

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL082017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2016
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NAME OF PROVIDER OR SUPPLIER SERENITY FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1436 BLAND SCHOOL ROAD HARRELLS, NC 28444
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C 000	Initial Comments The Adult Care Licensure Section and the Sampson County Department of Social Services conducted an annual and follow-up survey on 07/06/16 through 07/08/16.	C 000		
C 074	<p>10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to assure that kitchen cabinets were kept clean and in good repair. The findings are:</p> <p>Observation of the kitchen on 07/06/16 at 8:30am revealed: -The paint around the handles on 9 of 10 kitchen cabinets were chipped with previous layers of paint showing. -The chipped paint extended the length of the handle, approximately 4 inches, and approximately 3 inches in width. -A coating of film, which appeared to be grease, was observed on the cabinets over the stove.</p> <p>Interview with the Office Manager on 07/08/16 at 11.30am revealed: -She was aware of the chipping paint on the kitchen cabinets. -The building was rented, not owned by the facility. -The owner of the building was responsible for</p>	C 074		

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

Division of Health Service Regulation

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C 074	Continued From page 1 repairs. -It was difficult getting the owner of the building to make repairs. -The Office Manager and the owner of the facility had been planning on repainting the kitchen cabinets. The owner of the facility was not available for interview.	C 074		
C 133	10A NCAC 13G. 0403(c) Qualifications of Medication Staff 10A NCAC 13G. 0403 Qualifications of Medication Staff (c) Medication aides and staff who directly supervise the administration of medications, except persons authorized by state occupational licensure laws to administer medications, shall complete six hours of continuing education annually related to medication administration. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that 3 of 3 (Staff A, B and C) Medication Aides (MA) completed six hours of continuing education related to medication administration annually. The findings are: 1. Review of Staff A's personnel file revealed: -Staff A was hired as a MA on 06/15/10. -There was no documentation of medication related training completed in 2015. -The last documented medication related training was in 2014. Interview with Staff A on 07/08/16 at 10:40am revealed that she could not recall any medication	C 133		

Division of Health Service Regulation

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C 133	<p>Continued From page 2</p> <p>related training during the last year.</p> <p>Refer to interview with the Office Manager.</p> <p>2. Review of Staff B's personnel file revealed: -Staff B was hired as a MA on 07/01/14. -There was no documentation of medication related training from since hire.</p> <p>Staff B was unavailable for interview by the exit.</p> <p>Refer to the interview with the Office Manager.</p> <p>3. Review of Staff C's personnel file revealed: -Staff C was hired as a MA on 05/24/10. -There was no documentation of medication related training during since hire.</p> <p>Staff C was unavailable for interview.</p> <p>Refer to the interview with the Office Manager.</p> <p>Interview with the Office Manager on 07/08/16 at 11:30am revealed: -The owner of this facility also owned 2 other Family Care Homes. - Staff would occasionally work at the other 2 facilities. -When personnel files were copied for the 3 facilities, some training certificates could have been misplaced. -She would review personnel files in all 3 facilities to assure complete duplication for each staff member.</p>	C 133		
C 140	<p>10A NCAC 13G .0405(a)(b) Test For Tuberculosis</p> <p>10A NCAC 13G .0405 Test For Tuberculosis</p>	C 140		

Division of Health Service Regulation

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C 140	<p>Continued From page 3</p> <p>(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.</p> <p>(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 interviews and record review, the facility failed to assure that 1 of 3 sampled (Staff A) was tested for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Public Health. The findings are:</p> <p>Review of Staff A's personnel file revealed: -Staff A was hired on 06/15/10 as a Medication Aide (MA). -There was a TB skin test admimistered on 03/24/15 and read as negative on 03/26/15 .</p> <p>Interview with Staff A on 07/08/16 at 9:50am revealed: -The TB skin test on 03/26/15 was the only one she remembered having. -Staff A was aware she needed a second TB skin test. -Staff A was planning to get the second TB skin test next week at a local clinic.</p>	C 140		

