assist residents with showering/bathing, cooking meals, and cleaning the facility.</p> <p>-She lived out of state, and she visited the facility at least once every two weeks.</p> <p>-Her family member who is not an employee visited the facility once a week.</p> <p>-She was aware that Staff B was identified in March 2016 survey as not having documentation to validate PCS training, she was unable to explain why the documentation was not available for review.</p> <p>-This time she would ensure both Staff A and B received the 25-hour personal care training.</p> <p>_____</p> <p>The facility submitted a Plan of Protection on 06/06/16 as follows:</p> <p>-The Administrator will ensure both Staff A and B receive 25-hour personal care training.</p> <p>-All employees will have needed personal care training and competencies prior to providing hands on care.</p> <p>-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.</p>	C 153		
C 185	<p>10A NCAC 13G .0601(a) Management and Other Staff</p> <p>10A NCAC 13G .0601Mangement and Other</p>	C 185		

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C 185	<p>Continued From page 10</p> <p>Staff</p> <p>(a) A family care home administrator shall be responsible for the total operation of a family care home and shall also be responsible to the Division of Health Service Regulation and the county department of social services for meeting and maintaining the rules of this Subchapter. The co-administrator, when there is one, shall share equal responsibility with the administrator for the operation of the home and for meeting and maintaining the rules of this Subchapter. The term administrator also refers to co-administrator where it is used in this Subchapter.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews, and record review, the Administrator failed to assure the total operation of the facility related test for tuberculosis; health care personal registry check; criminal background check; medication aide training and competency; personal care training and competency; and examination and screening for controlled drugs.</p> <p>The findings are:</p> <p>Interview with Staff A (Supervisor-in-Charge) on 06/06/16 at 10:50 am revealed: -The Administrator visited the facility at least twice monthly. -The Administrator had a relative that visited the facility more often and was her first line of contact.</p>	C 185		

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C 185	<p>Continued From page 11</p> <p>Interview with the Administrator on 06/06/16 at 3:10 pm revealed:</p> <ul style="list-style-type: none"> <li>-She lived out of state, and she visited the facility at least once every two weeks.</li> <li>-Her family member who is not an employee visited the facility once a week.</li> </ul> <p>Based on observation, interviews and record reviews, non-compliance was identified in the following areas:</p> <p>A. Based on interviews, the facility failed to assure 1 of 2 sampled staff (Staff B) was tested for tuberculosis (TB) disease upon employment in compliance with the control measures adopted by the Commission for Health Services. [Refer to Tag 0140, 10A NCAC 13G .0405 (a)(b) Test for Tuberculosis (Unabated Type B Violation)].</p> <p>B. Based on 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 staff (Staff B). [Refer to Tag 0145, 10A NCAC 13G .0406(a) (5) Other Staff Qualifications].</p> <p>C. Based on interviews, the facility failed to obtain a criminal background check for 1 of 2 sampled staff (Staff B). [Refer to Tag 0147, 10A NCAC 13G .0406(a)(7), Other Staff Qualifications (Unabated Type B Violation)].</p> <p>D. Based on record review, 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 (PCS). [Refer to Tag 0153, 10A NCAC 13G .0501(a), Personal Care Training and Competency].</p> <p>E. Based on interviews and record reviews, the</p>	C 185		

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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 185	<p>Continued From page 12</p> <p>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 0935, G. S. 131D-4.5B(b) ACH Medication Aide Training and Competency (Unabated Type B Violation)].</p> <p>F. 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 staff (Staff A and B) before the employee began working at the facility. [Refer to Tag 0992, G. S. 131D-45 Examination and Screening for controlled drugs].</p> <p>A Plan of Protection was obtained by telephone call and via email from the Administrator on 06/09/16 which included: -The Administrator will monitor new employee records prior to hire and after hire to ensure documentation of all required trainings. -The Administrator will monitor staff records on a monthly bases to ensure all compliance with all requirement trainings are met and there are no missing documents.</p> <p>THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 24, 2016.</p>	C 185		
{C 912}	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>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</p>	{C 912}		

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{C 912}	<p>Continued From page 13</p> <p>relevant federal and state laws and rules and regulations.</p> <p>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; Management and Other Staffing; and Medicaiton Aides Training and Competency Program.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>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 (unabated Type B Violation)].</li> <li>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 (unabated Type B Violation)].</li> <li>3. 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 (unabated Type B Violatin)]</li> <li>4. Based on observations, interviews, and record</li> </ol>	{C 912}		

