

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>09/16/2016</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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C 000	Initial Comments  The Adult Care Licensure Section conducted an annual and follow-up survey on September 15 and 16, 2016.	C 000		
C 176	<p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation</p> <p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from the training.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on record reviews and interviews, the facility failed to assure at least one staff person on the premises at all times had completed a course on cardio-pulmonary resuscitation (CPR) and choking management, including the Heimlich maneuver, within the last 24 months for 1 of 2 sampled staff (Staff A).</p> <p>The findings are:</p>	C 176		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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C 176	<p>Continued From page 1</p> <p>Review of the personnel record for Staff A revealed:</p> <ul style="list-style-type: none"> <li>-A hire date of 06/14/14, as a Supervisor In Charge (SIC)/Medication Aide (MA).</li> <li>-There was documentation of an approved CPR certification course completed on 08/09/14.</li> <li>-The certification had an expiration date of 08/09/16.</li> <li>-There was no documentation of any additional CPR certification.</li> </ul> <p>Interview on 09/15/16 at 11:10 am with Staff A revealed:</p> <ul style="list-style-type: none"> <li>-She was aware that her CPR certification had expired.</li> <li>-She was attempting to arrange to attend a CPR class.</li> <li>-She was aware she was required to maintain a current CPR certification for her job at the facility.</li> <li>-She worked 24 hour shifts, 7 days a week.</li> <li>-She stated she worked the entire month of July 2016 alone.</li> <li>-She stated she worked 28 days in August 2016 alone.</li> <li>-She stated she worked 14 days in September 2016 with no other staff in the facility.</li> </ul> <p>Interview on 09/16/16 at 12:55 pm with the Owner/Administrator revealed:</p> <ul style="list-style-type: none"> <li>-Staff A was the primary employee at the facility, she worked alone most days of the month.</li> <li>-She was unaware Staff A's CPR certification had expired.</li> <li>-She thought Staff A had already renewed her CPR certification, a "a couple of months ago".</li> <li>-She would arrange a CPR class for Staff A immediately.</li> </ul> <p>Second interview on 09/16/16 at 1:10 pm with Staff A revealed:</p>	C 176		

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C 176	<p>Continued From page 2</p> <p>-She was scheduled to attend a CPR class this evening, as soon as the survey was completed.</p> <p>_____</p> <p>A Plan of Protection was provided by the facility on 09/19/16:</p> <p>-Staff A would be certified in CPR on 09/16/16.</p> <p>-No employee would work if he/she did not have an active CPR certification.</p> <p>-No future employees would be hired prior to having an active CPR certification.</p> <p>DATE OF CORRECTION FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 31, 2016.</p>	C 176		
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:</p> <p>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, 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 Medication Aides Training and Competency Program and training on Cardio-Pulmonary Resuscitation (CPR).</p> <p>The findings are:</p> <p>1. Based on interviews and record reviews, the facility failed to assure 1 of 1 sampled staff (Staff</p>	C 912		

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C 912	Continued From page 3  A) 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 G.S. 131D-4.5B(b) Adult Care Home Medication Aides Training and Competency Evaluation Requirements (continuing unabated Type B Violation)]  2. Based on record reviews and interviews, the facility failed to assure at least one staff person on the premises at all times had completed a course on CPR and choking management, including the Heimlich maneuver, within the last 24 months for 1 of 2 sampled staff (Staff A). [Refer to Tag 176 10A NCAC 13G. 0507 Training on Cardio-Pulmonary Resuscitation (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	C935		

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C935	<p>Continued From page 4</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>(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"> <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: Based on interviews and record reviews, the facility to assure 1 of 1 staff (Staff A) who administered medications in the facility had completed the 5 hour and 10 hour or the 15 hour state approved medication administration courses as required.</p> <p>The findings are:</p> <p>Review of Staff A's personnel file revealed:</p> <ul style="list-style-type: none"> <li>-Staff A was hired on 06/14/14.</li> <li>-Staff A was hired as a Supervisor in Charge(SIC)/Medication Aide (MA).</li> <li>-Staff A passed the written MA exam on 05/22/14.</li> </ul>	C935		

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C935	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-Staff A completed the Medication Aide Clinical Skills Checklist on 06/14/14.</li> <li>-There was no documentation of the Facility Medication Aide Verification form.</li> <li>-There was no documentation of Staff A completing the 5 hour, 10 hour or 15 hour state approved medication aide training courses.</li> </ul> <p>Interview on 09/15/16 at 11:10 am with Staff A revealed:</p> <ul style="list-style-type: none"> <li>-She became a MA prior to her employment at the facility, and passed medications at another facility "for a couple of weeks".</li> <li>-She stated she did not complete the 5 hour, 10 hour or 15 hour state approved medication aide training courses.</li> <li>-She passed medication at the facility every day.</li> <li>-She was not aware the 5 hour, 10 hour or 15 hour state approved medication aide training course was required if previous employment as a MA was not verified.</li> </ul> <p>Review of the July, August and September 2016 Medication Administration Records (MAR) revealed documentation that Staff A administered medication every day.</p> <p>Interview on 09/16/16 at 12:55 pm with the Owner/Administrator revealed:</p> <ul style="list-style-type: none"> <li>-She was unaware MAs were required to complete the 5 hour and 10 hour or the 15 hour state approved medication administration course.</li> <li>-She was unaware the Facility Medication Aide Verification form existed or that the verification could be used in place of the 5 hour, 10 hour or the 15 hour state approved medication administration course.</li> <li>-She stated she would arrange Staff A complete the 15 hour state approved training course as soon as possible.</li> </ul>	C935		

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C935	<p>Continued From page 6</p> <p>_____</p> <p>A Plan of Protection was provided by the facility on 09/20/16:</p> <ul style="list-style-type: none"> <li>-Immediately the Administrator would download the state approved medication course.</li> <li>-The course would be taught by the owner, who is an RN on 09/20/16.</li> <li>-All existing staff would complete the state required training and competencies.</li> <li>-Any new employee would receive all training within 48 hours of hire date.</li> </ul> <p>DATE OF CORRECTION FOR THE CONTINUING TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 23, 2016.</p>	C935		