Division of Health Service Regulation

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C 140	Continued From page 4 The Administrator was not available for interview. Interview with the Office Manager on 07/08/16 at 11:30am revealed: -The Office Manager was not aware that Staff A's personnel file was missing the second TB skin test. -She would follow-up with Staff A to assure that the second TB skin test was completed.	C 140		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 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; This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure that 1 of 3 sampled staff (C) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) upon hire according to G.S. 131E-256. The findings are: Review of Staff C's personnel file revealed: -Staff C was hired as a Medication Aide on 05/24/10. -There was no documentation of the Health Care Personnel Registry being accessed for possible findings for Staff C. The Administrator was not available for interview.	C 145		

Division of Health Service Regulation

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C 145	Continued From page 5 Staff C was not available for interview. Interview with the Office Manager on 07/08/16 at 11:30am revealed: -"Staff C has been here forever." -She would see that the Health Care Registry check for Staff C had been completed. -The Office Manager believed that the documentation has been misplaced.	C 145		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the 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, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to assure that 1 of 3 sampled residents (Resident #1) was tested for tuberculosis (TB) disease in compliance with the control measures adopted by the Commission for Public Health. The findings are: Review of Resident #1's current FL-2 dated 10/28/15 revealed diagnoses including schizoaffective disorder (a mental health diagnosis) and bipolar disorder (a mental health diagnosis).	C 202		

Division of Health Service Regulation

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C 202	<p>Continued From page 6</p> <p>Review of Resident #1's Resident Register revealed an admission date of 10/21/15.</p> <p>Review of Resident #1's record revealed a negative TB skin test was completed on 10/02/15.</p> <p>Based on observations, interviews, and records reviews, Resident #1 was not able to be interviewed due to his diagnoses.</p> <p>Interview with the Administrator on 07/06/16 at 10:25am revealed: -She was aware that Resident #1 required a second TB skin test. -The Administrator would make an appointment for Resident #1 to receive the TB skin test as soon as possible.</p>	C 202		
C 320	<p>10A NCAC 13G .1002 (f) Medication Orders</p> <p>10A NCAC 13G .1002 Medication Orders</p> <p>(f) The facility shall assure that all current orders for medications or treatments, including standing orders and orders for self-administration, are reviewed and signed by the resident's physician or prescribing practitioner at least every six months</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record reviews, the facility failed to assure that all current orders for medications or treatments for 2 of 3 sampled residents (Resident #1 and #3) were reviewed and signed by the resident's physician or prescribing practitioner at least every six months. The findings are:</p> <p>1. Review of Resident #1's current FL-2 dated</p>	C 320		

Division of Health Service Regulation

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C 320	<p>Continued From page 7</p> <p>10/28/15 revealed diagnoses included schizoaffective disorder, bipolar disorder, diabetes mellitus [unspecified], hypertension and hyperlipidemia, hypothyroidism, allergic rhinitia, and gastroesophageal reflux disease.</p> <p>Review of the medication listed on the current FL-2 dated 10/28/15 for Resident #1 revealed:</p> <ul style="list-style-type: none"> -Lipitor 40 milligram (mg), 1 tablet every night at bedtime (for high cholesterol). -Fenofibrate 48 mg, 1 tablet every night at bedtime (for high cholesterol). -Lisinopril 5 mg, 1 tablet every morning (for elevated blood pressure). -Levothyroxine 50 micrograms, 1 tablet every day at 6am (for hypothyroidism). -Metoprolol XL 50 mg, 1 tablet every day (for elevated blood pressure). -Loratadine 10 mg, 1 tablet every day (for allergies). -Haloperidol 10mg, 1 tablet at 8am and at 4pm (an antipsychotic medication). -Lorazepam 1mg, 1 tablet twice a day at 8am and 4pm (an antianxiety medication). -Depakote 1500mg every day at bedtime (for seizures disorders). -Pantoprazole 40mg, 1 tablet every day at bedtime (for gastroesophageal reflux). -Seroquel 800mg, every day at bedtime (for mental disorders). -Eucerin cream, apply every day to body after shower (a skin moisturizer). -Miralax 1 capful every day at bedtime in 8 ounces of water (a laxative). -Humalog insulin, 25 units inject subcutaneously 3 times a day within 15 minutes of a meal (a fast acting insulin used for lowering blood sugar). -Lantus insulin 85 units, inject subcutaneously every morning (a long acting insulin used to lower blood sugar). 	C 320		