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{C 912}	Continued From page 14  review, the Administrator failed to assure the total operation of the facility related test for tuberculosis; health care personal registry check; criminal background check; medication aide training and competency; personal care training and competency; and examination and screening for controlled drugs. [Refer to Tag 0185 10A NCAC 13G .0601(a) Management and Other Staffing (Type B Violation)]	{C 912}		
{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 exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following:	{C935}		

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{C935}	<p>Continued From page 15</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: FOLLOW-UP TO TYPE B VIOLATION</p> <p>Based on these findings, the previous Type B Violation was not abated.</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. Staff B's personnel file was not available at the facility for review:</p> <p>Staff B was not available for interview.</p> <p>Review of the residents' Medication Administration Records (MARs) for March, April, May, and June 2016 revealed documentation Staff B had documented administration of</p>	{C935}		

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{C935}	<p>Continued From page 16</p> <p>medications to residents.</p> <p>Interview on 06/06/16 at 10:40 am with the two residents present at the facility revealed Staff B administered medications in the morning and in the evening.</p> <p>Interview with the Administrator on 06/06/16 at 3:10 pm revealed:                      -Staff B had worked at the facility since August 2015.                      -When Staff B worked she administered medications to residents at the facility.                      -She could not explain where Staff B's personnel record was at because she thought it was at the facility.                      -She lived out of state, and she visited the facility at least once every two weeks.                      -Her family member who is not an employee visited the facility once a week.                      -She was aware that Staff B was identified in March 2016 survey as not having documentation of completing the 5,10, or 15-hour medication training and could not explain why the Plan of Protection was not implement.</p> <p>B. 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>	{C935}		

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{C935}	<p>Continued From page 17</p> <p>Review of the residents' Medication Administration Records (MARs) for March, April, May, and June 2016 revealed documentation Staff A had administered medications to residents.</p> <p>Interview with Staff A on 06/06/16 at 10:50 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. -She had not received any Medication Aide training since she was hired at the facility in June 2014.</p> <p>Interview on 06/06/16 at 10:40 am with the two residents present at the facility revealed Staff A administered medications in the morning and in the evening.</p> <p>Interview with the Administrator on 06/06/16 at 3:10 pm revealed: -Staff A had worked at the facility since June 2014. -Staff A's duties included medication administration. -There were no residents with insulin or orders for fingerstick blood sugars. -She could not explain why Staff A did not have documentation of completing the 5,10, or 15-hour medication training. -She was aware that Staff A was identified in March 2016 survey as not having documentation of completing the 5,10, or 15-hour medication training and could not explain why the Plan of</p>	{C935}		

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{C935}	<p>Continued From page 18</p> <p>Protection was not implement.</p> <ul style="list-style-type: none"> <li>-She was a nurse, but her license was not in the state of North Carolina, so she was unable to provide the 5,10, or 15-hour Medication Aide training for Staff A and B.</li> <li>-She had not found another nurse to provide the training.</li> <li>-She would find someone to provide the required training to Staff A and B.</li> </ul> <p>_____</p> <p>The facility submitted a Plan of Protection on 06/06/16 as follows:</p> <ul style="list-style-type: none"> <li>-The Administrator will ensure both Staff A and B receive medication aide training by 03/25/16.</li> <li>-Prior to being hired or administering medications the employee will receive the required medication aide training and competency by a registered nurse.</li> <li>-Employee files will be audited by the Administrator prior to the first scheduled day of work to ensure the required trainings are in place.</li> <li>-The Administrator will monitor staff records weekly for three weeks, then quarterly times three, then annually to ensure all required training is received.</li> </ul>	{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 19</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 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 20</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 06/06/16 at 10:50 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 06/06/16 at 3:10 pm.</p> <p>B. Review of employees' records revealed, Staff B's personnel record was not available at the facility.</p> <p>Staff B was not available for interview.</p> <p>Refer to interview with the Administrator on 06/06/16 at 3:10 pm.</p> <p>Interview with the Administrator on 06/06/16 at 3:10 pm revealed:</p> <p>-She thought both Staff A and B had obtained the required testing and all documents were in the the staff records.</p>	{C992}		

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{C992}	Continued From page 21  -She had not monitored the records as previously stated to ensure required trainings were obtained. -She lived out of state, and she visited the facility at least once every two weeks. -Her family member who is not an employee visited the facility once a week. -She was aware that both Staff A and B was identified in March 2016 survey as not having documentation for examination and screening for controlled drugs. -She could not explain why the examination and screening for controlled drugs were not completed, and if completed why the documents were not in the staff records. -She would check all staff records to ensure required documents were in the records.	{C992}		