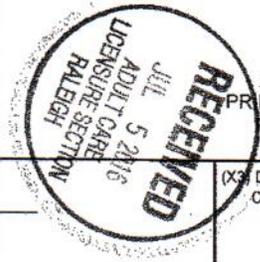


Penderz



PRINTED: 06/21/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL071001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER PEN-DU REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 685 NC HWY 50 WALLACE, NC 28466
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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 completed an annual survey on June 7, 2016.	D 000		
D935	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: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if	D935		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
LeVoise English ADMINISTRATOR TITLE
STATE FORM 6899 EZMV11 (X8) DATE 7-1-16
If continuation sheet 1 of 4

POC received 07/01/16 J. Walbot, RN

Division of Health Service Regulation

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D935	<p>Continued From page 1</p> <p>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 review of personnel records and interviews, the facility failed to assure the mandatory state approved infection control/prevention training was completed annually for 2 of 2 Medication Aides sampled (Staff A and Staff B) that had been employed in the facility for more than one year. The findings are:</p> <p>A. Review of Staff A's personnel record revealed: -Staff A was hired on 04/03/03 as a Medication Aide (MA). -The last certificate of completion of annual infection control training was dated 02/02/14. -There was no documentation in Staff A's personnel record of completion of the annual infection control training dated after 02/02/14.</p> <p>Staff A was not available for interview during the survey on 06/07/16.</p> <p>Interview with the Office Manager (OM) on 06/07/16 at 1:10pm revealed the OM could not locate documentation that Staff A had completed annual infection control training after 02/02/14.</p> <p>Refer to the interview with the Office Manager (OM) on 06/07/16 at 1:36pm.</p>	D935	<p><i>Inspection was done June 7th. We changed pharmacy. The one we had called and scheduled all of our classes + LHP5's. for us. We have talked to the nurse with the new pharmacy who said she would work with us on timely schedules. We have already had one class completed on 6-9-16 and will have another one in July (infection control training). We were unable to get copies of classes from neither employee A or B from their other jobs. They were done but other jobs not willing to send documentation yet. We are making a chart to check off all required classes for all staff.</i></p>	



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D935	<p>Continued From page 2</p> <p>Refer to the interview with the Administrator on 06/07/16 at 1:20pm.</p> <p>B. Review of Staff B's personnel record revealed: -Staff B was hired on 03/10/14 as a MA. -There was a certificate of completion of annual infection control training dated 05/01/14. -There was no additional documentation of annual infection control training in Staff B's personnel record.</p> <p>Staff B was not available for interview during the survey on 06/07/16.</p> <p>Interview with the Office Manager (OM) on 06/07/16 at 1:10pm revealed the OM could not locate documentation that Staff B had completed annual infection control training after 05/01/14,</p> <p>Refer to the interview with the Office Manager (OM) on 06/07/16 at 1:36pm.</p> <p>Interview with the Administrator on 06/07/16 at 1:20pm revealed: -Staff B had a second job in another facility and could have possibly completed the annual infection control training at the second job. -The Administrator would talk with Staff B to see if Staff B had documentation of completing the annual infection control training since 05/01/14.</p> <p>Refer to the interview with the Administrator on 06/07/16 at 1:20pm.</p> <p>Interview with the OM on 06/07/16 at 1:36pm revealed the OM had contacted the facility's contracted long-term pharmacy to come to the facility the following week (week of 06/12/16) to conduct annual infection control training to facility</p>	D935	<p><i>We will check these charts at our monthly meeting.</i></p>	



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D935	Continued From page 3 staff. Interview with the Administrator on 06/07/16 at 1:20pm revealed: -The Administrator thought all staff were up to date on annual infection control training. -The facility's previous contracted pharmacy had been "bought out" by another pharmacy; the current contracted pharmacy was not providing reminders about staff training to the facility like the previous pharmacy had done. -The facility's current contracted pharmacy utilized online training courses and programs which staff had access to and were responsible for completing. -The Administrator would continue to research to find out if Staff A and/or Staff B's infection control training was completed annually. -If the Administrator obtained additional documentation on Staff A and/or Staff B's infection control training, the Administrator would fax the information to the surveyor.	D935		