Division of Health Service Regulation

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C 320	<p>Continued From page 8</p> <p>Review of physician orders for Resident #1 revealed there was no six month review by a medical provider of all prescribed medications and treatments for Resident #1.</p> <p>Refer to interview with the Administrator on 07/06/16 at 4:45pm.</p> <p>2. Review of Resident #3's current FL-2 dated 08/24/15 revealed diagnoses of hypertension, diabetes mellitus type 2, schizophrenia and hyperlipidemia.</p> <p>Review of the medication orders on the current FL-2 dated 08/24/15 revealed: -Clozapine 200 mg, 1.5 tablet every day (for mental health disorders). -Folic acid 1 mg, 1 tablet daily. -Propranolol ER 120 mg, 1 tablet daily (for hypertension). -Benzotropine MES 2 mg, 1 tablet twice a day (for mental health disorders or tremors). -Haloperidol 10mg, 1 tablet twice a day (for mental health disorders). -Levetiracetam 500mg, 1 tablet twice a day (for epilepsy). -Metformin HCL 1000mg, 1 tablet twice a day (for diabetes mellitus). -Miralax 1 capful mixed in 8 ounces of water twice a day (for constipation). -Clozapine 200mg, 2 tablets every day at bedtime (for mental health disorders). -Trazodone 150mg, 2 tablets every day at bedtime (for depression and insomnia).</p> <p>Review of Resident #3's physician orders revealed there was no six month medical provider review of all medications and treatments for</p>	C 320		

Division of Health Service Regulation

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C 320	Continued From page 9 Resident #3. Refer to interview with the Administrator on 07/06/16 at 4:45pm. _____ Interview with the Administrator on 07/06/16 at 4:45pm revealed she was not aware that all medication and treatment orders had to be reviewed by each resident's medical provider every six months.	C 320		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observation, interviews and record review, the facility failed to assure medications were administered as ordered by a licensed prescribing practitioner and in accordance with the facility's policies and procedures for 2 of 3 (#1 and #2) residents sampled including errors with a seizure medication and insulin (#1) and errors with a laxative . The findings are: 1. Review of Resident #1's current FL-2 dated 10/28/15 revealed: -Diagnoses included schizoaffective and bipolar disorders.	C 330		

Division of Health Service Regulation

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C 330	<p>Continued From page 10</p> <p>-Medication orders included Depakote (for seizures and bipolar disorder) 1500mg each day at bedtime.</p> <p>a. Review of Resident #1's Medication Administration Record (MAR) for July 2016 revealed:</p> <p>-Depakote 500 mg, take 3 tablets (1500mg) by mouth at bedtime.</p> <p>-There was documentation of administration of Depakote on all days except 07/01/16, 07/02/16 and 07/03/16.</p> <p>-The MAR notes included the statement "meds are out " for the dates the Depakote was not documented as administered.</p> <p>Telephone interview with the facility's providing pharmacy 07/06/16 at 3:40pm revealed:</p> <p>-Resident #1's Depakote was on automatic refill to prevent interruption in treatment.</p> <p>-Ninety 500mg tablets of Depakote were delivered to the facility on 06/23/16.</p> <p>The third shift Medication Aide, who documented the exceptions, was not available for interview.</p> <p>Interview with the Administrator on 07/06/16 at 4:20pm revealed:</p> <p>-The back-up medication was stored outside in a locked storage building.</p> <p>-The Administrator and Office Manager were the only staff with keys for the storage building.</p> <p>-The Administrator would inventory the medication cart and restock needed medications.</p> <p>-She could not explain why Resident #1 was out of Depakote for three days.</p> <p>Attempted interview with Resident #1's medical provider was not successful on 07/06/16 at</p>	C 330		

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C 330	<p>Continued From page 11</p> <p>3:10pm.</p> <p>Interview with the Office Manager on 07/08/16 at 11:30am revealed:</p> <ul style="list-style-type: none"> -Storage space in the facility was limited. -She would contact the providing pharmacy to see if a second medication cart could be obtained for medication storage inside the facility. <p>b. Review of a physician's order dated 02/02/16 revealed an order for Lantus (a long acting insulin used to lower blood sugar) 20 units to be injected subcutaneously every evening at bedtime.</p> <p>Review of Resident #1's Medication Administration Record (MAR) for April 2016, May 2016, June 2016 and July 2016 revealed and entry for Lantus 20 units every evening at bedtime.</p> <p>Observation of medications on hand on 07/06/16 at 4:17pm revealed:</p> <ul style="list-style-type: none"> -There were three vials of opened Lantus insulin, 100 units per milliliter, stored in the door of the kitchen refrigerator. -On each vial was a sticker from the pharmacy instructing to discard after 28 days. -Handwritten on 1 of the 3 vials was the date 04/01/16. -Handwritten on 1 of the 3 vials was the date 04/18/16. -The third vial was not dated. -All 3 vials appeared clear, without any discoloration or particles. <p>Interview with the second shift Medication Aide (MA) on 07/06/16 at 4:17pm revealed:</p> <ul style="list-style-type: none"> -The MA did not know when the undated vial was opened. 	C 330		

Division of Health Service Regulation

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C 330	<p>Continued From page 12</p> <p>-The Lantus insulin was given to Resident #1 by the third shift MA.</p> <p>The third shift MA was unavailable for interview.</p> <p>Interview with the Administrator on 07/06/16 at 4:20pm revealed:</p> <p>-She was aware that insulin was to be discarded 28 days after opening.</p> <p>- The Administrator did not know when the vial of insulin was opened.</p> <p>Telephone interview with the facility's providing pharmacy on 07/06/16 at 4:25pm revealed:</p> <p>-Insulin was not sent to the facility until it was requested.</p> <p>-The last vial was sent to the facility on 04/25/16.</p> <p>-Insulin should be discarded 28 days after opening.</p> <p>Attempted interview with the prescribing medical provider for Resident #1 was not successful.</p> <p>2. Review of Resident #2's current FL-2 dated 03/14/16 revealed diagnoses included schizophrenia, chronic kidney disease, chronic pain, coronary artery disease, and gastroesophageal reflux disease.</p> <p>Review of subsequent physician's orders revealed and order dated 7/1/16 for Polyethylene Glycol 3350 17grams dissolve 17grams into liquid daily - increase to 2 to 3 times daily if needed for daily bowel movement.</p> <p>Review of the Medication Administration Record (MAR) for July 2016 revealed no entry for the Polyethylene Glycol 3350.</p>	C 330		

Division of Health Service Regulation

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C 330	<p>Continued From page 13</p> <p>Observation of the medication cart on 07/06/16 at 3:30PM revealed Polyethylene Glycol 3350 was not on the medication cart.</p> <p>Telephone interview with the facility's providing pharmacy on 07/06/16 at 3:40PM revealed: -A prescription for the Polyethylene Glycol 3350 was faxed to the pharmacy on 07/04/16 from the facility. -It has not been filled because they were waiting for the facility to call and tell them to fill it.</p> <p>Interview with the Administrator on 07/06/16 at 4:10PM revealed: -The Administrator had contacted the pharmacy regarding the prescription this afternoon. -The medications would be delivered to the facility tonight.</p>	C 330		
C 354	<p>10A NCAC 13G .1006 (c) Medication Storage</p> <p>10A NCAC 13G .1006 Medication Storage</p> <p>(c) The medication storage area shall be clean, well-lighted, well-ventilated, large enough to store medications in an orderly manner, and located in areas other than the bathroom, kitchen or utility room. Medication carts shall be clean and medications shall be stored in an orderly manner.</p> <p>This Rule is not met as evidenced by: Based on observation and record reviews, the facility failed to assure that the medication storage area was kept clean, well-lighted, well-ventilated, large enough to store medications in an orderly manner and located in areas other than the bathroom, kitchen or utility room as</p>	C 354		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL082017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2016
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C 354	<p>Continued From page 14</p> <p>evidence by medications being kept in an outdoor storage building. The findings are:</p> <p>Interview with the Medication Aide on duty on 07/06/16 at 2:10pm revealed:</p> <ul style="list-style-type: none"> -Back-up medications were stored outside in a locked, metal storage building. -This storage building was also used for the Office Manager's work area. -The only staff with keys were the Administrator and the Office Manager. <p>Observation of the storage building on 07/07/16 at 3:20pm revealed:</p> <ul style="list-style-type: none"> -The storage building was constructed of metal with ply-wood walls, floor and ceiling. -The storage building was approximately 15 feet by 15 feet. -There were 2 windows with screens. -There was no air conditioning. -Cards of medications were in cardboard boxes in different areas of the building. -Some medication cards were loose on top of boxes. <p>Interview with the Office Manager on 07/07/16 at 2:10pm revealed:</p> <ul style="list-style-type: none"> -The back-up medication was stored in the building because storage in the facility was limited. -The owner was planning on getting a window air conditioner because the temperature inside the storage building was uncomfortable at times. -She and the Administrator were the only staff members with keys. <p>Interview with the Office Manager on 07/08/16 at 11:30am revealed that the back-up medications for the facility and the 2 sister facilities were store in this storage building.</p>	C 354		

Division of Health Service Regulation

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C 358	<p>10A NCAC 13G .1006 (g) Medication Storage</p> <p>10A NCAC 13G .1006 Medication Storage</p> <p>(g) Medications shall not be stored in a refrigerator containing non-medications and non-medication related items, except when stored in a separate container. The container shall be locked when storing medications unless the refrigerator is locked or is located in a locked medication area.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to assure that Lantus insulin requiring refrigeration was stored in a refrigerator that contained non-medications and non-medication related items, was stored in a separate container. The findings are:</p> <p>Observation of medications on hand for one of the facility's residents revealed: -Lantus Insulin was stored in the kitchen refrigerator. -The kitchen refrigerator was locked. -Three vials of Lantus insulin were stored in the refrigerator door.</p> <p>Interview with the Administrator on 07/06/16 at 4:20pm revealed: -She was not aware that medications stored in the kitchen refrigerator needed to be in a separate container. -The Administrator would follow-up with the owner to assure that a separate container would be obtained for insulin storage.</p>	C 358		

Division of Health Service Regulation

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C 358	Continued From page 16	C 358		
C 368	<p>Interview with the Office Manager on 07/08/16 at 11:30am revealed that she would assure that the refrigerated medications were stored in a separate container inside the locked refrigerator.</p> <p>10A NCAC 13G .1008 (b) Controlled Substances</p> <p>10A NCAC 13G .1008 Controlled Substances</p> <p>(b) Controlled substances may be stored together in a common location or container. If Schedule II medications are stored together in a common location, the Schedule II medications shall be under double lock.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure that controlled medications (Restoril) were stored together under double lock. The findings are:</p> <p>Interview with the Medication Aide on duty on 07/06/16 at 2:10pm revealed: -Back-up medications were stored outside in a locked, metal storage building. -This storage building was also used for the Office Manager's work area. -The only staff with keys were the Administrator and the Office Manager.</p> <p>Observation of the storage building on 07/07/16 at 3:20pm revealed: -The storage building was constructed of metal with ply-wood walls, floor and ceiling. -The storage building was approximately 15 feet by 15 feet.</p>	C 368		

Division of Health Service Regulation

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C 368	<p>Continued From page 17</p> <ul style="list-style-type: none"> -There were 2 windows with screens. -Cards of medications were in cardboard boxes in different areas of the building. -Some medication cards were loose on top of boxes. -A bubble card of Restoril, with a large red C, was in a stack of medications on top of a box. <p>Interview with the Office Manager on 07/07/16 at 2:10pm revealed:</p> <ul style="list-style-type: none"> -The back-up medication was stored in the building because storage in the facility was limited. -She and the Administrator were the only staff members with keys. <p>A second interview with the Office Manager on 07/08/16 at 11:30am revealed:</p> <ul style="list-style-type: none"> -The back-up medications for the facility and the 2 sister facilities were store in this storage building. -She was not aware that controlled medications must be stored under double lock. <p>The Administrator was unavailable for interview.</p>	C 368		
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 relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure that all</p>	C 912		

Division of Health Service Regulation

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C 912	Continued From page 18 residents received care and services which are adequate, appropriate, and in compliance with relevant federal and State laws and rules and regulations related to qualifications of medication aides. The findings are: 1. Based on observation, interview and record review, the facility failed to assure that 1 of 3 Medication Aides (MA) sampled who administered medications had passed the written medication administration examination and completed the 5, 10 or 15 hour state approved medication administration courses as required (Staff B). [Refer to Tag C935, GS 131D-4.5B9B) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements (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	C935		

Division of Health Service Regulation

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C935	<p>Continued From page 19</p> <p>applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding 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"> 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. <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: TYPE B VIOLATION</p> <p>Based on observation, interview and record review, the facility failed to assure that 1 of 3 Medication Aides (MA) sampled who administered medications had passed the written medication administration examination and completed the 5, 10 or 15 hour state approved medication administration courses as required (Staff B). The findings are:</p> <p>Review of Staff B's personnel file revealed:</p> <ul style="list-style-type: none"> -Staff B was hired as a MA on 07/01/14. -There was no documentation that the 5-10 or 15 	C935		

Division of Health Service Regulation

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C935	<p>Continued From page 20</p> <p>hour medication training had been completed.</p> <ul style="list-style-type: none"> -There was no documentation the medication administration test was passed in the personnel file. -There was a medication clinical skills check list successfully completed on 06/22/16 in the personnel file. -There was no documentation of MA verification in the personnel file. <p>Review of the Medication Administration Records for the months of April 2016, May 2016 and June 2016 revealed documentation of administration of medications to the residents by Staff B.</p> <p>Staff B was unavailable for interview at this time.</p> <p>The Administrator was unavailable for interview.</p> <p>Interview with the Office Manager on 07/08/16 at 11:30am revealed:</p> <ul style="list-style-type: none"> -She was sure that Staff B had completed all of the requirements to be a MA. -Staff B usually worked at one of the other facilities also owned by this facility's owner. -Staff B's complete personnel file was at the other facility. -The owner reviewed staff qualifications at time of hire. <hr/> <p>Review of the Plan of Protection dated 07/08/16 revealed:</p> <ul style="list-style-type: none"> -No one will give medications unless they are Medication Aide certified or as allowed by the State regulations. -Whenever a Medication Aide is hired, the facility will ensure all proper documentation is in the personnel file in accordance with the State policy. 	C935		

Division of Health Service Regulation

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C935	Continued From page 21 THE DATE OF CORRECTION FOR THE TYPE B VIOLATION SHALL NOT EXCEED AUGUST 22, 2016.	C935		